

Guidelines for the Prescribing, Supply and Administration of Methadone and Buprenorphine on Transfer of Care

1. BACKGROUND

Patients who are physically dependent on opiates may need substitute prescribing to:

- Relieve the distressing symptoms of opiate withdrawal
- Minimise/stop injecting behaviour and therefore promote harm reduction
- Minimise/stop the use illicit opiates
- Encourage positive treatment outcomes

If opiate withdrawal is apparent the required dose of substitute medication is titrated against presenting physical withdrawal symptoms in order to “stabilise” the patients. The decision on which drug to use depends on a number of factors as recommended in NICE TA114 <http://guidance.nice.org.uk/TA114> .

Opioid withdrawal is not a life threatening condition, opioid toxicity is. Inappropriate prescribing of opioids for maintenance withdrawal can be potentially fatal. Withdrawal can be both distressing and exceedingly uncomfortable to the patient, and may increase the risk of self-discharge. As with other medicines, careful consideration must be paid to this patient group as there is an increased risk of medication error and patient harm when a patient is transferred from one sector of care to another.

The aim of this guideline is to summarise steps to be taken on transfer of care, to ensure patients are prescribed, supplied and administered appropriate treatment for opioid dependence.

This guideline should be used in conjunction with individual organisation’s policies or guidelines on assessment and treatment of opioid dependence and withdrawal.

2. PRESCRIBING AND SUPPLY ON ADMISSION OR TRANSFER TO SERVICE

The following steps should be followed on transfer to service, or admission to, or discharge from hospital to reduce risks from toxicity or withdrawal.

N.B. Some opiate users abuse other drugs. Concurrent dependence on alcohol and sedative drugs (e.g. benzodiazepines/barbiturates) can cause severe withdrawal symptoms and may also require treatment. If detoxification is considered refer to individual organisation policy/guideline OR discuss with specialist services to assess suitability and medication regime.

i) On established methadone or buprenorphine programme

See appendix for details of local treatment centres

- Confirm prescription details with relevant drug treatment centre, GP or hospital (i.e. drug dose, frequency, method of administration, date/time of last administration or supply).
- If admitted to hospital - inform the community pharmacy that patient is in hospital
- If there are no contraindications treatment should be prescribed and administered as prior to admission
- N.B. Never administer treatment to a patient intoxicated with opiates or other drugs including alcohol
- Contact the community pharmacy or in-patient unit to ascertain last administered dose (or last dose supplied if not supervised consumption – see “Missed doses and reintroduction of methadone”).

N.B. If dose and last date of administration cannot be confirmed, prescription of maintenance dose should be delayed until dose can be confirmed. Symptomatic treatment can be prescribed in meantime, as per individual organisational policy or guideline.

Missed doses and reintroduction of methadone

If patients miss methadone doses they need to be reassessed for intoxication and withdrawal before methadone is administered. If patient has missed more than 3 days their tolerance may be reduced, thus a dose reduction may be necessary to reduce risk of overdose with methadone (see table in Appendix for signs and symptoms of opiate intoxication and withdrawal).

Where patients miss methadone doses they may use other drugs including central nervous system depressants such as alcohol and benzodiazepine.

- Patients should be assessed for signs of intoxication and withdrawal (see Appendix) before dosing is recommenced after missed doses
- If the dose has been missed for 3 or more consecutive days, the dose should be withheld or reduced until the community prescriber/key worker has been contacted to discuss patient. See table 6 regarding appropriate dose reductions prior to contacting the community prescriber.

Action to take in the event of missed methadone doses

Number of days missed	Action to be taken
One	No change in dose
Two	If no evidence of intoxication administer normal dose
Three	Administer half dose in discussion with community prescriber
Four	Request community prescriber review and consider recommencing at lowest of either 30mg or half dose
Five or more	Regard as new medicine – see section B below

ii) Patients with opiate dependence and in need of treatment (i.e. NOT on established programme)

Patients may be prescribed symptomatic relief or opiate substitute following a full assessment in line with their own organisational policy or guideline.

For further advice / referral contact specialist services (see Appendix).

Note: the induction of methadone should not be commenced unless a structured drug misuse care/treatment plan has been formulated in conjunction with the relevant community drug team. This support should include the continuity of care of the patient back into the community at point of discharge i.e. exit prescribing agreed by the appropriate community drug service.

3. PRESCRIBING AND SUPPLY ON DISCHARGE FROM HOSPITAL

WARNING: The Detoxified Patient (Loss of Tolerance)

The patient should be warned of the risk of drug overdose on leaving hospital, due to loss of tolerance. Accidental overdose is often due to reduction in tolerance after period of abstinence (e.g. release from prison, discharge from rehabilitation or hospital).

Prior to discharge the ward team and the specialist addiction services will negotiate the transfer date of the prescription to the appropriate service.

If possible avoid discharge on Friday afternoons, weekends or Bank Holidays

N.B. Lack of communication with community pharmacy or treatment teams may lead to delay in re-initiating therapy at discharge. It can also lead to the patient receiving a second dose via the community pharmacy on the day of discharge if the pharmacy is not notified promptly.”

i) Patients admitted on established methadone or buprenorphine treatment programme

See appendix for details of local treatment centres

- Contact relevant treatment service (see appendix for contact details) to discuss discharge arrangements
 - Ask patients permission to e-mail a copy of medications discharged on to relevant treatment service
 - Please note that some centres may not have a prescriber every day so may not be able to re-initiate treatment straight away and are open limited hours over weekends
 - Inform service when patient was administered last dose
 - For patients who are not supervised consumption in community need an appointment with services.
 - Patients will know which treatment service they are under and who prescribes their drug treatment (Note: some patients GP will prescribe in conjunction with treatment service, if this is case both GP and treatment service need contacting).
 - Discuss other drug treatments with treatment service / GP and agree supply arrangements (e.g. benzodiazepines, analgesics).
- Contact relevant community pharmacy
 - Find out if they have a current script
 - Inform them when last dose was administered and when patient will need next dose

ii) Patients not on treatment programme

See appendix for details of local treatment centres

- For patients who have not commenced any therapy should be given the contact details the single access point or referred to relevant service (on patient request).
- For patients initiated on methadone during admission - discuss with relevant services and refer to service.
- For patients prescribed other drug treatments with potential for abuse – discuss with relevant Addiction services and liaise with on-going prescriber(specialist team or GP) and (specialist team, community pharmacy or dispensing practice)

iii) Patients discharged at weekends or bank holidays

Generally opioid substitute medications will not be supplied to patients on discharge.

For patients on treatment programme prior to admission – check with community pharmacy if any doses remaining on prescription held by them

If there is no option other than discharge without formal arrangements in place at a weekend then consider the following options:

- Prescribe and supply methadone to take home (1 or at most 2 days supply) until community services can take over prescribing.
- Arrange for patient to return to unit as ward attender for administration of methadone, until community services can be contacted to take on prescribing
- For patients prescribed other drug treatments with potential for abuse – discuss with hospital pharmacy to agree appropriate supply until patient can access alternative service.

APPROVAL PROCESS

Written by:	Marie Miller, Interface Pharmacist; Updated Jane Morgan, Interface Pharmacist July 2021
Consultation process:	Specialist services, Public Health England
Approved by:	HFT DTC, MMIG
Ratified by:	HERPC May 2014 Updated May 2018, July 21
Review date:	July 24

APPENDIX

CONTACT DETAILS

- **Hull University Teaching Hospitals NHS Trust** Switchboard, tel **01482 875875**
- **Community pharmacies** – via NHS choices <http://www.nhs.uk/Service-Search>
- **East Riding Partnership** (for all queries, referral and discharges for **patients within ERY**):
 - ERP Central (Beverley, Hedon, Anlaby, Cottingham and Withernsea) – email: hnf-tr.erphull@nhs.net T: 01482336675
 - ERP East (Bridlington, Driffield and Hornsea) - email: hnf-tr.erpbridlington@nhs.net T:01262458200
 - ERP West Goole, Brough, Hessle, Pocklington - hnf-tr.erpgoole@nhs.net T: 01405608210
 - ERP Access all new referrals - hnf-tr.erpaccess@nhs.net via 01482336675
 - <http://www.humber.nhs.uk/services/east-riding-partnership.htm>
- **Specialist addiction services for patients within Hull:**
 - Patients on established treatment programme or not in programme: **Renew**
 - **Working hours: 01482 620013**
 - **Out of hours 0800 612 6126**
 - <https://www.changegrowlive.org/content/cgl-renew-hull>
 - earlyhelp.hull@cgl.org.uk.
 - Patients on treatment programme under 19 years: **ReFresh 01482 331059**
 - <https://www.refreshhull.org.uk/>
 - refresh@hullcc.gov.uk

OPIATE INTOXICATION – SIGNS AND SYMPTOMS

Signs	Symptoms
Euphoria/relaxation	Feelings of well-being
Constricted pupils	Poor attention/concentration
Drowsiness	Slurred speech

Signs of opioid withdrawal

Objective signs of opiate withdrawal	Subjective signs of withdrawal
Yawning Coughing Sneezing Runny nose Lacrimation Raised blood pressure Increased pulse Dilated pupils Cool, clammy skin Diarrhoea Nausea Fine muscle tremor	Restlessness Irritability Anxiety [The signs above may also be objective signs] Sleep disorders/depression Drug craving Abdominal craps