



Policy Name <b>METHADONE USE IN HOSPICE SETTING</b>			Policy Number: <b>0265</b>
			Effective Date: June 20, 2007
Approved By: Management Committee	Drafted by: Clinical Care Coordinator	Review Date: February, 2018	Date Revised: February 19, 2013
Classification: Pain and Symptom Management			Page No: Page 1 of 2

## POLICY

Prescribing of Methadone at The Salvation Army, Agapé Hospice must be done by a physician who has been approved by Health Canada for exemption to prescribe methadone and holds a current methadone license. Methadone's half-life can lead to accumulation and narcosis (a state of unresponsiveness) if not managed properly; therefore, strict guidelines on initiation and monitoring must be followed.

## PROCEDURE

1. When a Resident receiving methadone is transferred to the hospice a methadone licensed physician should be notified and agree to provide support for that Resident at the hospice.
2. Prescribing methadone requires the physician to have a current methadone license. If the attending physician does not have such a license then a consult must be made to a methadone licensed physician. A list of all physicians at Agapé that hold a current methadone license is available from the Clinical Care Coordinator.
3. **Initiation of methadone**
  - a. Most methadone initiation regimes are for 3 days. Frequency of dosing should be every 8 hours or greater. Any order that indicates methadone dosing more frequently, must be clarified by the prescribing physician.
  - b. A stated "stop date" must be included in the orders when initiating methadone. If there is no order for re-assessment within 3 days, the methadone order will not be initiated until this point is clarified with the prescribing physician.
  - c. The Registered Nurse (RN) must monitor the Resident **hourly for 5 days** for the following;
    1. deepening somnolence
    2. respirations less than 6-8/minIf these symptoms develop, the prescribing physician must be notified immediately and a decision made on whether to decrease the methadone dosing or initiate Narcan reversal.

As the full effect of methadone is usually seen <b>5 days</b> post initiation the above stated monitoring must be continued until that time period is over.
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#### 4. Maintenance of Methadone

- a. Once a methadone regime has been established, routine monitoring is done by the prescribing physician. Dosing frequency can be every 8 hours (q8h), every 12 hours (q12h), or once daily (OD).
- b. RNs shall continue to monitor for deepening somnolence and decreased respiratory rate to help determine if these symptoms are related to the methadone or other factors.

### **REFERENCES**

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