

EVALUATION OF OXYCODONE AND MORPHINE USE IN HOSPITAL WARDS

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INTRODUCTION

- Oxycodone (OXY) consumption has been increasing in Switzerland since the 2000s.
- Morphine (MÔ) is the first strong-opiate choice as recommended in international guidelines.
- The Riviera-Chablais Hospital, Vaud-Valais (HRC) tends to favor the use of MÔ over OXY thanks for instance to ERAS protocols (Enhanced Recovery After Surgery) or to the development of analgesic teaching to physicians and nurses
- The move to a unique hospital in Rennaz in 2019 was the opportunity to assess this opiates consumption to promote good prescriptions practices.

OBJECTIVE

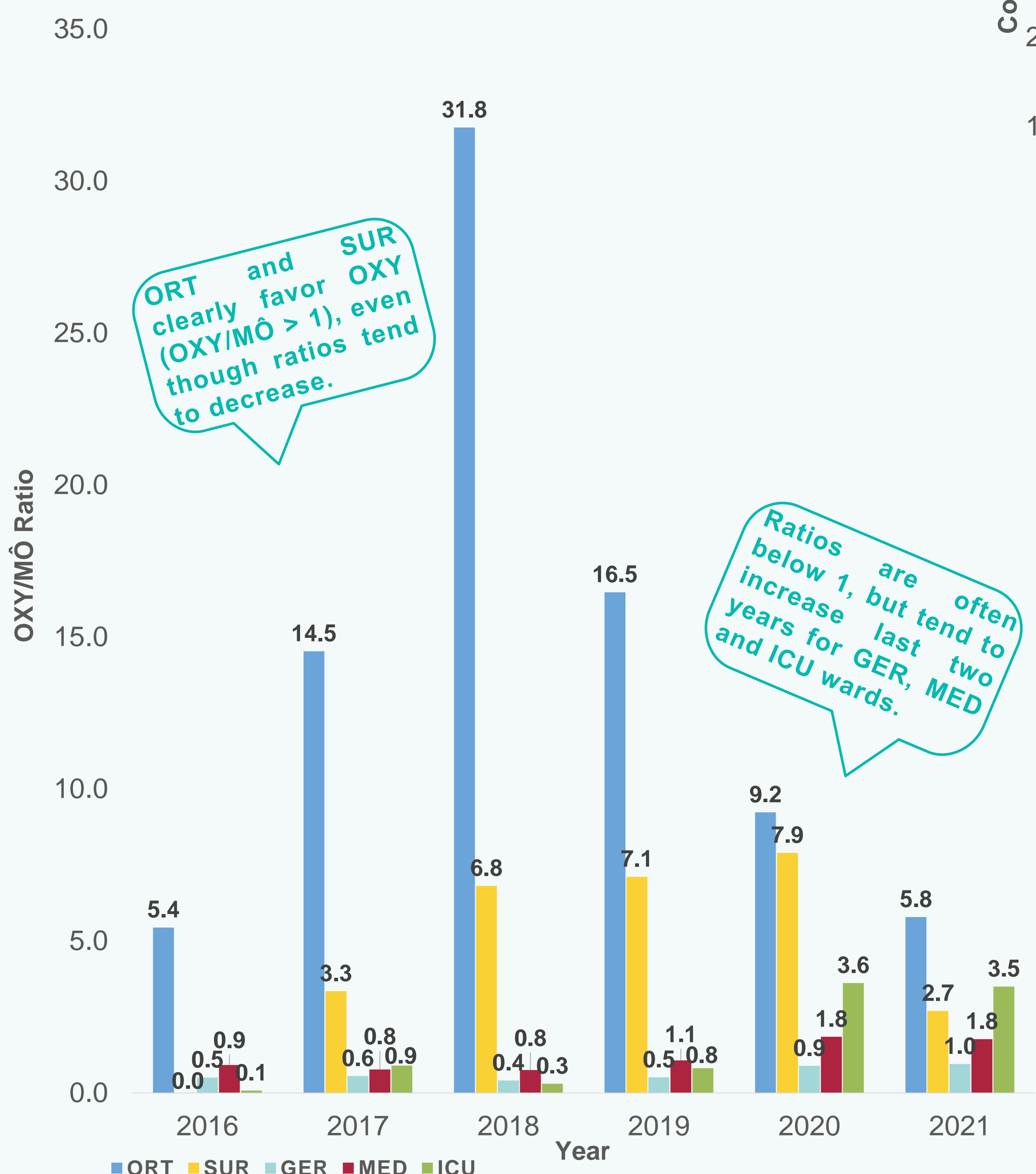
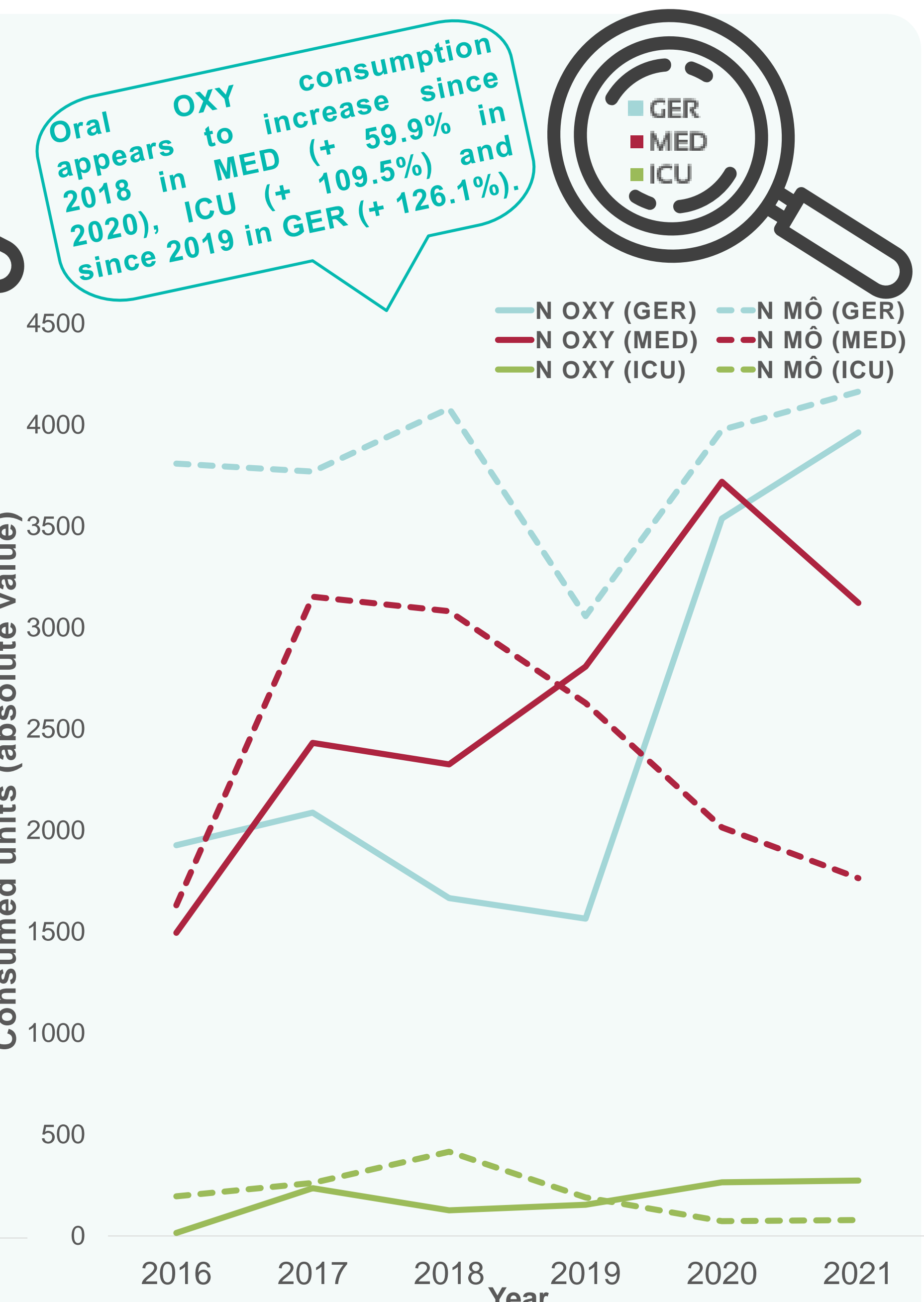
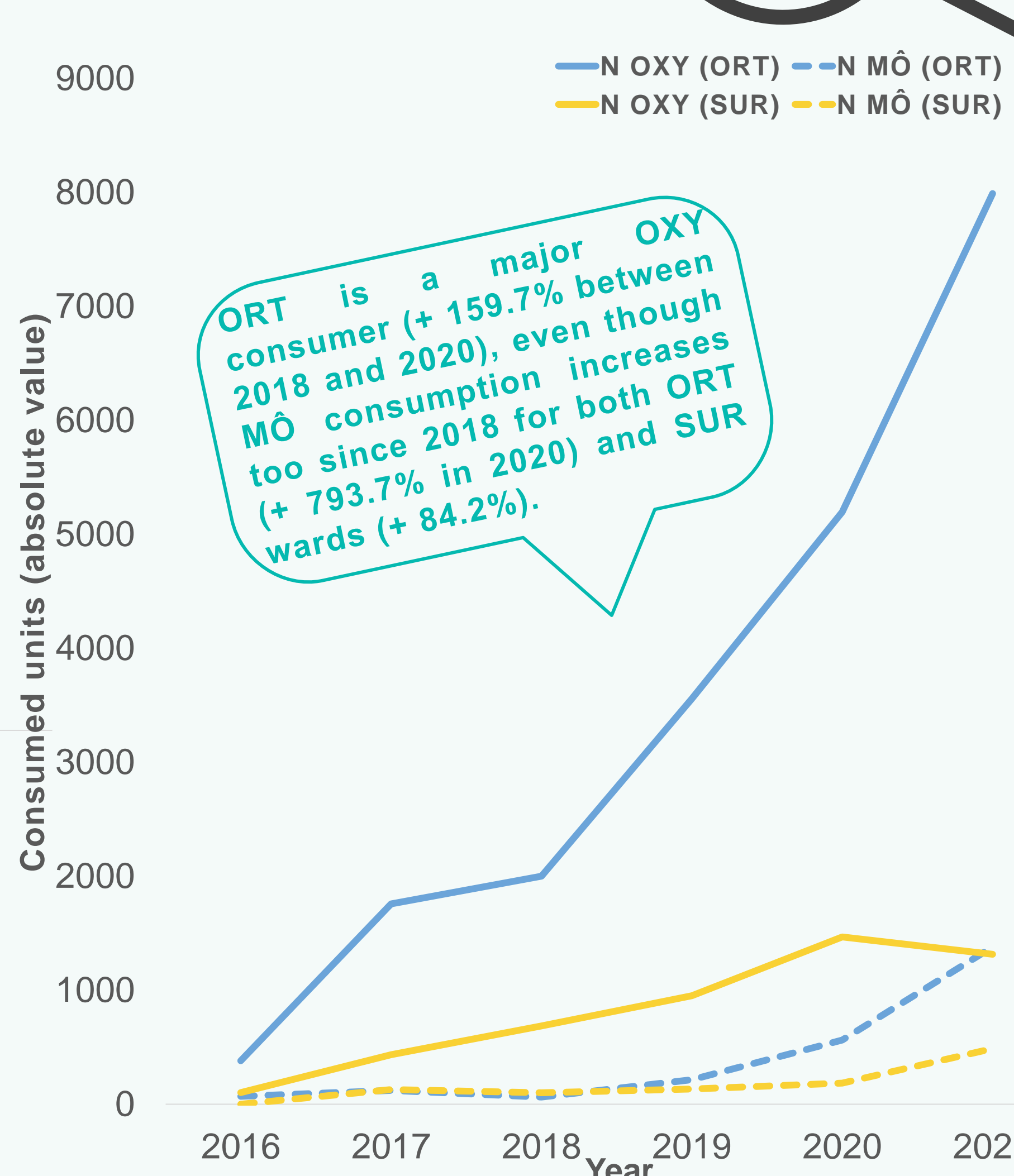
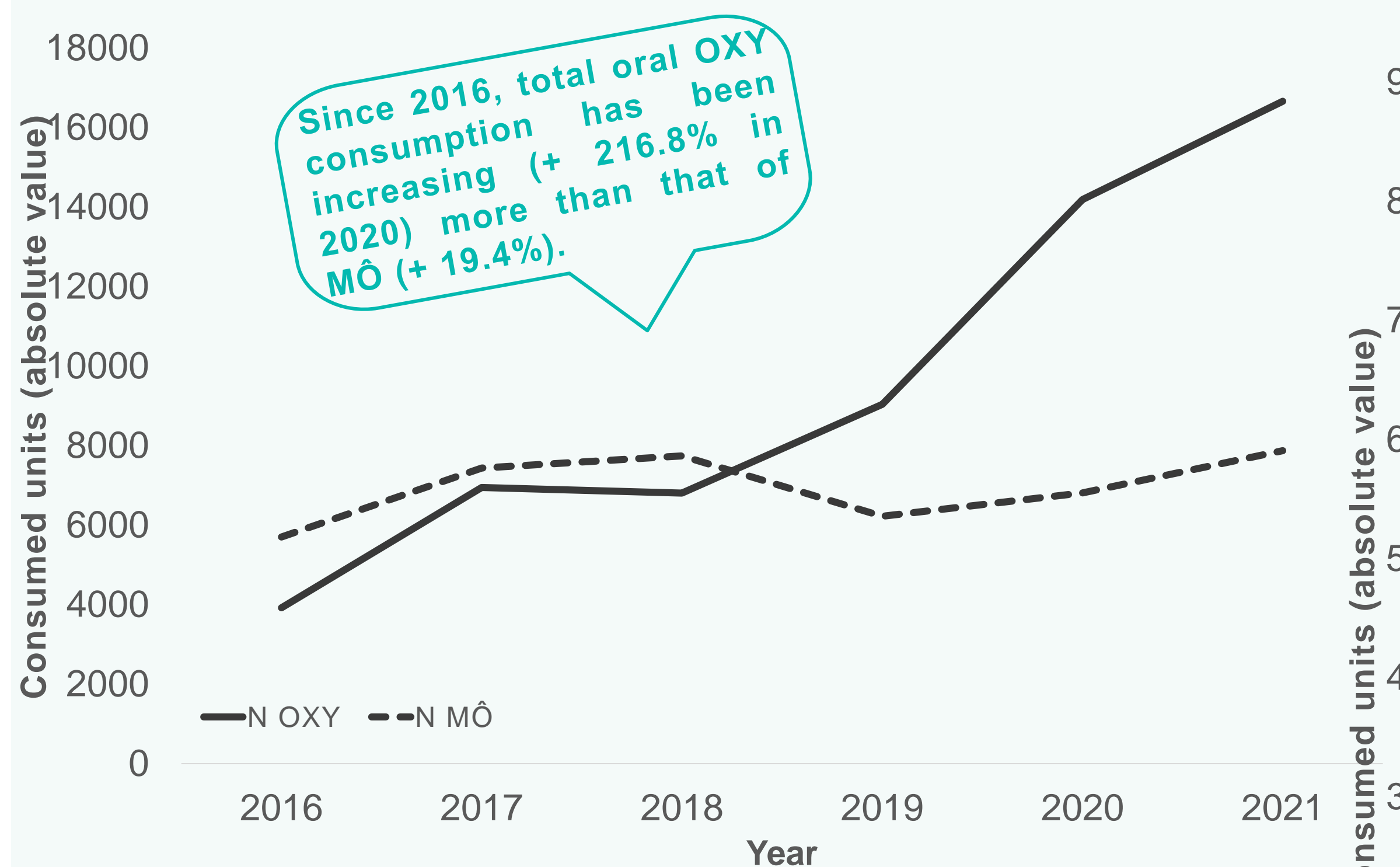
- To identify HRC wards that are major consumers of OXY compared to MÔ from 2016 to 2021.

METHOD

- Data were extracted from the Opal™ logistics software.
- Wards included orthopedics (ORT), surgery (SUR), internal medicine (MED), geriatrics/rehabilitation (GER) and intensive care units (ICU).
- Total orders in absolute value of pharmaceutical specialty units of each opiate were cumulated per year and each time an OXY/MÔ ratio was calculated. Year 2021 only takes into account current statistics until October 19th.
- Number of units ordered = Number of units consumed.

RESULTS

ORAL OXY AND MÔ CONSUMPTION (TOTAL)



DISCUSSION & CONCLUSION

- ORT and SUR distinctly favor oral OXY and their consumption is still increasing. Updating their ERAS protocol for instance may change this observation in the future
- An upward trend of OXY consumption seems to emerge for GER, MED and ICU since a couple of years.
- Since there is no OXY injectable form at HRC, the injectable forms of MÔ may bias the overview OXY/MÔ ratio and therefore cannot be taken into account.
- It was not possible to determine whether the upward trend in global OXY consumption is due to the physician's prescription habits when initiating an analgesic treatment or to the fact that outpatients are hospitalized with this usual treatment.
- Reinforcing analgesic teaching to physicians or transmitting these data to head doctors may be some of our means of improvement. This analysis should be repeated in a few years to verify if we could influence opiates prescription in favor to MÔ.