

Drug Use Evaluation

Pain Pharmacotherapy

Avonlea

A comprehensive analysis on the analgesic usage at Avonlea Residential Care Facility for period 2008 to 2011.

Conducted by Avonlea's clinical pharmacist medication management team.



DUE can help in your aged care facility? Optimal drug therapy.

Drug use with specific predefined practice rate actions when drug with predefined standards.

The DUE will allow you to: Appropriateness of the use of different drug pain in your aged care facility.

Standards issued by the Accreditation Agency.

Continuous medication are as free.

Pharmaceutical Advisory Review where reviewed by professional team.

Facility focused use of medicines.

DUE CAN HELP IN YOUR AGED CARE FACILITY?

Analgesics used in Avonlea 2008 v 2011

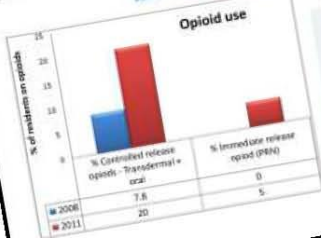
OPIOID Utilisation

Controlled Release opioids - oral 2008 - 0 (0%)
2011 - 1/40 (2.5%)

Transdermal opioid patches - 2008 - 1/10 (1.0%)
2011 - 7/40 (17.5%) 5 on Nonpan, 2 on Duragesic

Codeine products - 2008 - 0 (0%)
2011 - 1/40 (2.5%) - PRN Paracetamol (also on other analgesics)

Tramadol - no residents in either 2008 or 2011
Immediate release opioid - 2008 - 0 (0%)
2011 - 1/40 (2.5%) - PRN (codeine) (on other analgesics)



Clearly, we expect a proportion of residents taking PRN analgesics to be on breakthrough analgesics.

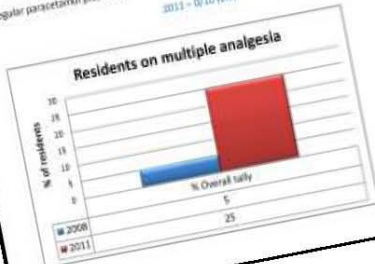
Patients on Multiple Analgesics

Overall tally - 2008 - 0 (0%)
2011 - 10/40 (25%)

Regular paracetamol plus opioid - 2008 - 0 (0%)
2011 - 5/10 (50%) - patch 4, oral 1

PRN paracetamol plus opioid - 2008 - 0 (0%)
2011 - 3/10 (30%) - patch 2, oral 1 (1 PRN Endone, 1 MG Cofer)

Regular paracetamol plus COX-2 - 2008 - 0 (0%)
2011 - 0/10 (0%)



This data may be positive for the utilisation of paracetamol in Avonlea.

Due to the analgesic cascade, multiple medications are often prudent and necessary.

Conclusion

Increased utilisation of the most safe and effective analgesics (CR opioids and paracetamol) at Avonlea in recent years is an extremely positive trend.

Use of less safe and less appropriate options in the elderly such as NSAIDs, is highly commendable and testament to the Avonlea health care team's commitment to Quality Use of Medicines.

The analysis identified that inadequate analgesia is an unlikely contributing factor to the need for an antipsychotic at Avonlea.

An opportunity to further utilise the PRN analgesic options for Forest Hill residents. Specifically, all patients on a CR opioid preparation should be assessed for the need to include a PRN rapid acting opioid option. If the resident does not appear to need a breakthrough pain option, the assessment should proceed to investigating whether the lowest effective dose of the basal opioid is in fact in place.

It is also advised to review the PRN paracetamol usage at Avonlea. All residents on a sub-maximum dose of paracetamol should be reviewed to identify the need to have a PRN paracetamol availability. Furthermore, while it is promising to see a significant increase in the number of patients with charted paracetamol (essentially attributed to PRN growth), a corresponding increase in the utilisation of regular paracetamol would be a beneficial outcome.

Paracetamol Utilisation

Overall 2008 - 16/38 (42%) of all residents were on paracetamol
2011 - 33/40 (82.5%) of all residents are on Paracetamol

Of these residents: PRN paracetamol - 2008 - 7/16 (44%)
2011 - 25/33 (76%)

Regular paracetamol - 2008 - 9/16 (56%)
2011 - 17/33 (52%)

