Staff this document applies to:

This is a supportive document related Grampians Health Ballarat Appendix A CEASED CRITERIA Guide STRATEGY FOR CEASING INTRAVENOUS Patient Controlled Analgesia (PCIA and for acute ward nurses and medical staff.

Both documents are supportive document for Clinical Practice Protocol 0069.

Purpose

To assist medical staff and nursing staff to ensure appropriate opioid prescribing strategies are adopted for post-operative patients at discharge.

Prescribing Opioids for Post- Operative Patients on Discharge

The COOLED strategy will allow the ward nurses and ward medical staff to identify when a patient is ready to have their sublingual buprenorphine changed to oral analgesia. These patients must reach certain criteria before the change from sublingual buprenorphine to oral analgesia is initiated. Additionally, the COOLED strategy allows ward nurses and ward medical staff to wean sublingual buprenorphine even if conversion to oral analgesia is not possible at that time.

Goals

- Timely assessment of readiness to use oral analgesia.
- Early commencement of oral analgesia.
- Prevent unnecessary delays in patient progress to discharge.
- Maintain optimal analgesia.
- Appropriate weaning of sublingual buprenorphine.
- Avoid inappropriate conversion to oral analgesia.

COOLED Criteria

C Current or planned movement associated with good FAS (Functional Activity Score*), i.e., FAS of A or B regardless of pain score.

O Oral intake tolerated i.e., clear evidence of gut function/motility/ absorption e.g., tolerating tablets and free fluids.

O Oral analgesia is charted.

L Low analgesia requirement (buprenorphine regular + PRN <1600microg).

E Exceptions to this strategy include decision made by the Acute Pain Service (APS) medical staff to continue sublingual buprenorphine, chronic/ persistent pain/ opioid tolerant/ history of substance abuse, intrathecal morphine in previous 36hrs or in the ward nurse or parent medical team are unsure.

D Discuss proposed changes with the patient and report uncontrolled pain.

*COOLED Mnemonic: **C**onvert to **O**ral **O**pioids when **L**oving **E**ating and **D**rinking*

If COOLED criteria are not met, medical staff should consider weaning sublingual buprenorphine in the following way:

1. If no PRN sublingual buprenorphine has been used, consider removing one regular dose of sublingual buprenorphine (e.g., move from QID to TDS).
2. Keep removing one regular dose until only PRN sublingual buprenorphine is required.

*Definition of Functional Activity Score (FAS)

Functional Activity Score is defined as the patient's ability to function with pain; it is assessed.

by deep breathing and coughing, or range of movement after surgery. A score is given as follows:

- A = No Limitation
- B= Mild Limitation
- C= Severe Limitation

Roles and Responsibilities of the Nurse/Medical Staff

Note that these scores are relative to baseline.

1. To ensure that nursing staff and ward medical staff are educated and familiar with the COOLED Strategy Guidelines
2. To follow the COOLED criteria
3. When a Registered Nurse or ward medical staff identifies a patient, who has reached COOLED criteria, they can initiate the conversion of sublingual buprenorphine to oral analgesia.
4. To identify Patients whose COOLED criteria have changed and NOTIFY the Pain Service
5. To ensure that pain scores and functional activity scores continue to be recorded and any deterioration reported to the APS.
6. To ensure that oral analgesia have been ordered on the patients' Medication Chart

Process

1. To ensure that sublingual buprenorphine is weaned appropriately even if oral conversion is not possible.
2. Patients can be identified by nursing staff or ward medical staff using the COOLED criteria during the Patient assessment.
3. All criteria must be met.
4. Both regular and PRN sublingual buprenorphine should be ceased, and oral analgesia should be appropriately charted. Refer Appendix D gives suggestion for dose options.
5. Unless directed by the Pain Services, buprenorphine patches should continue unaffected by the change from sublingual buprenorphine to oral analgesia.

6. Discuss plan to convert to oral analgesia with patient. Explain that oral analgesia is to be swallowed.
7. Commence with oral analgesia as charted.
8. Continue evaluation and documentation of pain scores and functional activity scores until discharge.
9. Enrolled Nurses and Graduate Nurses need to seek endorsement by a senior Nurse / Team leader/Nurse in Charge if they believe a patient is suitable for "COOLED".

Exceptions: When COOLED Strategy is not applicable for Nursing staff or ward medical staff to initiate

1. The patient has Chronic Pain.
2. The patient is opioid tolerant.
3. There is a history of Substance Abuse.
4. The patient was administered Intrathecal Morphine intraoperatively within the past 36 hours.
5. The Acute Pain Service has planned for the patient to continue sublingual buprenorphine.
6. The Nursing staff and/or ward medical staff is unsure.
7. The patient refuses

Role of the Acute Pain Service

1. To act as a resource to nursing staff and ward medical staff in implementing the COOLED strategy.
2. To nominate patients that may be suitable for the COOLED strategy. (Later the same day or following date)
3. To provide support to ward Pain Nurse Champions in their role of continued education and support for COOLED.

Evaluation

1. Daily Acute Pain Service (APS) auditing process will occur as required to ensure "COOLED" is being implemented appropriately. Any noted concerns can be raised during ward rounds with Nursing Staff and ward medical staff.

References Supporting Documents

1. Macintyre, P.E., & Schug, S.A. (2021). *ACUTE PAIN MANAGEMENT A Practical Guide*. W.B Saunders.
2. *Davis MP. Twelve reasons for considering buprenorphine as a frontline analgesic in the management of pain. J Support Oncol 2012; 10(6):209-219.*
3. *Khanna I. Buprenorphine – an attractive opioid with underutilised potential in treatment of chronic pain. J Pain Research 2015; 8:859-870.*

4. *Johnson RE et al. Buprenorphine: Considerations for Pain Management. J Pain Symptom Manage 2005; 29:297-326.*

5. *Khor KE; Sia A,; Cardosa (2021) Opioid Therapy for pain: A practical Guide for clinicians, pg. 408-417, Sing Health Academy Publishing.*

6. *Schug SA, Scott DA, Mott JF, Halliwell R, Palmer GM, Alcock M; APM:SE Working Group of the Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine (2020), Acute Pain Management: Scientific Evidence (5th edition), ANZCA & FPM, Melbourne.*

7. *Appendix D, COOLED strategy- converting sublingual buprenorphine to oral opioids - Guide for Medical Staff.*