High-dose Opioid Administration for Adults Hospitalized with Acute Pancreatitis
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Results
• Total 3,300 encounters included in analysis (see demographics below)
• Decrease in opioid scripts among those receiving an average of >90 MME per hospital day (Table 1)
• Patients who went home with an opioid received significantly more MME per hospital day, reported higher pain, and were hospitalized for longer (p<0.001)
• Risk ratios revealed:
  1. Increased risk for opioid script at discharge if administered high-dose opioids (RR=1.6; 95%CI 1.51-1.71; p<0.001)
  2. Increased risk for opioid script within 30 days of discharge (RR=1.8, 95% CI 1.58–2.01; p<0.001).
• In this sample, 69% had no indication of an opioid script within 30 days of hospital admission, yet 48% received discharge opioid script

Discussion
• Patients who received a higher amount of opioid during their hospital stay are more likely to go home with an opioid prescription
• Those given high-dose opioids more likely to receive an additional opioid prescription within 30 days of discharge

Implications
• Nurses should understand how to manage pain safely
• Nurses can advocate to prescribers for adjunctive pain management therapies to reduce opioid use and dependence

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