### Purpose
To develop an evidence-based protocol to guide the monitoring of EtCO2 in non-critical care areas including establishing patient criteria, monitoring parameters, and interventions to be performed by the RN to address opioid-related adverse events.

### Background
- Opioid use can cause opioid-induced respiratory depression (ORID) and opioid-induced unintended advancing sedation (OIUAS).
- Respiratory failure due to ORID may have a subtle onset with vital sign changes 6-8 hours before respiratory or cardiac decompensation.
- Continuous capnography or end-tidal carbon dioxide (EtCO2) monitoring detects hypercarbia and respiratory compromise earlier than pulse oximetry or visual respiratory assessment.

### Methods
**Design:** Evidence-based Practice
**Sample:** patients with PCA or continuous opioids
**Procedure:**
- Policy development
- RN education
- Monitor for opioid related adverse events; transfers to higher level of care; MET team response

### Results
**Adverse Reaction Opioid Event-Baseline Data CY 2022**
- 30 reported incidents
- 50% occurred in med surg tele unit
- 30% on Orthopedic unit
- 53% MET notified
- 13% transferred to higher level of care

### Discussion
- There is an opportunity to reduce opioid-related events
- Current state:
  - P&P approved
  - Nursing & Provider education completed
  - Continuous capnography implemented in 4th quarter 2022

### Implications for Practice
- Ongoing monitoring for reduction of opioid-related events
- Identify other high-risk populations from continuous capnography monitoring
- Ensure identification of opiate naïve patients

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References available upon request.