ANZCA
FPM

CONTINUING PROFESSIONAL DEVELOPMENT

ANZCA and FPM CPD Program

Opioid induced ventilatory impairment ER session guideline

Group activity

Category 3 Emergency response

Purpose

This guideline assists hospitals, private practice groups and other course providers develop and conduct Opioid induced ventilatory impairment (OIVI) Emergency Response (ER) sessions. It defines the learning objectives and other requirements for education providers to become recognised OIVI ER providers for the purposes of the ANZCA and FPM CPD program.

For CPD participants, this guideline provides information on what recognised OIVI ER sessions involve and how to record this activity.

Related documents

1. OIVI ER activity recognition of suitability application form
   Course providers must apply for college recognition of your session as a suitable OIVI ER activity for the ANZCA and FPM CPD program. Providers are encouraged to develop sessions that also satisfy local needs, incorporating local staff, work environments and equipment.

Importance of OIVI ER education

It is well known that opioid administration may lead to OIVI in patients and that the incidence may be higher when potential risk factors are present, including fixed (usually patient-related) and modifiable (and so usually avoidable) risk factors. It is important to recognise that many patients who come to harm have no identifiable risk factors and so all patients must be assumed to be at risk.

Patients continue to be harmed from OIVI (including hypoxic brain damage and death) because of a lack of understanding about measures that could reduce the risk of OIVI, inadequate or inappropriate monitoring which would enable early detection of the onset of OIVI and timely management, and a lack of knowledge of the appropriate interventions that should be undertaken should a patient develop OIVI. The majority of harmful events are preventable.

In acute care hospitals, ‘track and trigger’ early warning systems are commonly used. Their aim is to improve detection and subsequent management of a deteriorating patient, with timely and appropriate escalation of care. These principles apply to the recognition and early management of OIVI.

This ER activity applies to adults in both acute and chronic settings.

Recommended resources

In addition to the ANZCA and FPM document PS41(G) Position statement on acute pain management 2022, national guidelines that include advice for the recognition and management of OIVI in the acute pain setting as well as risk reduction have been published.

1. Australian Commission for Safety and Quality on Health Care (ACSQHC) Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard 2022 https://www.safetyandquality.gov.au/standards/clinical-care-standards/opioid-analgesic-stewardship-acute-pain-clinical-care-standard
2. NPS MedicineWise (now hosted on the ACSQHC website) Safe use of opioids in acute pain resource at https://www.nps.org.au/safe-use-of-opioids-in-acute-pain which was developed to support the ACSQHC Clinical Care standard.

Session format

The activity may be presented in any one of the following formats; either practical simulations, workshops, or online learning resources.

Learning objectives

Scope of OIVI ER sessions

To achieve recognition for the ANZCA and FPM CPD Program, the education session must address, as a minimum, the objectives below.

By the end of the session, participants will be able to:

Mandatory learning objectives

Knowledge

1. Describe the key components of the physiology underlying the development of OIVI.
2. Understand that reliable identification of patients who are at increased risk of OIVI is not possible.
3. Identify potential fixed (usually patient-related) and modifiable risk factors for OIVI, while recognising that the aetiology of OIVI may be multifactorial and that patients without any identifiable risk factors can still develop OIVI.
4. Understand that OIVI can usually be avoided in the acute pain setting by careful titration of the dose against effect and careful observation and monitoring; this applies to all opioids regardless of route or technique of administration.
5. Understand the various methods that are used to monitor patients for the onset of OIVI and the reliability and availability of each, especially in a general ward setting and after discharge.
6. Recognise the importance of carefully titrating opioids in patients with acute opioid-responsive pain according to appropriate measures of analgesia efficacy and early signs of OIVI.
7. Recognise the identification and management of OIVI involves multiple clinician groups who should all have the same understanding of the issues involved.
8. Understand that there is a requirement for organisational risk assessment via incident reporting, audit of events and, if required, root cause analysis.

Skills

1. Apply appropriate measures for assessment of analgesic efficacy and monitoring for OIVI to guide opioid titration especially in the acute pain setting.
2. Demonstrate leadership in helping to develop institutional ‘track and trigger’ protocols for OIVI including clear guidance for avoidance of modifiable risk factors, monitoring requirements, and appropriate interventions should a patient develop OIVI.
3. Demonstrate leadership in helping to develop or deliver appropriate institutional education programs which include information on avoidance of modifiable risk factors for OIVI as well as recognition and management of OIVI.
4. Demonstrate leadership in helping to develop appropriate education resources for patients and their carers which include information on monitoring for OIVI and avoidance of modifiable risk factors both in hospital and after discharge.
5. Discuss the potential fixed and modifiable risk factors for OIVI and how best to avoid them.
6. Discuss with the patient and family/carers what has occurred if a patient develops OIVI and the planned follow up.
7. Support the development of institutional protocols that include audit, incident monitoring and root cause analysis and know when to employ these for organisational risk reduction.

Session structure

Education sessions delivered in a workshop or structured group discussion format must:

1. Provide pre-course reading (could be web-based) that referred to strategies to minimise the risk of OIVI and mitigate harm.
2. Have a minimum total duration of two (2) hours, including a group discussion format; could also be delivered online.
3. Didactic presentations would be delivered to highlight key knowledge areas.
4. There would be discussion of several case-based scenarios which include a variety of clinical features.
5. Be facilitated by a clinician who is appropriately skilled and experienced to deliver the content of the session. If possible, the facilitator will have medical education experience and/or credentials.
6. Provide one facilitator per 15 participants' ratio. Facilitators must be actively engaged with each participant.
7. Course directors who wish to record information relating to the performance or conduct of participants must obtain written consent and adhere to the privacy policies of their organisation and location. ANZCA does not collect this information and it is optional for the course provider and director to do so.

Session materials

Session would include the following:

- Certificate of participation/completion to be provided to the CPD participants with the recognition code provided by ANZCA and the duration (hours) of the course/workshop.
- The physiology underlying the development of OIVI.
- Factors (fixed and modifiable) that have been reported to be associated with an increased risk of OIVI.
- Case discussions
- Strategies to minimise the risk of OIVI and mitigate harm including:
    - Avoidance or modification of risk factors where possible.
    - 'Track and trigger' protocols to enable early identification of OIVI (through monitoring) and early escalation of care and management of OIVI.
    - Appropriate assessment of a patient's pain and opioid efficacy in the acute pain setting.
    - Appropriate discharge planning and opioid prescribing for ongoing short-term management of acute pain in the community.
- Education of all staff.
- Education of patient and their carers related to in-hospital care and after discharge.
- Debriefing
- Session evaluation forms for feedback from participants
- Participant list template to record date, venue, names and appointment type of participants.

ANZCA and FPM CPD portfolio recording

Participants record this activity under

> Category 3 Emergency response: OIVI ER with the Certificate of completion uploaded as evidence.

Facilitators who are also CPD participants record this activity under

> Category 3 Emergency response: OIVI ER with confirmation of facilitation uploaded as evidence

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Change control register

Version	Author/s	Reviewed by	Approved by	Approval date	Sections modified
1	Prof Pamela Macintyre	FPM PSC Committee	CPD Committee	2023	Created