Local Guideline

Health
Hunter New England
Local Health District

Document number: JHH_0xxx

Perioperative management of patients taking cannabinoids

Sites where Local Guideline applies	
Target audience	
This Local Guideline applies to:	
1. Adults	Yes
2. Children up to 16 years	No
3. Neonates – less than 29 days	No
Description	This guideline describes a pathway for the management of cannabinoid use in the perioperative period.
Keywords	Perioperative, cannabinoids, THC, CBD

Go to Guideline

Replaces existing document?	No

Relevant or related Documents, Australian Standards, Guidelines etc:

- NSW Health Policy Directive PD2017_032 Clinical Procedure Safety
- HNELHD Policy Compliance Procedure PPM Consent:PCP 3 Consent for Clinical Treatment and Care
- NSW Health Policy Directive PD 2017_013 Infection Prevention and Control Policy
- Work Health and Safety Act 2011 no. 10
- NSW Health Policy Directive PD2012_069 Health Care Records – Documentation and Management
- HNE Health Policy Compliance Procedure PD2009_060: PCP1 Clinical Handover – ISBAR
- HNELHD Policy Pol 18_03 Aseptic Technique for Level 1 to Level 2 Procedures Conducted in Clinical Settings
- Local procedure JHH_JHCH_BH_0193 Standard Aseptic Technique
- NSW Health Policy Directive 2013_049 Recognition and management of Patients who are Clinically Deteriorating
- HNE LHD Policy Compliance Procedure Recognition and Management of Patients who are Clinically Deteriorating PD2013_049:PCP 1
- HNE LHD PD2013_049 PCP2 Vital Sign Observations & Monitoring Frequency 16 Years and Over
- See Reference Section on page 4

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Prerequisites (if required)	This documents refers to both prescribed and non-prescribed cannabinoids and is relevant to patients having elective procedures.
Local Guideline note	This document reflects what is currently regarded as safe and appropriate practice. This guideline does not replace the need for the application of clinical judgment in respect to each individual patient. If staff believe that the guideline should not apply in a particular clinical situation they must seek advice from their unit

	manager/delegate and document the variance in the patient's health record. If this document needs to be utilised outside of the John Hunter Hospital please liaise with the local Perioperative and Pharmacy Services to ensure the appropriateness of the information contained within the Guideline and Procedure.
Date initial authorisation:	
Authorised by:	
This document contains advice on therapeutics	Yes/No (delete) (If Yes) Approval gained from Local Quality Use of Medicines Committee on (insert date)
Contact Person:	
Contact Details:	
Date Reviewed:	
Review due date:	
Position responsible for review:	
Version:	

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PURPOSE AND RISKS

Cannabinoids are substances, synthetic or naturally occurring, which bind to biologic cannabinoid receptors. These products come in a multitude of preparations and contain varying amounts of delta^{9}-tetrahydrocannabinol (THC), cannabidiol (CBD) and cannabinol (CBN).[1] These products may be taken by inhalation, oral or transmucosal dosing either alone or in combination with other agents.

Legally prescribed cannabinoids may be registered or unregistered products. At present, only nabiximols (Sativex), an oromucosal spray for multiple sclerosis spasticity, is registered for use in Australia. Unregistered products are approved through the Therapeutic Goods Administration under the Special Access Scheme, Authorised Prescriber Pathway or through a clinical trial.

Use of cannabinoids is common in the community, both in prescribed and in illicitly obtained forms. While not recommended as first line therapy for any indication,[2] there is some evidence to support their use in the following settings:

- Chemotherapy-induced nausea and vomiting
- Multiple sclerosis-related spasticity
- Palliative care and cancer pain
- Epilepsy

The Faculty of Pain Medicine and Australian and new Zealand College of Anaesthetist's joint publication states that there is insufficient evidence on the efficacy of cannabinoids for chronic non-cancer pain and expresses concern about the harms associated with its use (respiratory complications, psychotic symptoms and disorders, and cognitive impairment).[1]

Use of cannabinoids in the perioperative setting carries the following issues:

- Risk of increased pain and opioid requirements postoperatively[3]
- Perioperative respiratory complications if the patient uses cannabis products by inhalation.
- Difficulty achieving adequate depth of anaesthesia[4]
- Post-operative nausea and vomiting[4]

• Non-prescribed cannabinoids are not able to be brought into hospital, possibly precipitating acute withdrawal for frequent users of compounds containing THC[5] By engaging with patients to obtain a thorough drug and medication use history, we can assist patients to: • De-escalate their use of cannabinoids for non-proven indications • Have secure, ongoing access to their prescribed cannabinoids during their inpatient stay, where appropriate
Risk Category*:* Clinical Care & Patient Safety

GLOSSARY

Acronym or Term	Definition
CBD	Cannabidiol
CBN	Cannabinol
FPM	Faculty of Pain Medicine
THC	delta[9]-tetrahydrocannabinol

John Hunter Hospital / Service Manager Responsibility

- Ensure that the principles and requirements of this procedure are applied, achieved and sustained
- Ensure effective response to, and investigation, of alleged breaches of this procedure.
- Ensure all staff have completed My Health Learning online module Introduction to Safety and Quality (course number 42189807)
- Notify staff of all new and revised local procedures and guidelines through the JHH Newsletter

Line management responsibility

- Notify staff of new and revised policies, procedures and guidelines relevant to the workplace / unit / clinical specialty.
- Post the JHH newsletter (with policy, procedure and guideline updates) in staff rooms
- Identify high clinical risks relevant to patient population of unit/specialty and undertake audits of compliance with relevant policies, procedures or guidelines.

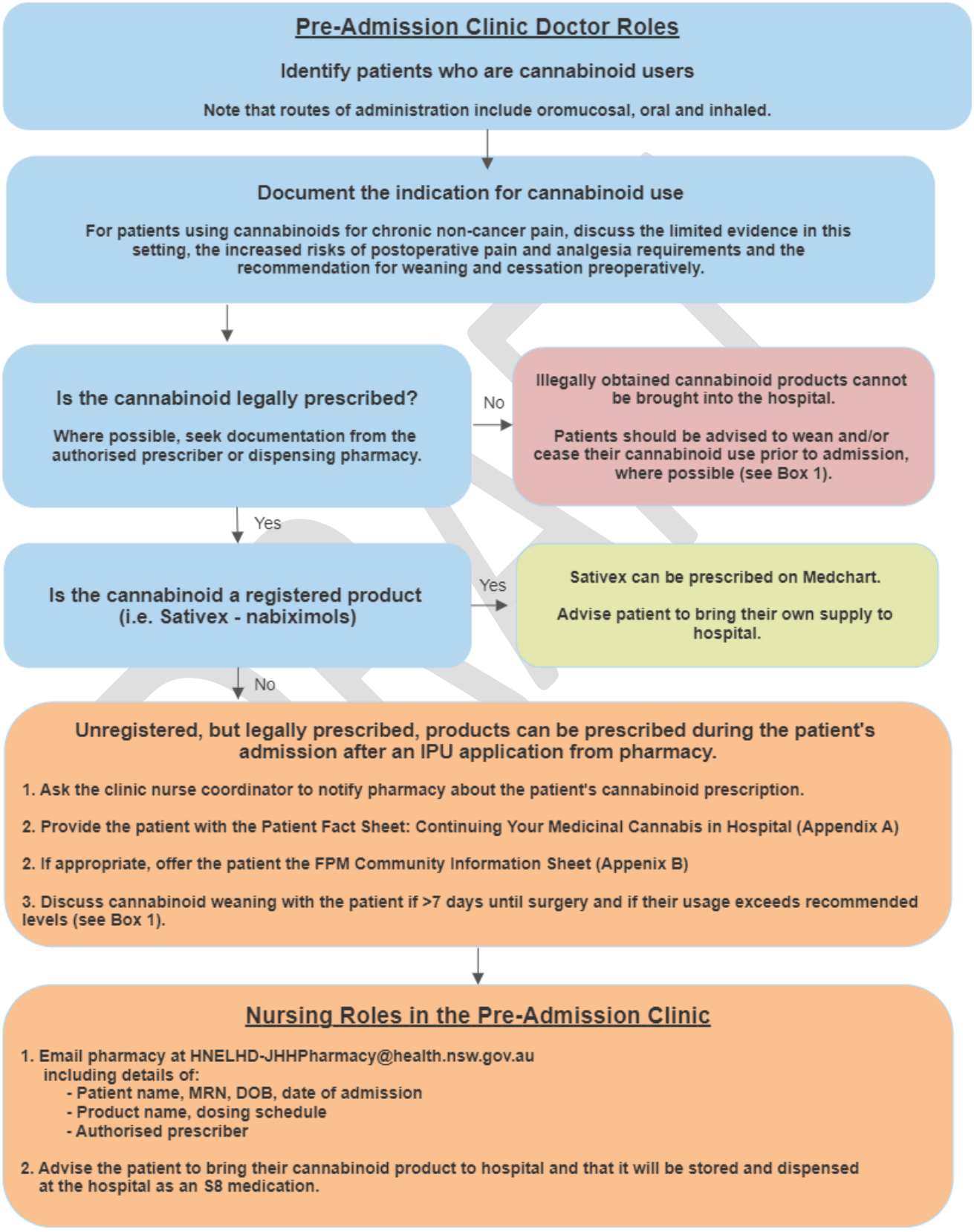
Employee responsibility

Staff must:

- Comply with policies, procedures and guidelines applying to their workplace / unit / specialty
- Report unsafe practices, equipment or environment to line manager
- Escalate any patient safety concerns to line manager, including if it is assessed that policies, procedures or guidelines do not reflect contemporary practice

GUIDELINE

This Guideline does not replace the need for the application of clinical judgment in respect to each individual patient.



Medication storage in hospital

Whether the medication is scheduled as an S4 or an S8 medication is determined by the CBD content. If the CBD content is >98% of the total active ingredients, the medication is an S4 medication.

However, **when patients bring their legally prescribed cannabinoids into hospital, all of these products are handled as an S8 medication**. This is because the CBD content is often not accurately known, meaning its S4/S8 class is unclear. The potential for diversion or misuse of these medications also exists and their monetary value is high, meaning that storage as an S8 is the safest way to protect staff and patients.

BOX 1 – Consideration of cannabinoid weaning[4]

If there is ≥7 days before surgery, cannabinoid weaning may be considered. This is recommended if the patient is consuming *more than*:

1. 1.5g/d of smoked cannabis (with the average cannabis cigarette containing 500-750mg of cannabis)
2. 300mg/d of CBD oil
3. 20mg/d of THC oil
4. A cannabinoid product with unknown CBD or THC content, more than 2-3 times per day

Weaning of cannabinoids less than 24h preoperatively isn't recommended due to the risk of precipitating Cannabis Withdrawal Syndrome. Patients consuming a cannabinoid of unknown THC and CBD content may be encouraged to convert to a legally prescribed product of known concentrations to assist with achieving these targets. In motivated patients and with non-time-sensitive surgeries, delays to surgery *may* be appropriate to achieve weaning.

The above thresholds may be used as targets for preoperative weaning, however lower doses or cessation may be considered if the patient is motivated to do so and if there is sufficient time before surgery.

Weaning of a legally prescribed cannabis products must be discussed with the patient's cannabinoid prescriber a they will provide ongoing management of the patient's dose reductions.

For patients consuming very high amounts of cannabinoids (for example, 2-3 times the quantities listed above) this should prompt a discussion with a Perioperative Anaesthetist about the role for preoperative multidisciplinary services such as an outpatient Pain Medicine Specialist referral, Drug and Alcohol Services, or Mental Health Services, in liaison with the patient's General Practitioner.

APPENDICES

Appendix A – Patient Fact Sheet: Continuing Your Medicinal Cannabis in Hospital

Appendix B – FPM. Community Information Sheet. Prescribing medicinal cannabis for chronic non-cancer pain

REFERENCES

1. Faculty of Pain Medicine. Australia and New Zealand College of Anaesthetists. Statement on "Medicinal Cannabis" with particular reference to its use in the management of patients with chronic non-cancer pain. Background Paper. PS10(PM) 2019. Available online from www.anzca.edu.au
2. Australian Government. Department of Health. Therapeutic Goods Administration. Guidance for the use of medicinal cannabis in Australia. Overview. Version 1, December 2017.
3. Liu C, et al. Weeding out the problem: The impact of preoperative cannabinoid use on pain in the perioperative period. *Anesth Analg.* 2019;129(3):874-881 DOI: 10.1213/ANE.0000000000003963
4. Ladha K, et al. Perioperative Pain and Addiction Interdisciplinary Network (PAIN): consensus recommendations for perioperative management of cannabis and cannabinoid-based medicine users by a modified Delphi process. *Br J Anaesth.* 2021 Jan;126(1):304-318. doi: 10.1016/j.bja.2020.09.026. Epub 2020 Oct 29.
5. Gorelick, D. Cannabis Withdrawal. UpToDate. Accessed online 4th May 2022.

Useful Links

HNEQUM_Fact_Sheet_-_Patient_Information_on_Continuing_Cannabinoids_V3.pdf (nsw.gov.au)

prescribing-medicinal-cannabis-for-chronic-non-can.pdf (anzca.edu.au)

Appendix A – Patient Fact Sheet: Continuing Your Medicinal Cannabis in Hospital

Patient Fact Sheet: Continuing Your Medicinal Cannabis in Hospital

Approved: June 2020

Medicinal cannabis at home

Medicinal cannabis may be prescribed to people for many reasons. If you take medicinal cannabis at home and it has been legally prescribed to you, it may be able to be continued while you are in hospital. If it is not legally prescribed to you, it cannot be continued in hospital and you must not bring it with you.

Continuing your legal medicinal cannabis in hospital

There are set rules about how hospital doctors can continue medicinal cannabis for patients who are taking it before they are admitted to hospital. This means there are some steps your hospital doctor must follow to be able to continue your medicinal cannabis. The steps are:

1. Your hospital doctor needs to decide if it is safe for you to continue taking your medicinal cannabis. This will depend on what you take it for and why you have come into hospital. Your hospital doctor will talk about this with you to work out if it is safe.
2. Your hospital doctor must check that your medicinal cannabis has been legally prescribed to you and how it was supplied. Having the details of your GP or Specialist who prescribed your medicinal cannabis and the pharmacy who supplied it will help to confirm these things.
3. If your medicinal cannabis is not registered for use in Australia, your hospital doctor must notify the hospital that they wish to use an unregistered medicine. This involves filling in a form with details of your treatment with medicinal cannabis.
4. Once the hospital has agreed to continue your medicinal cannabis, your hospital doctor can put it on your medication chart for your nurse to give to you.
5. You will need to make sure you have brought your medicinal cannabis to hospital for your nurse to give to you. It cannot be supplied by the hospital. There are strict rules about how your medicinal cannabis must be stored. It must be locked in a safe and recorded in a register kept by the hospital to make sure you and your nurses are protected. You cannot keep it with you.

Checklist for continuing your legal medicinal cannabis in hospital

- ☐ Tell your hospital doctor as soon as possible that you take medicinal cannabis and you would like it to continue.
- ☐ Have the details of your GP or Specialist who prescribed your medicinal cannabis and the pharmacy who supplied it.
- ☐ Give your hospital doctor copies of any approval letters or other documents relating to your medicinal cannabis.
- ☐ Bring your own supply of medicinal cannabis with you and give to your doctor, nurse or pharmacist straight away so it can be stored correctly.

For more details or to provide feedback on this fact sheet email
HNELHD-QUM@health.nsw.gov.au

Developed by District Pharmacy Services and HNE Quality Use of Medicines Committee

Appendix B – Community Information Sheet. Prescribing medicinal cannabis for chronic non-cancer pain.

FPM
Faculty of Pain Medicine
ANZCA

COMMUNITY INFORMATION

Prescribing medicinal cannabis for chronic non-cancer pain

Please note: This information applies to Australia and Aotearoa New Zealand only, and should be considered as well as information provided by your physician. Medicinal cannabis products prescribed legally in these countries may not be legal to take or possess in other jurisdictions.

What is this information about and who is it for?

You may have heard from friends or the media that cannabis might help with long-term or "chronic" pain. Some cannabis-related substances have, or may soon, become available for doctors to prescribe. But there is not enough evidence to say that they are safe or effective to prescribe for chronic pain.

This fact sheet is from the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists. It is a summary of our position on prescribing medicinal cannabis for people with chronic pain. We hope it helps consumers have informed conversations with their treating physician. We encourage physicians to refer to the faculty's professional document PS10(PM) *Statement on "Medicinal Cannabis" with particular reference to its use in the management of patients with chronic non-cancer pain.*

What is medicinal cannabis?

We use the term "medicinal cannabis" to describe cannabis products that registered healthcare practitioners may prescribe to relieve the symptoms of medical conditions. These products will contain one or more active ingredients extracted from the Cannabis sativa plant. The two commonest cannabinoids currently prescribed for chronic pain are Tetrahydrocannabinol (THC) and Cannabidiol (CBD).

What is the faculty's position on prescribing it for chronic non-cancer pain?

The faculty agrees with the position of the International Association for the Study of Pain (IASP). The IASP's 2021 position statement did not support the general use of cannabis for pain. The IASP also called for trials to grow our understanding of cannabis harms and benefits.

- Substances used as medicines should meet the standards required by government regulatory authorities. This means that the maker of a cannabis product has to provide evidence of how pure, safe and effective it is. Only then can they register their product as a medicine.
- Doctors prescribe a medicine if there is good scientific evidence it is safe and that it relieves the symptom the person is experiencing. Good evidence comes from studying the medicine in lots of people. Good evidence compares the new medicine to other treatments to be sure it is as good or better. There is not yet enough good evidence to use medicinal cannabis to treat chronic pain.
- Cannabis has a range of negative effects. These include impaired breathing function, symptoms of mental illness and altered brain function. These effects are particularly worrying in young people whose brains are still developing. Side-effects from medicinal cannabis can be harmful.
- People with chronic non-cancer pain should enjoy the highest possible quality of life. Scientific evidence shows people who use cannabis for pain can find their quality of life becomes worse. Quality of life can improve when people try things besides medicines. A family doctor (GP) or specialist team can help a person explore other treatments.
- Until there is good scientific evidence of benefit, every use of medicinal cannabis for a person with chronic pain should be part of a clinical trial. In a trial, the doctor makes sure the person understands all the possible harms and impacts. They explain the uncertainty of any pain relief. They ask each person for permission to record what happens to them. Sometimes a person's results are used to help decide whether or not to keep using the medication in that individual. Researchers put many people's trial results together to work out whether or not to use it in the future.

About the Faculty of Pain Medicine

The Faculty of Pain Medicine trains doctors to become pain specialists. We promote safe care aimed at reducing pain for people in Australia and Aotearoa New Zealand. As experts in this area we set standards in pain management. We are making our standards available to all.

www.anzca.edu.au