

# Appendix O: Pasero Opioid-Induced Sedation Scale (POSS) with Interventions\*

**S = Sleep, easy to arouse**

Acceptable; no action necessary; may increase opioid dose if needed

**1 = Awake and alert**

Acceptable; no action necessary; may increase opioid dose if needed

**2 = Slightly drowsy, easily aroused**

Acceptable; no action necessary; may increase opioid dose if needed

**3 = Frequently drowsy, arousable, drifts off to sleep during conversation**

Unacceptable; monitor respiratory status and sedation level closely until sedation level is stable at less than 3 and respiratory status is satisfactory; decrease opioid dose 25% to 50%<sup>1</sup> or notify prescriber<sup>2</sup> or anesthesiologist for orders; consider administering a non-sedating, opioid-sparing nonopioid, such as acetaminophen or an NSAID, if not contraindicated.

**4 = Somnolent, minimal or no response to verbal or physical stimulation**

Unacceptable; stop opioid; consider administering naloxone<sup>3,4</sup>; notify prescriber<sup>2</sup> or anesthesiologist; monitor respiratory status and sedation level closely until sedation level is stable at less than 3 and respiratory status is satisfactory.

\*Appropriate action is given in italics at each level of sedation.

1 Opioid analgesic orders or a hospital protocol should include the expectation that a nurse will decrease the opioid dose if a patient is excessively sedated.

2 For example, the physician, nurse practitioner, advanced practice nurse, or physician assistant responsible for the pain management prescription.

3 Mix 0.4 mg of naloxone and 10 mL of normal saline in syringe and administer this dilute solution very slowly (0.5 mL over two minutes) while observing the patient's response (titrate to effect) (Source: Pasero, C., Quinn, T.E., Portenoy, R.K., McCaffery, M. & Rizo A. Opioid analgesics. In: Pain Assessment and Pharmacologic Management, p.510. St. Louis, MO: Mosby/Elsevier; 2011; American Pain Society (APS). Principles of Analgesic Use in the Treatment of Acute Pain and Chronic Cancer Pain. 6<sup>th</sup> ed. Glenview, IL: APS; 2008.)

4 Hospital protocols should include the expectation that a nurse will administer naloxone to any patient suspected of having life threatening opioid-induced sedation and respiratory depression.

Note. From *Pain Assessment and Pharmacologic Management*, by C. Pasero and M. McCaffery, 2011, St. Louis, MO: Mosby/Elsevier. Copyright (1994) by Chris Pasero. Used with permission.