

INTRAVENOUS STATIM OPIOID ADMINISTRATION - SCH

PRACTICE GUIDELINE[®]

DOCUMENT SUMMARY/KEY POINTS

- This guideline is to ensure that intravenous statim doses of opioid medications are administered safely.
- **Recommended Doses for statim opioid administration:**
 - **Morphine:** 50-100 microg/kg/dose (max dose 5mg)
 - **Fentanyl:** 0.5 -2 microg/kg/dose (max dose 100microg)

CHANGE SUMMARY

- Due for review – no changes made.

READ ACKNOWLEDGEMENT

- This document should be read by prescribing and administration staff.
- **Required training/education:** SCH Nurses administering a statim dose of an opioid must have completed:
 - CSK 13101 Care of the Paediatric Patient Receiving Opioids
 - CSK 13102 Administration of Intravenous Medications and Fluids
 - Must have current drug calculation in line with mandatory training requirements

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	SCH Medicine Advisory Group (MAG)
Date Effective:	1 st September 2014	Review Period: 3 years
Team Leader:	Clinical Nurse Consultant	Area/Dept: Pain Service SCH

Definition:

A 'Statim' opioid dose is to be given for pain relief for patients that are not currently receiving an opioid infusion or PCA.

Procedure:

1. Intravenous statim opioid doses must be prescribed by a medical officer on the 'stat dose' section on the National Inpatient Medication Chart and not as a PRN dose.
2. Statim doses are to be used for inadequate analgesia may be administered in accordance with the following pain score criteria i.e.:
 - i. Pain behaviour (FLACC) score of 6 and above
 - ii. Faces Pain Scale score of 6 and above
 - iii. Numerical Rating Scale Pain score of 6 and above
3. Two (2) registered nurses are required to administer all opioid statim doses in line with current hospital guidelines "S4-S8 Drug Policy".
4. Statim opioids should be administered via a burette over a period of 5-10 minutes, IV fluids to minimum of KVO to be maintained for 1 -2 hours should any adverse reactions or side effects require IV management.
5. After a patient receives a statim opioid dose, the patient must be reviewed to assess efficacy and whether on-going pain management with opioids is required (i.e.: Patient Controlled Analgesia (PCA) or Opioid infusion with boluses (Refer to [PCA - SCH Practice Guideline](#) and [Intravenous Opioid Infusion – SCH Practice Guideline](#)).
6. If a second statim opioid dose is indicated The Pain Team should be contacted for advice with on-going pain management, if required.
7. If after hours, notify the Anaesthetic Registrar on call for advice if there is on-going pain management required.

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Monitoring:

1. All patients receiving a statim opioid dose require continuous saturation monitoring for a minimum of 1 hour or until they are fully awake and alert (whichever is longest)
2. Pulse and respiratory rate and oxygen saturation are to be recorded at five, ten and 15 minutes after administration
3. Pain and sedation scores should be recorded 15 and 30 minutes after administration
4. **Naloxone** must be available whenever a statim opioid dose is to be administered for the urgent reversal of opioid-induced respiratory depression or oversedation.
5. Refer to [Intravenous Opioid Infusions - SCH](#) for management of side-effects of parenteral opioid administration.

Outcome:

The statim opioid dose will achieve optimal analgesia and be safely administered to the patient.

Bibliography:

1. NSW Ministry of Health Policy Directive PD2012_007 "User applied Labelling of Injectable Medicines, Fluids and Lines" http://www.health.nsw.gov.au/policies/pd/2012/PD2012_007.html (accessed 22/08/2012)
2. Yaster, M & Maxwell, LG. Opioid Agonists and Antagonists in Schechter N, Berde, C & Yaster, M (eds) Pain in Infants, Children and Adolescents. 2nd ed, Lippincott, Williams & Wilkins, Philadelphia. 2003
3. CIAP - Paediatric Pharmacopoeia 13th edition On-line accessed Wednesday, 1 May 2013

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