

Long-Term Care Survey Alert

Medication Management: Resident Taking Opioid Medication? Preempt This Sentinel Event

Simple prevention can protect your residents and survey record.

Physicians who use opioids to treat serious pain can get an A in effective pain management. But they will earn their facilities an F tag if they fail to head off one of the notorious side effects of such medications.

The clinical reality: Opioids are known for causing constipation, which can lead to fecal impaction, a sentinel event in the survey world. And fecal impaction can "lead to serious problems, including urinary retention and delirium," says **Karl Steinberg, MD, CMD**, an associate director of a nursing facility in Oceanside, CA. In fact, he knows of a patient who developed a perforated colon due to a fecal impaction.

That's why "clinicians usually order a mild laxative for a patient when he begins an opioid medication," says **Carla Saxton McSpadden, RPh, CGP**, with the **American Society of Consultant Pharmacists**. The patient should "receive the laxative on a routine basis and not just PRN," she adds. "Some patients will require more than one medication to prevent constipation -- for example, Senokot (Senna) or Miralax (polyethylene glycol) and then a PRN."

Real-world tip: As a strategy to prevent constipation, **Windsor Place** makes sure residents receiving opioid medications receive adequate fluids. In fact, the nursing staff puts the residents on intake and output to monitor their fluid status, according to **Barbara Golden**, director of nursing for the facility in Daingerfield, TX. They also offer the residents fruit and fruit juices, which staff deliver on a "good humor cart." The selection includes grapes, plums and prune juices. "We also offer them plum juice, which acts as a laxative but is less harsh," says Golden.