



NAVIGATING A NEW PATH TO PAIN RELIEF:

A pharmacist-led post-discharge opioid analgesic clinic

Ashlee Peacey¹, Nicola Harper¹, Sharon Millhouse¹, Dr Margie Butnoris¹

¹. Pharmacy Department, Surgical Treatment and Rehabilitation Service (STARS)

BACKGROUND

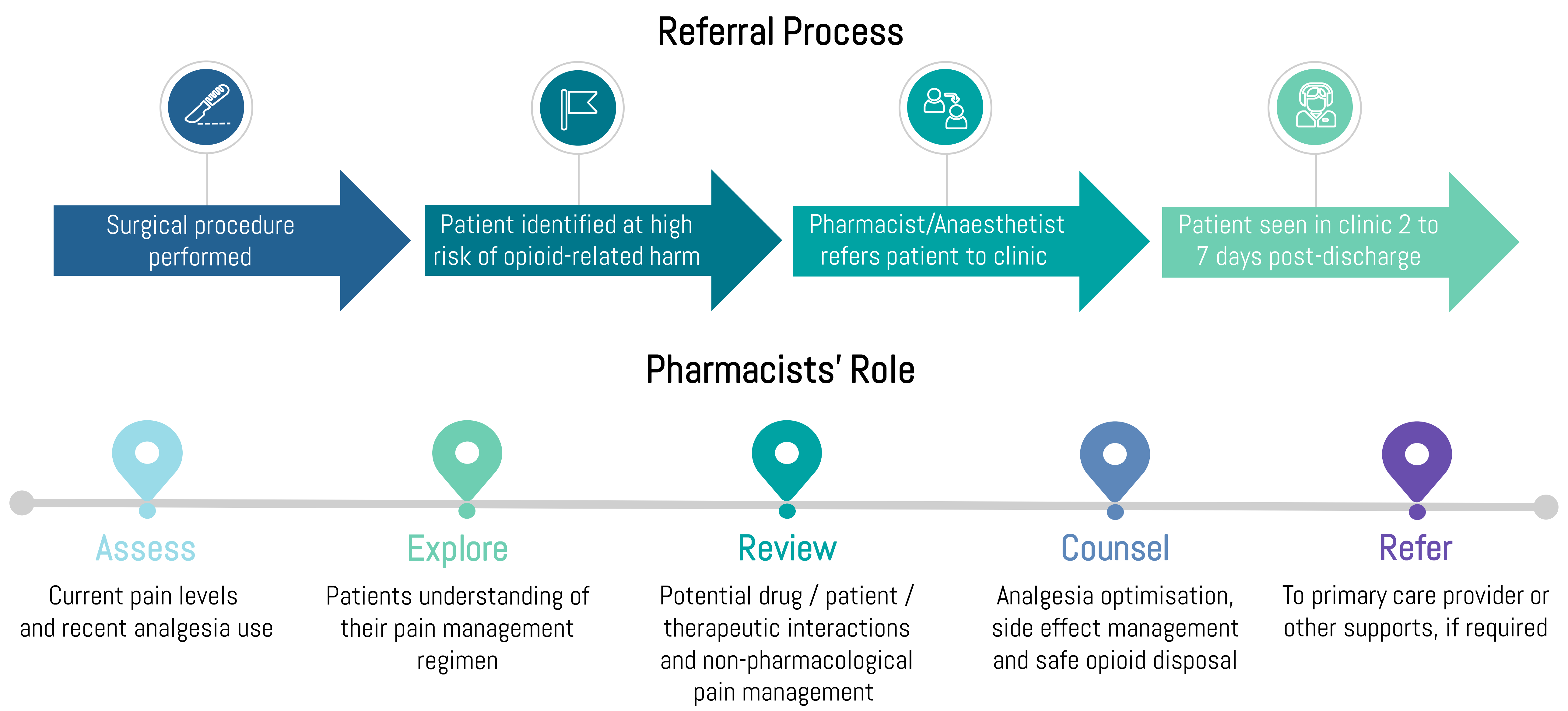
In 2022, a gap analysis comparing current care delivery at our specialist surgical hospital, against the Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard identified the absence of established mechanisms to support high-risk surgical patients post-discharge. This gap was well-suited for pharmacists to address through the implementation of analgesic stewardship.

OBJECTIVE

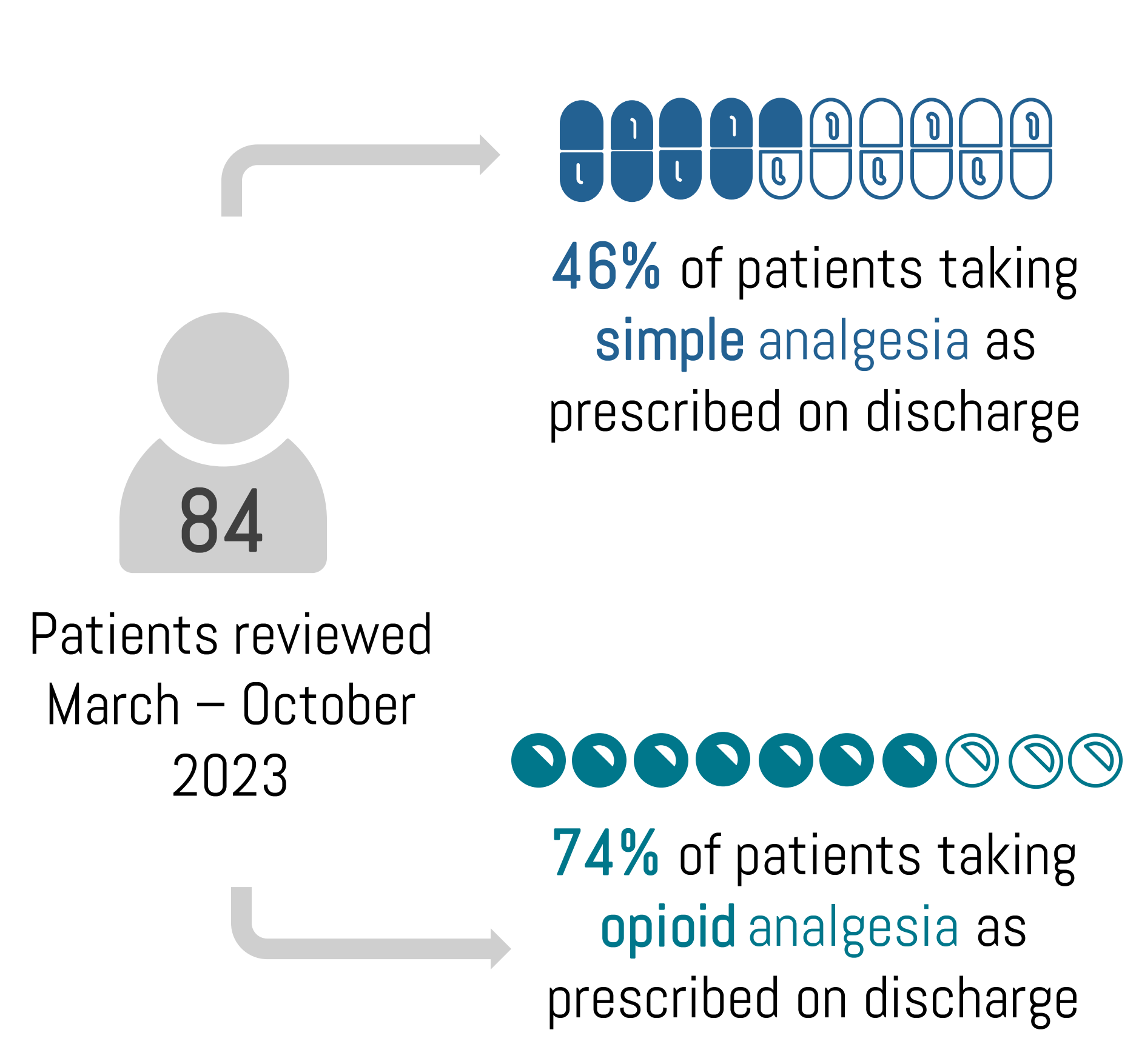
Establish a novel post-discharge pharmacist opioid analgesic review clinic to optimise acute pain management and minimise risk of opioid misuse in surgical patients at increased risk of opioid-related harm.

ACTION

Literature review and extensive collaboration with hospital and community stakeholders defined the clinic's purpose, patient cohort/risk factors, and referral pathways.



EVALUATION



Intervention category	Number of interventions
Simple analgesia optimisation	63 (28.9%)
Opioid analgesic counselling	36 (16.5%)
Other intervention (eg. ADR documentation, referral for complication outside clinic scope)	36 (16.5%)
Monitored medicines disposal education	32 (14.7%)
Side effect management	26 (11.9%)
Non-pharmacological pain management	18 (8.3%)
Drug / patient / therapeutic interaction	7 (3.2%)

98% of cases had ≥1 interventions

2.6 interventions per patient, on average

30% of patients referred to primary care provider for review

DISCUSSION

This clinic demonstrates a pharmacist's value in applying analgesic stewardship principles to bridge care gaps, mitigate opioid-related harm, and enhance patients' post-operative experience with respect to their pain management.

FUTURE PLANS

In collaboration with our Anaesthetics Department, we plan to review the impact of the clinic by assessing the incidence of persistent post-operative opioid use (PPOU) in reviewed patients.