

Opioid monitoring chart

Use of opioid monitoring chart

Opioid toxicity is the development of unacceptable symptoms or signs (principally cognitive impairment or respiratory depression) due to opioid drugs or opioid metabolites.

These symptoms and signs include: confusion, sedation, hallucinations, myoclonus, respiratory depression with respiratory rate less than 10/min or reduction from baseline respiratory rate of more than 6 breaths per min.

Starting opioid monitoring

A baseline set of observations for 24 hours, or at least one set in daytime and one set in the night should be recorded prior to a switch to an alternative opioid drug. Subsequent observations should be every 4 hours, or more frequently if instructed by medical staff. During the night, it is not expected that the patient will be deliberately woken to record observations unless specifically instructed to.

Abnormal observations should be reported to the medical staff. Subsequent doses of opioid may be withheld.

Severe toxicity

If respiratory rate is 8/min or less and / or the patient is barely rousable or unconscious, the patient should be constantly stimulated and oxygen administered. Naloxone may be administered

Naloxone administration

The aim is to give small doses to reverse respiratory depression, but to avoid reversal of analgesia and opioid withdrawal. Dilute 400mcg of naloxone in 10mls saline. Administer 2.5mls (100mcg) IV every 2 mins until the respiratory status is satisfactory. Repeated doses may be necessary as naloxone has a half-life of 30-80 mins. An infusion is likely to be necessary because of the long half-life of methadone. The infused dose/hour is based on the previous naloxone requirement. See also specific [SPAGG guidelines on the use of naloxone](#).

Print name:				Unit number:								Date of birth:								
Observations	Baseline				Baseline				Baseline				Baseline							
	Date:		Time		Date:		Time		Date:		Time		Date:		Time					
	Day		Night		Day		Night		Day		Night		Day		Night					
Resp rate / Min																				
Myoclonus																				
Awake / Asleep																				
IF AWAKE Conscious level:																				
Alert:																				
Responsive to voice:																				
Responsive to pain:																				
Unresponsive:																				
Hallucinations																				
Confusion																				
Other comments																				
Doctor contacted																				
Nurses initials																				