

POLICY

POLICY SCOPE: BC Women's Hospital

The British Columbia Centre on Substance Use (BCCSU) authorizes only designated prescribers to prescribe methadone in the Methadone Maintenance Program for the treatment of opioid use disorder. Physicians and nurse practitioners without a methadone exemption may prescribe methadone for continuation in hospital, provided the patient is under their care and the patient is taking methadone prior to hospitalization.

Methadone is administered according to the current C&W narcotic and controlled drug and high alert medication policies.

Applicability: Methadone is prescribed in the High Risk Antepartum/Postpartum Program and in Triage/Assessment in the Birthing Program upon admission to BCWH.

PROCEDURE

1.1 Assessment

Registered Nurse

Perform the nursing assessment prior to methadone administration.

When women present for hospital admission perform:

- A nursing assessment including vital signs
- Fetal heart surveillance by auscultation or a nonstress test if obstetrically indicated (WW.04.04E)

1.2 Methadone orders

Prescribers are responsible for ensuring they are authorized to prescribe methadone through the BCCSU and College of Physicians and Surgeons. Physicians and nurse practitioners without a methadone exemption may prescribe methadone for continuation in hospital, provided the patient is under their care and the patient is taking methadone prior to hospitalization. Methadone induction/initiation requires a full methadone exemption.

The order is written on a physician's order form.

Send the physician's order form to pharmacy.

In an emergency, when a methadone prescriber is not available to provide a written order, methadone may be ordered via telephone. The order must be counter-signed by a methadone prescriber within 24 hours.

1.3 Methadone Storage and Administration

Methadone is administered as a commercial 10 mg/mL liquid stored in the Automated Dispensing Cabinet.

When administering from the Automated Dispensing Cabinet, nursing staff accurately measure the methadone dose using an oral medication syringe and administer in accordance with the C&W High Alert Medications Policy (PTN.01.010). Methadone administration requires an independent double check (PTN.01.013)

Nursing staff witness the patient's ingestion of methadone.

When a woman brings her own methadone to the facility, it is stored on the nursing unit in a locked place. The patient's own supply of methadone cannot be used in hospital as it is not possible to identify the contents.

1.4 Discharge from Facility

When the woman is discharged from BC Women's:

- Do not administer facility methadone
- If the woman brought her own methadone, retrieve from locked area on the nursing unit and return to her at the discretion of the care provider.
- Only prescribers with full a methadone exemption may provide a discharge methadone prescription.

1.5 Triage/ Assessment Room

In the triage/assessment room after the methadone is administered, encourage the woman to stay for a minimum of 20 minutes, and assess that she is beginning to feel a decrease in withdrawal symptoms.

- A physician assesses the woman prior to discharge.

DOCUMENTATION

- Automated Dispensing Cabinets
- Interprofessional Progress Notes
- Labour Partogram
- Medication Record
- Physician's Orders
- Triage and Assessment Record

REFERENCES

British Columbia Centre on Substance Use. A guideline for the clinical management of opioid use disorder (2017) http://www.bccsu.ca/wp-content/uploads/2017/06/BC-OUD-Guidelines_June2017.pdf

British Columbia Reproductive Care Program Guidelines For Perinatal Care Of Substance Using Women & Their Infants. (1999, November). Substance Use Guideline 4A Prenatal Opioid Use, Care of the Mother. C&W. Vancouver. http://www.rcp.gov.bc.ca/Guidelines/Substance_Use/Guideline%201.November.99.pdf

College of Pharmacists of British Columbia. . Methadone Maintenance Treatment (2013). http://library.bcpharmacists.org/6_Resources/6-2_PPP/1029-PPP66_Policy_Guide_MMT.pdf

College of Physicians and Surgeons of British Columbia Clinical Practice Guidelines. (2014, February). <https://www.cpsbc.ca/files/pdf/MMP-Clinical-Practice-Guideline.pdf>

Controlled Drugs and Substances Act (Mar 17, 2017), section 56. Class Exemption for Practitioners Prescribing Methadone to Inpatients in a Hospital Setting. <http://www.hc-sc.gc.ca/hc-pps/substancontrol/pol/pol-docs/methadone-exemption-methadone-eng.php>

Controlled Drugs and Substances Act. (1996). c. 19, section 56. <http://laws-lois.justice.gc.ca/PDF/C->

[38.8.pdf](#)

Correctional Service of Canada: Specific Guidelines for Methadone Maintenance Treatment. (2003, November). Section C: Specific Responsibilities of CSC's MIT members-Nurse, table 7:40-41 Nurse's Guidelines for Methadone Administration. <http://publications.gc.ca/collections/Collection/JS82-103-2003E.pdf>

Health Canada: Best Practices - Methadone Maintenance Treatment. (2003, July). http://www.hc-sc.gc.ca/hc-ps/alt_formats/hecs-sesc/pdf/pubs/adp-apd/methadone-bp-mp/methadone-bp-mp-eng.pdf
Intrapartum Electronic Fetal Monitoring Flow Diagram

Methadone Initiation and Stabilization Guidelines for Fetal Monitoring

Perinatal Substance Use

Privacy Status

APPENDIX

Appendix A Methadone Stabilization Guideline - Flowchart

Appendix B Methadone Administration Orders