

Use a Practical Approach to Manage Opioid-Allergy Alerts

Opioid-allergy alerts often create a conundrum...since most reactions are documented incorrectly or incompletely.

And less than 2% of opioid reactions are a true allergy.

Use any opioid intolerance as an opportunity to ensure NON-opioid alternatives are optimized.

Then follow a practical approach to handle opioid-allergy alerts.

Document in the EHR the specific med...the reaction...and if the patient has tolerated other opioids since the reaction.

Filter out NONallergic reactions. We know that nausea, GI upset, dizziness, and other common adverse effects aren't allergies. See if your EHR will let you label these as "intolerances."

Expect flushing, itching, and hives to often be "pseudoallergy"...caused by direct histamine release due to opioids.

Be aware, pseudoallergy isn't immune-mediated and doesn't require prior exposure to an opioid.

Be familiar with key culprits...codeine, morphine, meperidine.

If needed, consider switching to an opioid that may cause less histamine release, such as hydrocodone or oxycodone.

If the opioid can't be changed, try a lower dose...or pretreating with a second-generation antihistamine (cetirizine, etc) and possibly an H2-blocker (famotidine, etc).

Hone in on true allergies. Be alert for angioedema, bronchospasm, severe hypotension, severe skin reactions, etc.

In these cases, suggest an opioid from a different structural class...plus close monitoring.

Think of four major structural classes.

Morphine-like opioids include codeine, hydrocodone, hydromorphone, and oxycodone.

Fentanyl and meperidine are structurally similar to each other...so are tramadol and tapentadol (*Nucynta*).

Methadone is structurally unique.

For example, consider IV hydromorphone as a potential alternative for a patient with a true allergy to fentanyl.

See our resource, Opioid Allergy, for more details about cross-reactivity...including an algorithm to help guide treatment options.

Key References:

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- Joint Task Force on Practice Parameters; American Academy of Allergy, Asthma and Immunology; American

Cite this document as follows: Article, Use a Practical Approach to Manage Opioid-Allergy Alerts, Hospital Pharmacist's Letter, August 2024

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Hospital Pharmacist's Letter. August 2024, No. 400816

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