# Opioid analgesic stewardship: 6a - Proportion of admitted patients who received opioid analgesics who were administered naloxone for respiratory depression

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### Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	6a - Proportion of admitted patients who received opioid analgesics who were administered naloxone for respiratory depression
METEOR identifier:	755563
Registration status:	Australian Commission on Safety and Quality in Health Care, Standard 27/04/2022
Description:	The proportion of admitted patients who received opioid analgesics who were administered naloxone for respiratory depression while in hospital.
Rationale:	Opioid-induced respiratory depression is potentially fatal.
	Patient sedation levels should be monitored and paired with appropriate opioid analgesic prescription and dose adjustment.
	The aim of this indicator is to monitor respiratory depression. As respiratory depression is not reliably documented, administration of naloxone is used.
Indicator set:	<u>Clinical care standard indicators: Opioid Analgesic Stewardship in Acute Pain -</u> <u>Acute care edition</u> <u>Australian Commission on Safety and Quality in Health Care</u> , Standard 27/04/2022

## Collection and usage attributes

Computation description:	The numerator and denominator include patients admitted to hospital.
	Presented as a percentage.
Computation:	(Numerator ÷ Denominator) x 100
Numerator:	Number of patients in the denominator who were administered naloxone while in hospital for respiratory depression.
Denominator:	Number of patients who received opioid analgesics while in hospital.

#### **Representational attributes**

Representation class:	Percentage
Data type:	Real
Unit of measure: Format:	Service event
Format.	IN[ININ]

#### Source and reference attributes

Submitting organisation:	Australian Commission on Safety and Quality in Health Care
Reference documents:	Australian Commission on Safety and Quality in Health Care. Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard – Acute care edition. Sydney: ACSQHC; 2022.