

## Opioid Agonist Therapy Policy Highlights for Nurses

<b>Preparation and Administration</b>						
<b>Methadone</b>	<b>Buprenorphine/Naloxone (Suboxone)</b>					
<ul style="list-style-type: none"> <li>Use methadone 10mg/mL liquid</li> <li>Use appropriate size oral syringe</li> <li>Dilute in Juice</li> <li>Witnessed ingestion</li> <li>Provide water to rinse cup any residual medication and witness ingestion of the water</li> <li>Converse with patient after consumption to ensure dose has been swallowed</li> </ul>	<ul style="list-style-type: none"> <li>Available as 2/0.5mg and 8/2mg oral disintegrating tablets</li> <li>Medication should be placed under the tongue for administration</li> <li>Check to ensure the tablets have formed a pulpy mass after 1-5 minutes, and check again to ensure the entire tablet has been dissolved</li> <li>Tablets can take up to 10 minutes to dissolve, to avoid patient removing the tablet from their mouth the patient should be observe until the tablets are completely dissolved</li> <li>Medication will not be effective if swallowed</li> <li>Patient should not drink water while the tablets are in their mouth or for 5 minutes after</li> </ul>					
<b>Community Pharmacy/Prescriber Communication</b>						
<ul style="list-style-type: none"> <li>Hospital teams need to notify patient's community pharmacy and community-based prescriber on the FIRST day of admission, or as soon as possible after, to facilitate coordination around discharge prescription</li> <li>If a dose change occurs during admission, the inpatient team is responsible for notifying the patient's community pharmacy of the dose change as soon as possible after it occurs</li> <li>Communication for discharge should occur in advance to ensure the prescription is available when the patient is discharged</li> </ul>						
<b>Pass Meds</b>						
<ul style="list-style-type: none"> <li>Pass meds can be provided for an inpatient that is temporarily leaving the hospital and returning back to the hospital, if the patient was previously receiving carries in the community and continues to meet the requirements for take-home dosing.</li> <li>One or more doses can be prepared by the hospital's pharmacy</li> <li>Pass meds for <b>methadone</b> can not be used to facilitate discharge</li> <li>Hospital pharmacy should notify community pharmacy of any pass meds provided to avoid double dosing with the community pharmacy while the patient is out of the hospital</li> </ul>						
<b>Discharge Planning</b>						
<ul style="list-style-type: none"> <li><b>Only an approved methadone or buprenorphine/naloxone prescriber may provide a methadone or buprenorphine/naloxone discharge prescription (on an M3P form) for continuing care at a community pharmacy.</b></li> <li>In general discharge prescription can be arranged by contacting the patient's community prescriber/clinic to request a new prescription be sent to the patient's pharmacy. Alternatively, HSC Addictions Consult team can assist in providing a bridging discharge prescription if they are consulted for the patients care</li> <li>Hospitals <b>cannot</b> provide take-home <b>methadone</b> doses to facilitate discharge. A discharge prescription needs to be arranged as already outlined before discharge can occur</li> <li>For <b>buprenorphine/naloxone</b>, one to two take-home doses provided by the hospital pharmacy is acceptable if discharge is unexpected or occurs on a weekend or holiday and the inpatient team is unable to reach the community OAT prescriber. The community pharmacy needs to be notified of any take-home doses provided upon discharge or as soon as possible to prevent double dosing. The community OAT prescriber/clinic needs to be notified as soon as possible after discharge as well.</li> </ul>						
<b>Prescribing Authority</b>						
	<b>Methadone</b>			<b>Buprenorphine/Naloxone (Suboxone)</b>		
	Physician	CA/PA	Residents/Fellow	Physician	CA/PA	Residents/Fellow
<b>Continuation of same or lower dose as in community</b>	✓	++	++	✓	++	✓
<b>New Start, restart or dose Increase</b>	+	+++	+++	+	+++	+++
<b>Pass med (Leave of Absence)</b>	✓	++	++	✓	++	++
<b>Pass med (to facilitate discharge)</b>	Can not be provided by the hospital			✓	++	++
<b>Discharge Prescription</b>	Physician with methadone prescribing authority only			Physician with suboxone prescribing authority only		
✓ Physician can prescribe if they have narcotic prescribing authority at the hospital + Methadone/Suboxone exemption required or in consultation with a prescriber with methadone/suboxone exemption (community prescriber or HSC Addictions consult) ++ indicate on order "as discussed with attending physician _____", attending physician to co-sign with 48hours +++ in consultation with a prescriber with methadone/suboxone exemption (community or HSC Addictions consult) and indicate on order "as discussed with attending physician _____", attending physician to co-sign with 48hours						