

DNP lead opioid mitigation prescribing protocol: A strategy for the future in clinical practice

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Objectives

- **Describe the leadership and skills** of a DNP-prepared nurse to lead a practice change based on best evidence.
- **Explain the practice change process** lead by a DNP prepared nurse to change opioid prescribing practice.
- **Discuss multidisciplinary collaboration efforts** required to promote best practice and to improve health outcomes in an urban hospital system.



Background



Opioids offer significant benefit to patients with pain when used as prescribed, yet cause immense harm when misused and abused (Gottlieb & Woodcock, 2017).



Background

Appropriate and safe prescribing must be at the forefront of practice for every prescriber (National Comprehensive Cancer Network, NCCN, 2017).



Problem

Current evidence supports the need for assessing opioid risk in patients who require opioids to manage their cancer-related pain.

The 2017 NCCN Guidelines for Adult Cancer Pain proports assessing patients for aberrant behavior associated with pain medications.



Problem



At a large outpatient supportive oncology care clinic, prescribers did not have a standardized protocol to guide best practice when prescribing chronic opioid therapy for cancer related pain.

Problem



- Prescribers lack confidence about how to safely prescribe opioids, detect abuse or addiction, and discuss these issues with their patients (Pearson, Moman, Moeschler, Eldrige, & Hooten, 2017).
- Prescribers require clinical strategies to screen and monitor for aberrant behavior among patients with cancer who receive chronic opioid therapy.

Purpose

Create an evidence-based protocol across disciplines to mitigate risk to patients and families when prescribing opioids.

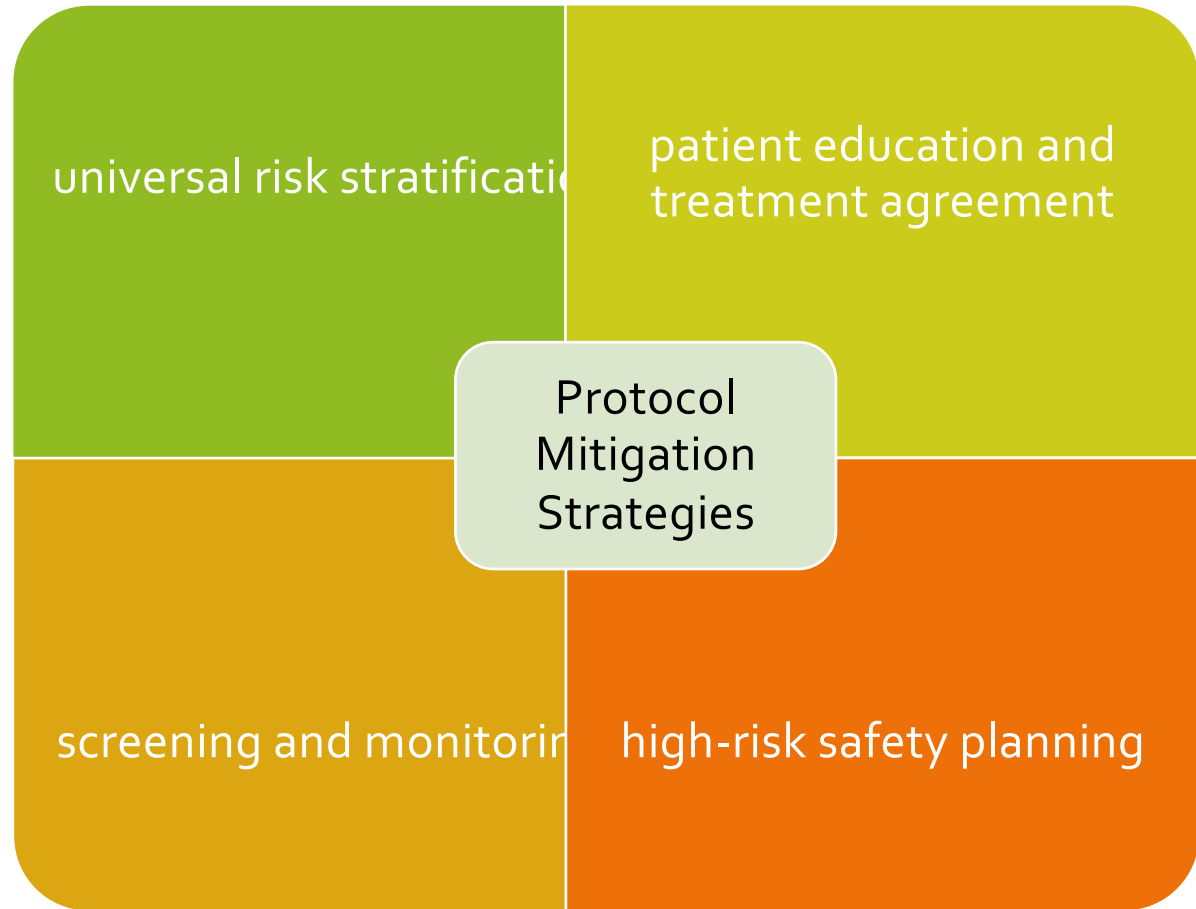


Methods



- An appraisal and synthesis of current literature revealed strategies to implement to screen and monitor patients who take opioids to relieve cancer-related pain.
- A multidisciplinary supportive oncology care team created a standardized protocol for implementation at each patient encounter when chronic opioid therapy was prescribed.

Results



Implications for Practice

Judicious clinical practice based on best evidence within the oncology clinical settings is critical to combat the opioid epidemic.



Implications for Practice



The implementation of a strategic protocol for opioid mitigation requires collaboration from all disciplines who care for the oncology population.

Next steps for sustainability: evaluate practice outcomes based on the implementation of the opioid mitigation protocol.

References

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