OPIOID PRESCRIBING EXERCISE 1 *"Tom & Friends"*

(consider writing in pencil initially so you can correct any mistakes)

answer the questions using the spaces provided.

1. Tom, a 60 year old man, with ischaemic heart disease, asthma and occasional reflux symptoms, develops mild pain on the lateral aspect of his right ankle and buys some over the counter (OTC) Paracetamol.

REGULAR MEDICATION

YEAR▶		DAY & MONTH▶		
Administration Times (24hrs) {		REGULAR ▼	OTHER ▼	
Medicine		02:00		
Indication		06:00		
Dose	Route	10:00		
Start Date	Review Date	14:00		
Signature		18:00		
PHARMACY	Stop Date & Initials	22:00		
	SPECIAL INSTRUCTIONS			

*a. Show how you would **prescribe this for him regularly if he was in hospital.***

2. After 4 weeks his pain is worsening in spite of regular Paracetamol, so he goes to his GP who examines him and thinks he may have a joint sprain. The pain is moderately severe.

*a. What are the **treatment options?***

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*b. Which **group of drugs** would the GP have to be cautious about using **and why?***

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3. The GP decides to prescribe Co-Codamol 30/500 alone and asks Tom to take this regularly. Very soon Tom is on the maximum dose.

*a. Show how you would **prescribe this for him regularly if he was in hospital.***

REGULAR MEDICATION

YEAR▶		DAY & MONTH▶		
Administration Times (24hrs) {		REGULAR ▼	OTHER ▼	
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*b. What should the GP also think about **prescribing OR warning Tom that he might need to by OTC?***

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4. Within 2 weeks Tom is back to his GP saying his pain is not relieved by the Co-Codamol 30/500. The GP wants to send Tom for an x-ray and also mentions using Morphine for pain. Tom is unhappy about the morphine because his mother had this just before she died and it made her very nauseous. The GP decides to try Tramadol until the x-ray is back.

   *a. Is this **a reasonable compromise to starting a strong opioid?***

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REGULAR MEDICATION

YEAR▶		DAY & MONTH▶		
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PHARMACY	Stop Date & Initials	22:00		
	SPECIAL INSTRUCTIONS			
Medicine		02:00		
Indication		06:00		
Dose	Route	10:00		
Start Date	Review Date	14:00		
Signature		18:00		
PHARMACY	Stop Date & Initials	22:00		
	SPECIAL INSTRUCTIONS			
Medicine		02:00		
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Dose	Route	10:00		
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	SPECIAL INSTRUCTIONS			

AS REQUIRED MEDICATION

Medicine		YEAR	
Indication		Day:↗ Month:→	
Dose	Route	Time	
Start Date	Frequency	Dose	
Signature		Initials	
PHARMACY	Stop Date & Initials		
	SPECIAL INSTRUCTIONS		
Medicine		YEAR	
Indication		Day:↗ Month:→	
Dose	Route	Time	
Start Date	Frequency	Dose	
Signature		Initials	
PHARMACY	Stop Date & Initials		
	SPECIAL INSTRUCTIONS		
Medicine		YEAR	
Indication		Day:↗ Month:→	
Dose	Route	Time	
Start Date	Frequency	Dose	
Signature		Initials	
PHARMACY	Stop Date & Initials		
	SPECIAL INSTRUCTIONS		
Medicine		YEAR	
Indication		Day:↗ Month:→	
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	SPECIAL INSTRUCTIONS		

   *b. Show what you would prescribe for Tom **if he was on the maximum dose of Tramadol regularly if he was in hospital**.*

5. Tom discusses his problems with three of his friends who eagerly tell him that they are on 'pain patches'; Fred is on a Fentanyl 25mcg/hr patch plus Oxycodone breakthrough; Dan is on a BuTrans 20mcg patch with morphine break through and David was using a Transtec 35mcg/hr patch with morphine break though

   a. If Fred, was in hospital, ***show how you would prescribe 3 of his patches***

FRED - REGULAR MEDICATION

YEAR▶	DAY & MONTH▶																				
Administration Times (24hrs) { REGULAR ▼ OTHER ▼																					
Medicine		02:00																			
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Dose	Route	10:00																			
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	SPECIAL INSTRUCTIONS																				

   *b. If Dan, was in hospital****, show how you would prescribe 2 of his patches***

DAN- REGULAR MEDICATION

YEAR▶	DAY & MONTH▶																				
Administration Times (24hrs) { REGULAR ▼ OTHER ▼																					
Medicine		02:00																			
Indication		06:00																			
Dose	Route	10:00																			
Start Date	Review Date	14:00																			
Signature		18:00																			
PHARMACY	Stop Date & Initials	22:00																			
	SPECIAL INSTRUCTIONS																				

   c. If David, was in hospital, ***show how you would prescribe 3 of his patches***

DAVID - REGULAR MEDICATION

YEAR▶	DAY & MONTH▶																				
Administration Times (24hrs) { REGULAR ▼ OTHER ▼																					
Medicine		02:00																			
Indication		06:00																			
Dose	Route	10:00																			
Start Date	Review Date	14:00																			
Signature		18:00																			
PHARMACY	Stop Date & Initials	22:00																			
	SPECIAL INSTRUCTIONS																				

Qu. 5 cont.

d. If Fred, was in hospital, ***show how you would prescribe his oral & SC break through dose***

FRED - AS REQUIRED MEDICATION

Medicine		YEAR	
Indication		Day:↗ Month:→	
Dose	Route	Time	
Start Date	Frequency	Dose	
Signature		Initials	
PHARMACY	Stop Date & Initials		
	SPECIAL INSTRUCTIONS		

FRED - AS REQUIRED MEDICATION

Medicine		YEAR	
Indication		Day:↗ Month:→	
Dose	Route	Time	
Start Date	Frequency	Dose	
Signature		Initials	
PHARMACY	Stop Date & Initials		
	SPECIAL INSTRUCTIONS		

e. If Dan, was in hospital, ***show how you would prescribe his oral & SC break through dose***

DAN - AS REQUIRED MEDICATION

Medicine		YEAR	
Indication		Day:↗ Month:→	
Dose	Route	Time	
Start Date	Frequency	Dose	
Signature		Initials	
PHARMACY	Stop Date & Initials		
	SPECIAL INSTRUCTIONS		

DAN - AS REQUIRED MEDICATION

Medicine		YEAR	
Indication		Day:↗ Month:→	
Dose	Route	Time	
Start Date	Frequency	Dose	
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f. If David, was in hospital, ***show how you would prescribe his oral & SC break through dose***

DAVID - AS REQUIRED MEDICATION

Medicine		YEAR	
Indication		Day:↗ Month:→	
Dose	Route	Time	
Start Date	Frequency	Dose	
Signature		Initials	
PHARMACY	Stop Date & Initials		
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DAVID - AS REQUIRED MEDICATION

Medicine		YEAR	
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g. If Fred is a palliative care patient with a Fentanyl 75microgm/hr patch, unable to take oral medication & needing an increase his regular (background) opioid dose using Oxycodone in a syringe driver whilst keeping his opioid patch on, ***prescribe the syringe driver & SC breakthrough Oxycodone doses, if you consider he is very frail in your Fentanyl to Oxycodone conversion & the background opioid dose increase is 1/3rd***

FRED-REGULAR MEDICATION

YEAR▶		DAY & MONTH▶	
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FRED - AS REQUIRED MEDICATION

Medicine		YEAR	
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Qu. 5 cont.

h. If you had decided to take Fred's patch off, then the dose of Oxycodone you were using following your conversion of the fentanyl patch to Oxycodone PLUS the increase in the background dose could have all been put into a syringe driver once the patch was removed.

- *What would that **dose have been?***
- ***When** would you have started the syringe driver **in relation to removing the patch?***
- ***How would you have managed the pain** until the driver was started?*

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*i. Dan is now a palliative patient, poorly pain controlled with a BuTrans 20microgm/hr patch. His wife said a very occasional breakthrough oral morphine had been working until the "pain patch stopped sticking properly". He is unable to take oral medication, needs an increase in his regular opioid via a syringe driver and you decide to remove his patch. Dan's renal function has recently rapidly changed from normal to CKD3. **Taking these points into consideration, prescribe the syringe driver and breakthrough, including when the driver should be started in relation to when the BuTrans patch is removed.***

DAN-REGULAR MEDICATION

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DAN- AS REQUIRED MEDICATION

Medicine		YEAR	
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*j. David has become a palliative care patient & has been admitted to a hospice for end of life care. He is unconscious, unable to take oral medication & until very recently, has been pain controlled with his GP using 2x70 microgm/hr Transtec patches for over 2 months. His deterioration has been sudden and rapid over the past 2 weeks, starting with an inability to take oral medication. His pain has been increasing but seemed to settle with SC doses of Morphine. However, his wife noticed, after each dose he would become muddled. Just prior to this deterioration, he started to need at least 3 breakthrough doses of SC morphine/24hr, had become increasingly drowsy and had erratic jerky movements of his limbs. His GP did bloods at the start of the decline which showed he had CKD4 but this was irreversible because of his disease. Two months ago his wish was to have no further investigations or hospital admissions, but he reluctantly agreed to his GP's blood tests because they could help decide the best drugs to be used. His preferred place of death was the hospice. You decide to keep his opioid patches on. **Taking all this into account, prescribe the syringe driver and breakthrough medication using the safest drug for this man based upon a very cautious conversion of one opioid to another.***

DAVID-REGULAR MEDICATION

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DAVID- AS REQUIRED MEDICATION

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Answers on separate document