### Assessment
- Obtain a complete health history including allergies, drug history, and possible drug interactions.
- Assess pain (quality, intensity, location, duration) and effect on sleep pattern.
- Assess respiratory function.
- Assess level of consciousness before and after administration.
- Obtain vital signs.

### Potential Nursing Diagnoses
- Knowledge, Deficient, related to drug therapy
- Pain, Acute, related to injury, disease, or surgical procedure
- Breathing Pattern, Ineffective, related to action of medication
- Constipation, related to action of medication
- Sleep Pattern, Disturbed, related to surgical pain

### Planning: Client Goals and Expected Outcomes
The client will:
- Report pain relief or a reduction in pain intensity.
- Demonstrate an understanding of the drug’s action by accurately describing drug side effects and precautions.
- Immediately report rebound pain, restlessness, anxiety, depression, hallucination, nausea, dizziness, constipation, or itching.
- Be free of preventable adverse drug effects.

### Implementation

#### Interventions and (Rationales) Client Education/Discharge Planning

- **Opioids may be administered PO, subcutaneously, IM, IV, or rectally.** (Ensure that correct route is administered.)
  - **Rationale:**
  - That oral capsules may be opened and mixed with cool foods; extended-release tablets, however, may not be chewed, crushed, or broken.
  - That oral solution given sublingually may be in a higher concentration than solution for swallowing.

- **Opioids are Schedule II controlled substances.** (Opioids produce both physical and psychological dependence.)
  - **Rationale:**
  - Instruct client to:
  - Take necessary steps to safeguard drug supply.
  - Avoid sharing medications with others.

- **Monitor liver function tests.** (Opioids are metabolized in the liver. Hepatic disease can increase blood levels of opioids to toxic levels.)
  - **Rationale:**
  - Monitor vital signs, especially depth and rate of respirations/pulse oximetry. (Opioids can cause respiratory depression.)
  - **Rationale:**
  - Withhold the drug if the client’s respiratory rate is below 10, and notify the healthcare provider. (Opioids can cause respiratory depression.)
  - **Rationale:**
  - Instruct client or caregiver to:
  - Monitor vital signs regularly, particularly respirations.
  - Withhold medication for any difficulty in breathing or respirations below 10 breaths per minute; report symptoms to the healthcare provider.

- **Monitor neurological status; perform neurochecks regularly.** (Opioids can cause changes in sensorium, sluggish papillary response, and seizures.)
  - **Rationale:**
  - Instruct client to:
  - Report headache or any significant change in sensorium, such as an aura or other visual affects that may indicate an impending seizure.
  - Recognize seizures and methods to ensure personal safety during a seizure.
  - Report any seizure activity immediately.

- **Monitor renal status and urine output.** (These drugs may cause urinary retention, which may exacerbate existing symptoms of benign prostatic hyperplasia or cause urinary tract infection.)
  - **Rationale:**
  - Monitor renal status and urine output. (These drugs may cause urinary retention, which may exacerbate existing symptoms of benign prostatic hyperplasia or cause urinary tract infection.)
  - **Rationale:**
  - Instruct client to immediately alert the healthcare provider when pain returns or increases.

- **If ordered PRN, administer medication on client request or when nursing observations indicate client expressions of pain.** (Administering pain medication promptly helps prevent pain from becoming severe.)
  - **Rationale:**
  - Instruct client or caregiver to:
  - Measure and monitor fluid intake and output.
  - Report symptoms of dysuria (hesitancy, pain, diminished stream), changes in urine quality or scanty urine output, fever or flank pain.

(Continued)
Another severe adverse reaction, increased ICP, occurs as an indirect result of respiratory depression. When respiration is suppressed, the CO₂ content of blood is increased, which dilates the cerebral blood vessels and causes ICP to rise. Similarly, orthostatic hypotension may also occur because of the blunting of the baroreceptor reflex and dilation of the peripheral arterioles and veins.

Continually monitor urine output for urinary retention, which may occur owing to increasing tone in the bladder sphincter, and through suppression of the bladder stimuli.

Side effects such as constipation, nausea, and vomiting occur owing to a combination of actions on the GI tract. Suppression of intestinal contractions, increase in tone of the anal sphincter, and inhibition of secretion of fluids into the intestine may result in constipation. Nausea or vomiting may occur secondary to the direct stimulation of the chemoreceptor trigger zone of the medulla, and an antiemetic may be indicated. Opioids may be contraindicated for clients suffering from diarrhea caused by infections, especially following antibiotic therapy (pseudomembranous colitis). Pathogens in the GI tract produce toxins that are shed during diarrhea; constipation causes toxins to build up in the body.

**Client Teaching.** Client education as it relates to opioids should include the goals of therapy, the reasons for obtaining baseline data such as vital signs and the existence of underlying renal or respiratory disorders, and possible drug side effects. Include the following points when teaching clients about opioids:

- Take medications exactly as prescribed.
- Do not take other prescription drugs, OTC medications, herbal remedies, or vitamins or minerals without notifying the healthcare provider.
- Keep all scheduled laboratory visits for liver function tests.
- Immediately report nausea and vomiting; diarrhea; rash; yellowing of the skin; abdominal pain, tenderness, or distention; or change in color of stool.
- Report any seizure activity immediately.
- Notify the healthcare provider if pain relief is not effective.
- Do not take medication if you experience excess drowsiness, confusion, or respiratory status.