Risk Control Strategies for Reducing Patient Harm with HYDROMorphine

- Differentiate HYDROMorphine from morphine where both products are available
  - Use tall man lettering on labels, order sets, order entry screens, medication administration records, etc

- Include the brand name Dilaudid on order sets, order entry screens, medication administration records, etc, to help differentiate HYDROMorphine from morphine

- Limit the number of strengths available

- Avoid stocking HYDROMorphine in prefilled syringes in the same strength as morphine prefilled syringes

- Post equianalgesic dosing charts in patient care areas, in computerized prescriber order entry systems and pharmacy information systems, and on medication administration records

- Limit the starting dose of HYDROMorphine to 0.5 mg
  - Particularly for opioid-naïve patients and those with other risk factors such as obesity, asthma, or obstructive sleep apnea or those receiving other medications that can potentiate the effects of HYDROMorphine
  - The initial dose should be reduced in the elderly or debilitated and may be lowered to 0.2 mg

- Perform independent double checks when HYDROMorphine is removed from stock, particularly if a pharmacist has not reviewed the order prior to drug administration

- Strongly consider employing capnography to monitor patients on patient-controlled analgesia

- Employ technology to alert practitioners such as barcode medication verification and hard stops in smart infusion pump libraries for catastrophic doses