MEDICATION SAFETY

COMMUNITY PROGRAMME FOR OPIOID PHARMACOTHERAPY PATIENTS IN THE HOSPITAL SETTING (C-POP): MANAGEMENT OF

HDWA OPERATIONAL DIRECTIVE

Number: OD 0598/15 **Date: May 2015** Click here to see document

KEY POINTS

1. The Community Programme for Opioid Pharmacotherapy in Western Australia provides pharmacotherapy treatment for opioid dependence through community based authorised opiate pharmacotherapy prescribers and public prescribers at Next Step Drug and Alcohol Services.

2. Opioid pharmacotherapies currently include methadone syrup and solution, buprenorphine sublingual tablets (Subutex ®) and buprenorphine with naloxone sublingual film (Suboxone®).

3. They are supplied through authorised community pharmacies and at Next Step Drug and Alcohol Services to patients following assessment by an authorised C-POP prescriber.

4. When a patient receiving opioid pharmacotherapy is admitted to hospital, it is ESSENTIAL that the protocol attached is followed when continuation of therapy is required. Failure to follow the protocols will result in an increased risk for the patient from overdose.

5. Commencement in C-POP must be by an authorised C-POP prescriber and requires prior authorisation from the Chief Executive Officer of Health for each patient.

6. Treatment may continue while in hospital provided it is safe to do so for up to one month.

7. Consultation with the patient's authorised C-POP prescriber should be sought if dose adjustment is considered necessary

8. For enquiries concerning these protocols or for general information on the C- POP contact 9219 1913 or 9219 1907

INFORMATION FOR MEDICAL STAFF

PRESCRIBING GUIDELINES FOR HOSPITAL INPATIENTS

POLICY

Opioid pharmacotherapy includes methadone syrup and solution, buprenorphine sublingual tablets (Subutex®) and buprenorphine with naloxone sublingual film (Suboxone®).

Opioid pharmacotherapy should NOT be prescribed for any patient until their participation in the Community Programme for Opioid Pharmacotherapy (C-POP) can be confirmed by contacting the authorised medical practitioner prescribing the drug for that patient or the community or Next Step pharmacist dispensing the daily dose.

Do not accept the patient's word that they are authorised to receive a particular drug or dose. Withdrawal is much less hazardous to the patient than overdose, particularly if alcohol or street drugs (including other opioids) have been used prior to presentation.

PROTOCOL

- Obtain the pharmacy name and telephone number. It is acceptable to ask the patient, but use the telephone book or directory assistance to confirm the telephone number actually belongs to a pharmacy, not a friend of the patient. Introduce yourself and ask to speak with the pharmacist (for confidentiality reasons, avoid mentioning the patient's name to other staff).

- For Next Step clients dosing at the Next Step Clinic, telephone 9219 1919 and ask for the dispensary.

- Some patients are authorised to have opioid pharmacotherapy dispensed at more than one pharmacy (e.g. if usual pharmacy is closed on Sundays and public holidays) or are allowed a 'take away' dose(s) under certain conditions. Check if take away doses have been dispensed, or if more than one pharmacy is involved. If the patient's prescription has recently expired you will need to contact the authorised medical practitioner prescribing for the patient to confirm whether the prescriber wishes the patient to continue treatment.

- The following information is to be annotated in the patient's case notes:

    - Drug name and dose. Confirm current dose with the pharmacist and that the patient has a current prescription. Request a copy of the prescription and dosing record be faxed as verification of the dose. Document the medication and the dosein the patient's case notes in both mg and mL for methadone and mg for Subutex® and Suboxone®. Currently there are three strengths of Subutex® and two strengths of Suboxone® available and a patient may be on more than one strength.
    - Date and time of last supervised dose dispensed and number of take away doses, if any dispensed.
- Name of the pharmacist spoken to and the pharmacy name and telephone number.

- If necessary,(e.g. overnight admissions) dose confirmation can wait until the following morning. The prescriber should write "methadone syrup", 'Subutex®" or Suboxone® with "dose to be confirmed" inside the medication chart.

- Where a patient has not received a dose of methadone or buprenorphine within the past 72 hours, do not prescribe opioid pharmacotherapy until the patient's C-POP prescriber has been consulted, as a dose adjustment may be necessary. If a patient is in the induction phase (first 1-2 weeks) of treatment, and has missed a single dose of opioid pharmacotherapy, then do not prescribe opioid pharmacotherapy until the patient's C-POP prescriber has been consulted. Ask the clinical pharmacist assigned to the ward for further assistance if necessary.

- Opioid pharmacotherapy is usually administered in the morning as a single dose. For methadone the medication chart should be written with the dose expressed in both mL and mg, e.g. "methadone 5mg/mL syrup:22.5mg = 4.5mL each morning". This minimises the potential for prescribing and administration errors (with possible five –fold overdose). Subutex® and Suboxone® should have "inactive if swallowed" written on the chart, as administration is sublingual.

- It is usual for opioid pharmacotherapy to continue during hospital admission unless opioids are temporarily contraindicated or the patient is unable to take medication orally or through a nasogastric tube. If alterations to the opioid pharmacotherapy regimen are required, the hospital doctor treating the patient should consult with the patients C-POP prescriber or the Clinical Advisory Service (CAS) if the patient's prescriber is not available.

- Adequate postoperative or other analgesia should be provided as indicated in addition to the daily opioid pharmacotherapy dose, using agents other than methadone, Subutex® or Suboxone® (do not "count" the opioid pharmacotherapy as analgesia). As buprenorphine has a higher affinity than other opioids, treatment may be more complex when treating with other opioids. If required contact the CAS.

- Opioid pharmacotherapy should be administered in hospital on the morning of discharge, and the hospital doctor should notify the community or Next Step pharmacist of the amount, date

and time of last dose. Continuity of treatment should be confirmed before discharge. Notification should also be made to the C-POP prescriber that the patient has been discharged. **"Take away" doses or discharge prescriptions for methadone, Subutex® or Suboxone® must not be given.**

- If on discharge, the patient is unable to travel to their normal pharmacy due to incapacitation etc, or their community or Next Step prescription has expired, or there has been dosage adjustment following discussion with the authorised C-POP prescriber while an in patient,then the hospital prescriber should contact the patients C-POP prescriber to advise them of this fact. The patient should also be advised to contact their C-POP prescriber or the Community Clinical Programmes to make necessary arrangements.

Clinical Advisory Service (CAS)
(Telephone 9442 5042 or freecall 1800 688 847 outside the Perth Metropolitan area).

Community Clinical Programmes (CCP)
(Telephone 9219 1907 or 1908)

INFORMATION FOR NURSING STAFF

ADMINISTRATION GUIDELINES FOR HOSPITAL INPATIENTS

When a patient is admitted to a ward who may require opioid pharmacotherapy which includes methadone syrup/solution, buprenorphine sublingual tablets (Subutex®) and buprenorphine with naloxone sublingual film (Suboxone®), notify the clinical pharmacist for that ward.

Methadone syrup is administered once daily. The medication chart for methadone syrup/solution (5mg/mL) should be specify the dose in both mg and mL once daily.

Subutex® and Suboxone® are administered daily however administration may be less frequent (second or third daily). Subutex® is available in 0.4mg, 2mg and 8mg sublingual tablets and Suboxone® is available in 2mg and 8mg sublingual film. The medication chart should include the strength in mg, the dosing frequency and "inactive if swallowed".

The hospital doctor treating the patient must ensure dose confirmation, liaison and notification of discharge arrangement (including amount, date and time of last dose) with the patient's C-POP prescriber and the community or Next Step pharmacist is arranged (see Prescribing Guidelines).

If the dose details are missing or otherwise uncertain, confirm with the clinical pharmacist or hospital doctor responsible for the patient (see prescriber dose confirmation protocol).

Refer to Schedule 8 Medication Administration for procedure for administration requirements.Note a patient may be on more than one strength of Subutex® or Suboxone®. The measured methadone syrup dose should be checked (mg and mL amounts) carefully.

Methadone, Subutex® and Suboxone® must never be left with a patient for self-administration.

"Take away" doses or discharge prescriptions for methadone, Subutex® or Suboxone® MUST NOT be provided by a hospital to any C-POP patient.

SUBUTEX® AND SUBOXONE® ADMINISTRATION

Doses must be crushed using a commercial tablet crusher prior to administration. Crushing reduces the supervision time and risk of diversion.

The dose needs to be crushed and administered immediately after checking the patient's identity band and the prescribed Subutex® or Suboxone® dose against the prescription on the medication chart.

The administration must be directly observed by a Registered Nurse/Midwife to ensure the dose cannot be retained in the mouth for later injection or diversion. The nurse/midwife must watch the patient pour the prescribed dose of crushed Subutex® underneath the tongue and supervise for at least three minutes. Where Suboxone® is prescribed, the nurse must watch the patient place the prescribed dose of Suboxone® underneath the tongue and supervise for one minute. If more than one film of Suboxone is required to achieve the prescribed dose, then a maximum of two films may be placed on opposite sides underneath the tongue, at any one time. **NB: Subutex® and Suboxone® are inactive if swallowed.**

METHADONE ADMINISTRATION

Each individual dose is dispensed and pre measured into a bottle and labelled in individual daily dose with patient's name and unit dose by the pharmacist.

Methadone administration must be directly observed by a Registered Nurse/Midwife. The nurse/midwife must watch the patient swallow the dose and should engage the patient in a short conversation after swallowing to ensure the dose cannot be retained in the mouth for later injection or diversion.

Methadone syrup will be supplied in single use bottles with the following administration label: "Dilute the contents of this bottle to 50mL before providing to the patient. Engage patient in conversation after administration of full dose."
The administrating nurse/midwife should ensure the contents of the bottle are diluted with water prior to administering to the patient to ensure the complete dose is taken by the patient.

If a patient claims to have vomited a dose of methadone, and the nurse/midwife has actually witnessed immediate vomiting of the dose, contact the doctor to rewrite that dose. CAUTION: some patients have been known to regurgitate methadone for later injection.

REFERENCES (STANDARDS)	
National Standards – 4 Medication Safety Legislation – Poisons Regulations 1965 Related Guidelines / Policies – Medication Safety Management of Community Program for Opioid Pharmacotherapy (CPOP) patients in a hospital setting OD 0598/15 Management of Schedule 8 and Restricted Schedule 4 oral liquid medicines OD 0492/14 Safe Administration of Oral, Enteral or Nebuliser Solutions (Use of oral syringes for administration of oral, enteral or nebuliser solutions) OD 0443/13 Code of practice for the handling of Schedule 8 medicines (drugs of addiction) in hospitals and nursing posts OD 0141/08 Other related documents – Nil	
RESPONSIBILITY	
Policy Sponsor	HoD Pharmacy
Initial Endorsement	June 2008
Last Reviewed	May 2015
Last Amended	
Review date	May 2018