

Pharmacist-Led Opioid Stewardship and De-Escalation of Therapy

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Abstract

Introduction: With pain being a subjective experience, it's essential to evaluate the need for an opioid order. It is crucial to evaluate the use of opioids in an inpatient setting and assess the need for de-escalation to reduce the risk of overuse/overdose and diversion when a patient is discharged. The use of prescription opioids may lead to the use of illegal or street drugs, such as fentanyl or heroin, if unable to receive the prescribed opioid.

Methods:

This retrospective, observational study included a chart review of patients at SSM-Select Rehabilitation Hospital in Richmond Heights. The study involved looking at medication orders that included opioids and non-opioid medications with pain as an indication, how many doses of the opioid and non-opioid the patient received, the frequency (scheduled vs. as needed), and the average pain scale rating. The primary outcome focuses on the doses/frequency of the opioid and/or non-opioid and the indication for medication.

Results: The results showed the most common opioid orders were for Oxycodone IR, Oxycodone/Acetaminophen, and Tramadol. For most patients receiving medications for pain as an indication, as needed, acetaminophen was also ordered. The most common indication for a pain medication was overall management and/or debility.

Conclusion: Overall, this study showed a positive light on opioid prescribing. Pharmacists can provide insight into opioid stewardship and de-escalation of therapy.