



Methadone Prescribing Issues: Hospital Perspective

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Learning Objectives

1. Appreciate the various challenges to daily continuity of access (from a hospital perspective)
2. Understand the specific needs and challenges related to community pharmacy care (from a hospital perspective)
3. Learn the specific challenges related to in-hospital care, including both admission and discharge
4. Explore the potential gaps for clients: in transfer from one community or pharmacy to another; upon release from prison; in transfer from other programs

Hospital: At Admission



Medication Name <input type="checkbox"/> No Preadmission Medications	Dose	Route	Interval	Time / Date of Last Dose	Physician Orders for Individual Medications on Admission			
					Continue	Change	Stop	Comments / Change to (specify)
Methadone 100mg, Tanq Solution 2015-Feb-06 [REDACTED]		Oral			✓			Please call Dr. [REDACTED]

Hospital: At Admission



Medication Name <input type="checkbox"/> No Preadmission Medications	Dose	Route	Interval	Time / Date of Last Dose	Physician Orders for Individual Medications on Admission			
					Continue	Change	Stop	Comments / Change to (specify)
METHADONE 5MG/ML IN TANG 488ML 2015-Jan-20 [REDACTED]	25mg	Oral	Q6H		<input checked="" type="checkbox"/>			
METHADONE 5MG/ML IN TANG 15MG/3ML X 90 2014-Nov-14 [REDACTED]		Oral					<input checked="" type="checkbox"/>	

Hospital: At Admission

- Methadone orders will only be accepted from an authorized physician (or an attending physician with a temporary methadone exemption). Lists of authorized methadone prescribers are available in the pharmacy dispensary at each SHR hospital.
 - If an attempt is made to contact an authorized prescriber, but he/she cannot be reached, the first dose of methadone may be given without an authorized physician's order provided that the dose is confirmed and the patient has taken methadone within the past 3 days.
 - Subsequent doses must be ordered by an authorized prescriber. If an authorized prescriber cannot be reached, an attending physician or pharmacist on his/her behalf must apply for a temporary methadone exemption.

Hospital: At Admission

- Medical residents/physicians, registered nurses and pharmacists will take “verbal/telephone” orders from the authorized physician with the understanding that the order will be co-signed by the authorized physician in compliance with the SHR Ordering of Medications Policy within 24 hours.
- Methadone will follow the Automatic Stop Order (ASO) provision as stated in the SHR Ordering of Medications Policy. All orders must be reviewed after 5 days of therapy. If the patient requires a standard chronic dose, the authorized physician may override the ASO to a maximum of 30 days prior to review. To override the ASO the authorized physician must write “x30days” as part of the order.



FAX Form

METHADONE COMMUNICATION

SHR Hospital Pharmacy to Community Pharmacy

ADMISSION INFORMATION:

Your patient, _____
(Patient's name) (Saskatchewan Health Card #)

was admitted to _____ on _____
(Name of hospital) (Admission date)

We will provide your patient with methadone for the duration of his/her stay.

DISCHARGE INFORMATION:

Your patient is being discharged from hospital on _____
(Date)

Current methadone dose is _____
(Dose in mg)

Last dose received in hospital was on _____
(Date)

A new methadone prescription will be sent to your pharmacy. YES NO

METHADONE CARRIES:

Patient did NOT bring carries to hospital.

We have returned _____ carries to your patient for the following dates:
(Number)

from _____ to _____ and have held/will destroy _____ carries.
(mm/dd) (mm/dd) (Number)

Notice of confidentiality: This transmission is intended only for the recipients (s) listed above and may contain information that is time sensitive or confidential. If you are not the intended recipient, any use, disclosure, copying or communication of the contents of this transmission is prohibited. If you have received this fax in error, please notify the sender immediately and destroy this copy.

Hospital: At Admission

- Carries
 - Will not administer patients' own methadone supply while inpatient
 - Will lock away methadone carries in pharmacy vault, with appropriate paperwork signed
 - If a patient is discharged during the timeframe that the methadone carries are scheduled for, the pharmacist will return only the applicable carries to the patient

Hospital: At Admission

- Admission on Friday night or weekend
 - Clinical pharmacy services limited on evenings and weekends
 - When a physician writes an order to “contact methadone prescriber,” often unclear whom is to take on the responsibility
 - Has happened more than once when a patient will go 1-3 days without methadone when admitted on a Friday night or weekend
 - MD/RN may retrieve correct preadmission dose of methadone and obtain order from methadone prescriber, without confirming date patient last ingested methadone (concern if >3 days have passed)

Hospital: At Admission

- Prescriber not reachable (ie: on vacation)
 - Unclear which prescriber to contact
 - RN may not be aware to contact general MARS phone number or fax line
 - Staff may not consider applying for Temporary Exemption from Health Canada
 - Now incorporated into pharmacy department's latest methadone prescribing policy
 - Can give first dose of methadone with MRP approval if unable to contact methadone prescriber

Hospital: During Admission

- Misconceptions among health care team about pain treatment in patients on methadone
 - Assumption that patient cannot receive an opioid, like Dilaudid, while on methadone maintenance therapy – can lead to sub-optimal treatment of pain, conflict between the patient and the health care team, and perhaps lead to patient leaving against medical advice and/or purchasing opioids off the street
- Helpful when methadone prescriber indicates in consult/chart note that patient may receive opioids for acute pain during admission

Hospital: At Discharge

- Discharge prescription for methadone must be written by methadone prescriber
- Challenge if:
 - Patient leaves against medical advice
 - Methadone prescriber not notified
 - Dose changes during hospital stay and no new prescription sent to community pharmacy (may end up at previous dose on file at pharmacy, if “refills” remaining)
 - Started during admission and no prescription provided / supplied to community pharmacy
 - Dose received in hospital on day of discharge, then given again at community pharmacy on the same day
- Ultimate risks are potential overdose, or delay/omission of dosing because of above reasons, leading to possible opioid withdrawal or return to opioid use/IVDU



Questions & Discussion

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