# Appendix 2 – Secondary care tramadol audit

**Purpose**

* To promote the safe and appropriate prescribing of tramadol in secondary care in NHS Wales.
* To aid the appropriate prescribing of tramadol for patients discharged from a secondary care setting.
* To prevent patients being prescribed tramadol long term as a result of being discharged from secondary care with tramadol for acute pain.

**Objectives**

* To assess the appropriateness of tramadol prescribing for acute pain in secondary care.
* To assess whether tramadol is being co-prescribed with other opioids in secondary care.
* To determine the appropriateness of tramadol prescribing on discharge prescriptions in secondary care.
* To assess whether tramadol is being prescribed with a clear discontinuation or review date on discharge prescriptions.
* To quantify the amount of tramadol dispensed on discharge prescriptions.

**Good practice points**

* Refer to local pain guidelines where appropriate.
* Treatment should be short and intermittent.
* Use only for moderate and severe pain.
* Tramadol should only be prescribed if first-line opioids (e.g. codeine, co‑codamol) are not appropriate or tolerated.
* Tramadol should not be co-prescribed with other regular opioids.
* Patients should also be prescribed regular paracetamol and/or NSAID if appropriate.
* Before starting treatment with tramadol, agree with the patient a treatment strategy and plan for end of treatment. Counsel patients on the nature of an acute prescription from a hospital discharge.
* Consult the latest advice and warnings for opioids during pregnancy in the product information and in clinical resources.
* Discuss with patients that prolonged use of opioids, such as tramadol, may lead to drug dependence and addiction, even at therapeutic doses.
* Explain the risks of tolerance and potentially fatal unintentional overdose, and counsel patients and caregivers on signs and symptoms of opioid overdose to be aware of (see MHRA [opioids safety information leaflet](https://www.gov.uk/guidance/opioid-medicines-and-the-risk-of-addiction)).
* Patients discharged on tramadol should only be given a short supply, and a discontinuation or review date should be clearly indicated on the discharge prescription to ensure that they are not continued on treatment in primary care for longer than is necessary. Communication with community pharmacists via discharge medication reviews could identify patients discharged on tramadol from secondary care and facilitate review and patient counselling on tramadol treatment where appropriate.
* Use with caution in:
	+ patients with a history of substance misuse
	+ patients with a history of epilepsy or those susceptible to seizures; tramadol should only be prescribed in these patients if there are compelling reasons to do so
	+ patients taking medication that can lower the seizure threshold or cause CNS toxicity (particularly SSRIs and TCAs)
	+ patients taking other interacting medicines
	+ patients with renal impairment
	+ patients taking benzodiazepines and opioids; when used together, these have additive effects on the central nervous system, increasing the risk of sedation, respiratory depression, coma, and death. Only prescribe benzodiazepines (or benzodiazepine-like drugs) and opioids together if there is no alternative.
* Any medically significant adverse drug reactions that may be associated with tramadol should be reported through the Yellow Card Scheme. Yellow Cards can be found at the back of the British National Formulary (BNF) or on-line at [www.mhra.gov.uk](http://www.mhra.gov.uk).

## Notes on safety

**Dosing in renal impairment**

Tramadol and its metabolites are almost completely excreted through the kidneys. For elderly patients and patients with renal impairment, the half-life is extended and there is reduced elimination. If a patient has renal impairment, the dose should be adjusted according to the patient’s glomerular filtration rate (GFR):

* 20–50 ml/min: dose as in normal renal function
* 10–20 ml/min: 50–100 mg every 8 hours initially, then titrate dose as tolerated
* < 10 ml/min: 50 mg every 8 hours initially, then titrate dose as tolerated.

The information above on dosage adjustments in renal impairment is taken from the Renal Drug Handbook 3rd edition (2008) which bases its dosage adjustments on creatinine clearance and not estimated GFR (eGFR). It should be noted that there are differences between absolute GFR, eGFR, and creatinine clearance (CrCl). For more detailed advice on clinical importance and management, see BNF, Renal Drug Handbook and Summary of Product Characteristics, or refer to local Medicines Information Service.

Please note that the information in the Renal Drug Handbook is compiled from a wide range of sources and from the clinical experience of the editorial board of the UK Renal Pharmacy Group, all of whom are involved in the pharmaceutical care of renally impaired patients. As such, some of the information in the Renal Drug Handbook may not be in accordance with the licensed indications or use of the drug.

**Advice for tapering and stopping tramadol**

To reduce the risk of withdrawal effects associated with sudden cessation of opioids, taper dosage of tramadol slowly at the end of treatment. This can take weeks or months, depending on individual response and the dose taken. Healthcare professionals should advise patients not to stop taking tramadol suddenly, and not to try to self-medicate to overcome withdrawal effects. Self‑medication with opioids can result in overdose and potentially death. The MHRA recommended that before prescribing opioids, healthcare professionals should discuss the risk and features of tolerance, dependence and addiction with the patient. A plan for the termination of treatment should be agreed, which might include identifying a strategy to measure treatment success or failure, and a dose reduction strategy. Where physical dependence to tramadol develops, the withdrawal syndrome can be severe, with symptoms typical of opiate withdrawal sometimes accompanied by atypical symptoms including seizures, hallucinations and anxiety.

The [Faculty of Pain Medicine’s Opioids Aware resource](https://fpm.ac.uk/opioids-aware-structured-approach-opioid-prescribing/tapering-and-stopping) suggests tapering opioids by 10% weekly or two weekly. It is important to take into consideration that every patient and their circumstances will be different, and a prudent and individually tailored approach is required.

If the patient has chronic (also known as persistent) pain that has failed to respond to treatment, referral to a specialist pain service may be appropriate. If there are issues with dependence on tramadol, referral to a specialist support service where available may be appropriate.

**Audit criteria**

The target is not an absolute value and can be achieved if there is movement towards the suggested audit standard in subsequent runs of the audit.

|  |  |
| --- | --- |
| **Standard** | **Exception** |
| 1. All patients prescribed tramadol have a clear and appropriate indication for prescribing | None |
| 2. No patients are co-prescribed other regular opioids with tramadol  | None |
| 3. All patients admitted on tramadol have a review during admission to assess if it is appropriate to continue with treatment | None |
| 4. All patients are initiated on tramadol only if first-line weak opioids are not suitable | Contraindications to other first-line opioids  |
| 5. The daily dose of tramadol does not exceed 400 mg in 24 hours | None |
| 6. Patients are not co-prescribed interacting medicines | Unless the clinical benefits outweigh the risks and patients are monitored accordingly |
| 7. Tramadol is not initiated where there is a history of substance misuse | Unless the clinical benefits outweigh the risks and patients are monitored accordingly |
| 8. Tramadol is not initiated where there is a history of epilepsy | Unless the clinical benefits outweigh the risks and patients are monitored accordingly |
| 9. All patients are dosed appropriately according to their renal function | None |
| **Discharge prescriptions** |
| 10. All patients prescribed tramadol for acute pain are discharged with no more than one week’s supply unless judged to be appropriate by the prescriber | Unless a longer course of treatment is judged to be appropriate in the individual circumstances of the patient |
| 11. All discharge prescriptions for tramadol for acute pain have a clear review or discontinuation date | None |

**Method**

Data collection should take place over a specified one-day period or as decided locally depending on the amount of data expected to be captured. Collect data on all patients prescribed tramadol on drug chart and/or discharge prescriptions using Patient Data Collection Sheet.

## Patient data collection sheet – Tramadol in secondary care

Audit number …………………… Date of data collection ........../......../…....

Speciality that patient was under care of/discharged from………………….

Diagnosis for treatment…………………………………………………………

Total number of patients on ward………………………………………………

Total number of patients prescribed tramadol………………………………..

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Yes** | **No** | **Comments** |
| **1** | Is the indication for tramadol is clearly recorded? |  |  |  |
| **2** | Is the patient co-prescribed another regular opioid?If yes, state which.  |  |  |  |
| **3** | Was the patient taking tramadol prior to admission? |  |  |  |
| **4** | Was tramadol prescribed first line?If yes, were there any contraindications to other first‑line opioids such as codeine? |  |  |  |
| **5** | Does the daily dose of tramadol exceed 400 mg in 24 hours or is the maximum dose ambiguous? |  |  |  |
| **6** | Is the patient co-prescribed an interacting medicine?  |  |  |  |
| **7** | Does the patient have a history of substance misuse? |  |  |  |
| **8** | Does the patient have a history of epilepsy or seizures? |  |  |  |
| **9a** | Is the patient’s GFR < 20 ml/min?  |  |  |  |
| **9b** | If the patient’s GFR is < 20 ml/min, has the dose been adjusted?  |  |  |  |
| **10** | **Questions relating to discharge prescriptions only** |  |  |  |
| **10a** | Is there a discontinuation date or review date for tramadol clearly indicated on discharge prescription?  |  |  |  |
| **10b** | Does the duration of tramadol prescribed exceed one week? |  |  |  |