

Too much, too often? Opioid prescribing patterns on discharge at Tauranga Hospital

Monique Findlay, Tauranga Hospital

Introduction

Critical role, serious risks

1 Opioids have a critical role in managing post-operative and acute pain but their misuse can lead to long term dependence and adverse outcomes.¹ The potential for excessive prescription following hospital admission is a real concern for increasing opioid related harm.¹

Variability in practice

2 There are limited local guidelines to support prescribers in determining appropriate opioid prescriptions on discharge, which may contribute to practice variability.

Local attention needed

3 The Bay of Plenty Region has among the highest rates of strong opioid dispensing in New Zealand, making local prescribing practices a priority for review.²

Aim

To audit the quantity and type of analgesia prescribed to post-operative patients upon discharge from Tauranga hospital.

Key objectives

1. **Evaluate** the class, dose and quantity of pain medication prescribed to post-operative orthopaedic and general surgical patients at discharge.
2. **Identify** variations in prescribing practices and compare this to current best practice guidelines.
3. **Formulate** recommendations for local improvement.

Methods



Study Type

Retrospective audit of orthopaedic and general surgical patients who underwent an operation.



Time Period

Discharged between April 1 – May 31, 2024.



Data Collection

Manually reviewed electronic records to identify procedure type, opioid use prior to discharge and analgesia prescribed on discharge.



Exclusion Criteria

Palliative patients and those with pre-existing chronic pain conditions.

Results

A total of 227 patients (105 General Surgical and 122 Orthopaedic) were included in the analysis.

The majority of patients were prescribed at least one type of opioid medication on discharge.

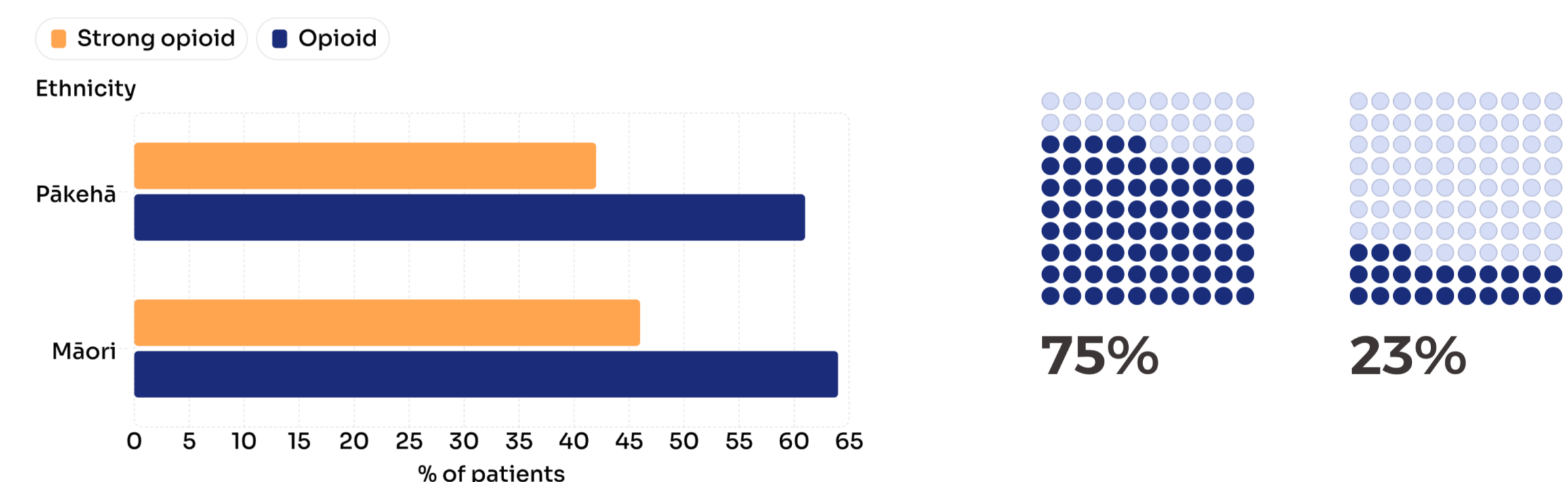


Of those prescribed an opioid, nearly 70% were discharged with a strong opioid, as classified by the WHO analgesic ladder. Modified release opioid formulations were prescribed in 8.4% of cases, most commonly slow release tramadol. Concerningly, 14% of strong opioid prescriptions were issued without a co-script for simple or moderate analgesia.



Opioid prescribing rates were similar between Māori and Pākehā.

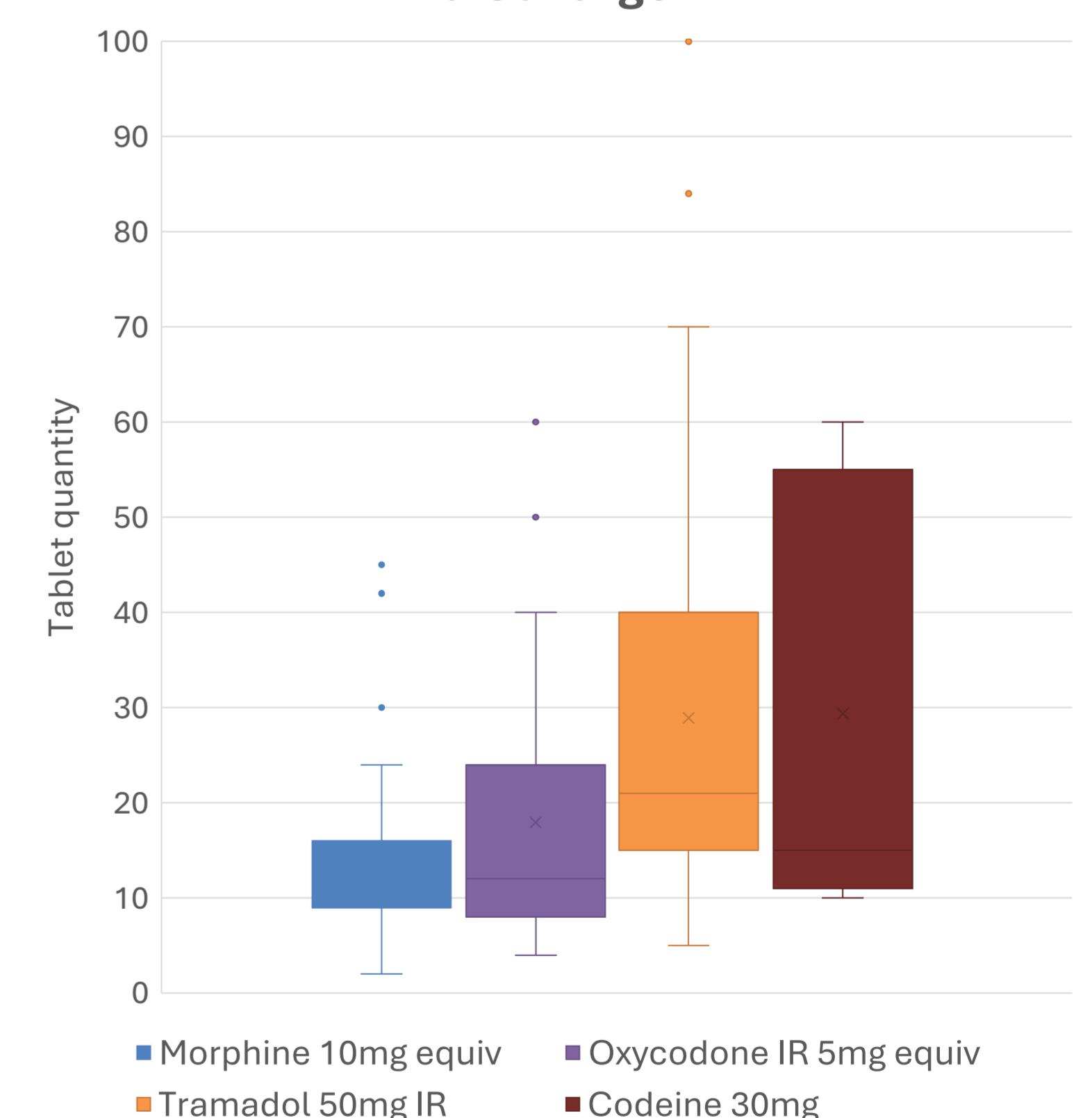
Three quarters of patients prescribed a strong opioid had used one on the day, or day prior to discharge, however, nearly one quarter had not.



Quantity of opioid prescribed on discharge

On discharge, patients were prescribed an average of 14 10mg sevredol tablets (OME 140) or 18 tablets of oxycodone 5mg (OME 135).

For weak strength opioids, the average quantity was 30 tablets for both codeine (OME 135) and tramadol (OME 300).



Conclusion

The audit identified several areas where discharge opioid prescribing at Tauranga hospital deviates from best practice:

- Missed opportunities for safer, multimodal analgesia
- Prescription of modified release formulations
- Strong opioids supplied despite no immediate pre-discharge requirement
- Concern for over supply with discharge quantities exceeding literature averages

These findings support the implementation of opioid stewardship initiatives to align discharge prescribing with best practice. Key strategies include developing practical prescribing guidelines and providing targeted education for junior doctors. Continued audit and feedback will be essential to monitor progress and support sustained practice change.

References

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2. Health Quality & Safety Commission New Zealand. (2019). *Atlas of Healthcare Variation: Opioids*. <https://public.tableau.com/app/profile/hqj2803/viz/Opioidssinglemap/AtlasofHealthcareVariationOpioids>

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