



Guidelines for PRN Opioid Administration

- Non-opioid medications should be used regularly.
- The patient (1) is in unsatisfactory pain; (2) cannot deep breathe; (3) cannot cough or move as expected.
- Approximate onset of action for oral route is 15 to 30 minutes and for subQ route is 5 to 10 minutes.
- Prior to opioid administration, assessment of patient should include pain assessment, vital signs and verification of when the last dose of an opioid and/or other sedating agents were taken or administered to ensure the time interval between doses is appropriate.
- Following administration of opioids, assess patient 30 to 40 minutes after subQ route and 60 to 90 minutes after oral route. Assessment should include pain assessment, respirations (quality of respiration, respiratory effort, rate, rhythm) and sedation level. If patient verbalizes that pain is not under satisfactory control and/or cannot deep breathe, cough and move as expected: consider administration of an additional dose up to the maximum prescribed dose. For example, if HYDROmorphone 0.5 to 1 mg is ordered and 0.5 mg administered initially, administer only another 0.5 mg dose as prescribed. If the maximum prescribed dose has been administered, notify physician for further assessment (i.e. .do not exceed maximum single dose every 3 hours).