Opioid-Induced Sedation

Sedation *precedes* opioid-induced respiratory depression.
"No patient has succumbed to (opioid induced) respiratory depression while awake." APS, 1999

Arousability is the key to assessing sedation.
When patients are at risk for opioid-induced respiratory depression, nurse monitored sedation levels are recommended.

TIPS

- ✓ The only safe and effective way to administer an opioid is to WATCH the individual's response, especially to the first dose(s).
- ✓ No set dose of opioid will be safe and effective for everyone.
- ✓ Fear of respiratory depression and hypoxia often leads to inadequate dosing with opioids,

HOWEVER

- ✓ Respiratory depression can be prevented by careful titration and individualized dosing and close nurse monitoring of sedation.

When is a sedation scale used?

- when initiating opioid therapy in the opioid naïve patient with moderate to severe pain
- when titrating dose or rotating opioids

Patients at greatest risk:

- opioid naïve, i.e. no recent, regular use of opioids.
- concurrent use of other respiratory depressants, e.g. benzodiazepines
- renal dysfunction
- compromised pulmonary status e.g. COPD
- history of opioid sensitivity
- some elders because of a slower rate of excretion.

For patients over 70, consider decreasing the recommended starting doses by 25-50%.
Opioids in the elderly act "stronger and longer", so "start low and go slow" and assess.

Sedation Score	Intervention
1= awake and alert.	Requires no action.
2 = occasionally drowsy, easy to rouse.	Requires no action.
3 = frequently drowsy, arousable, drifts off to sleep during conversation.	Hold dose. Stimulate the patient and call physician for reassessment of opioid dose.
4 = somnolent, minimal or no response to stimuli.	Hold all opioids and sedating drugs. Call physician immediately. **This is an emergency situation!**

Developed by: Waterloo Wellington Hospice Palliative Care Consultation Services, Mar 07 Rev Sep 2019

References:

- American Pain Society. (1999). *Principles of Analgesic Use in the Treatment of Acute Pain and Cancer Pain, 4th ed*. Glenview, IL: American Pain Society, page 30.
- Hagle, M., Lehr, V.T., Brubakken, K., Shippee, A. (2004). Respiratory depression in adult patients with intravenous patient-controlled analgesia. *Orthopaedic Nursing*, 23(1), 18-27.
- Pasero, C., McCaffery, M. (2011). *Pain Assessment and Pharmacologic Management*. St. Louis, MO: Mosby.