

Opioid Use Conversation Guide

For Health Professionals

How to use this guide

- This conversation guide is meant to help you explain opioid medications to a patient and their family. It is not meant to be given to the patient and family, as reading material.
- The talking points that are included in this conversation guide are based on families' most asked questions. Please adjust which points you cover based on what the families' needs are.
- This guide is written as if you are speaking to the parent/caregiver. If you are speaking directly to a child/youth, please adjust the language used to reflect this (i.e., 'you' instead of 'your child').

Why has [this medicine] been prescribed?

- It is important to treat pain. When pain is untreated it can lead to long-term pain or distress, and result in a longer hospital stay or medical complications.
- [This medicine] is prescribed because your health professionals believe it is the best way to treat your pain.
- Even with good pain care, there may still be some pain. Your healthcare team's goal is to lessen the discomfort as much as possible by using a combination of medicines and other things to help the pain.
- For most kinds of pain, we almost always try acetaminophen (e.g., Tylenol®) or ibuprofen (e.g., Advil®) first. If it is not enough, then we consider adding opioids like [this medicine]. This is safe to do.

Is [this medicine] safe?

- [This medicine] is safe. It is also normal to feel scared or nervous about [this medicine].
- The use of [this medicine] is supported by the most up-to-date evidence from children's health research.
- We will be monitoring your child very closely while receiving [this medicine]. We monitor their pain, heart rate, breathing, and many other things. If they have any signs of overdose or side effects, we have the medicines and treatments to help available right away.
- We always aim to use the lowest dose that will relieve your child's pain. The dose will be tailored to your child, and takes into account their age, weight, pain score, medical conditions, and other things.

What are the effects/side effects of [this medicine]?

- You and your child will know when [this medicine] is working as their pain will improve. Usually this is 5-10 minutes when given in the vein, 10-15 min through the nose and 30-60 min by mouth.
- Some people might feel sleepy, breathe more slowly, feel itchy, or become constipated. These effects are usually mild and temporary. If they are bothering your child, let us know and we can treat them right away. Most side effects only last for as long as [this medicine] is used. Constipation can last for a day or two longer.
- Nausea is one of the most common side effects and we can treat it right away. Please let us know if your child feels nauseous (like throwing up).

How long will [this medicine] be used?

- This is dependent on your child, their medical condition, and their healing journey.
- We will be monitoring pain and recovery very closely, as well as any side effects that may occur.
- Our goal is to use [this medicine] for as short a time as possible while continuing non-opioid pain medicines and other pain care strategies.
- If your child is not feeling better with the pain care they are receiving, let your healthcare team know. Changes can be made to the pain care plan.
- Usually, children are switched to non-opioid pain medicines such as acetaminophen (e.g., Tylenol®) or ibuprofen (e.g., Advil®) before they are sent home from hospital.
- **If opioid medicines are needed after discharge from the hospital, we will explain how to use them, before you go home ** (to be used at the health professional's discretion, depending on condition.)

What is the risk of overdose or addiction?

- Safety is always a priority when treating pain.
- Treating pain in a health care setting is a safe and appropriate use of [this medicine]; overdose is very unlikely as we monitor patients very closely. We have all the medicine and treatments needed to treat signs of overdose right away.
- Sometimes, people worry about addiction and tolerance. They are two very different things.
- Addiction, or opioid use disorder, is when a person develops a problematic pattern of opioid use leading to impairment or distress. This is rarely a consequence of short-term opioid use for medical conditions in children.
- Tolerance to opioids is when your body gets used to the dose of medicine you are receiving, and the amount of medicine needs to be adjusted for this. This sometimes happens with longer term use of opioids, and your healthcare team will help you with this if your child is expected to need the opioids for a longer period of time.

CLOSING

Do you have any other questions that I or another member of your healthcare team can answer?



Proposed Answers for Other Questions that May Arise

But isn't fentanyl dangerous?

NO. Illegal or street fentanyl is made in unsafe conditions and can be mixed with other dangerous things that can make you very sick. When fentanyl is prescribed by a doctor, it was made in a safe medical lab, and your child is given only the smallest amount that is needed help their pain and still be safe.

How will [this medicine] be administered?

Intranasal: We will give your child this medicine by spraying it into their nose. This takes just a few seconds. The spray can sometimes leave a bitter taste in their mouth for a minute.

Intravenous: We will give your child the medicine through an intravenous tube (IV). An IV is a soft, flexible plastic tube or straw placed inside a vein, usually in the hand or arm. Health professionals use IV lines for pain medicines when they want the pain relief to be really fast.

Why can't you just give it in my child's leg and avoid the intravenous (IV) catheter?

We used to give children pain medicines and other treatments by injecting them directly into the muscle of an arm or leg. We now know that this is very painful for children and that bodies don't always absorb the medicine in a predictable way. Instead, we now use the nose or an IV, if giving it by mouth is not a good choice for your child. If you are worried about the IV causing pain to your child, please let me know. We have great ways to lessen the pain and stress of needles for children.

Why don't you just give my child codeine (e.g., Tylenol® number 3's)? I have used that before.

Because Health Canada says not to. Codeine should never be used (it is contraindicated) in children under 18 years of age to treat pain after surgery to remove tonsils or adenoids, as these patients are at higher risk of serious breathing problems. Codeine is also not recommended for any children under the age of 12, for any use, due to the risk of breathing problems and death. Research also shows that it does not work better than acetaminophen (e.g., Tylenol®) or ibuprofen (e.g., Advil®) for most children.



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