GENERAL IP PRESCRIBING
FOR DRUG MISUSERS

- **Pain management**:
  - Unless clinically indicated, the patient's usual methadone dose can be continued.
  - **Try non-opioid analgesics first line (e.g. paracetamol, NSAID's, tramadol**).
  - In acute, severe pain, short acting opioids such as codeine, oral morphine or even parenteral morphine/diamorphine can be used if the above are ineffective. Contact the DDU or the Acute Pain team for advice
  - Do **NOT** use partial agonists or agonist/antagonist drugs as these may precipitate withdrawal (e.g. buprenorphine, pentazocine etc)
  - Change to non-opioid analgesia as soon as possible.

- **Anti-emetics**
  - Avoid IV cyclizine where possible as it has abuse potential

- **Night sedation**
  - Avoid traditional benzodiazepines such as nitrazepam, temazepam etc. Use zopiclone if needed.

Discharge of methadone patients

- **It is general practice within the Trust NOT to supply methadone TTA's for opiate dependent patients.** This is a risk management issue and prevents patients receiving methadone from more than one source, or from making illicit supplies to other users.
- On discharge, patients are usually followed up by the DDU or their usual community prescriber unless the patient declines help. Good liaison with the DDU/primary care is therefore required on discharge.
- Occasionally, if follow-up has not been arranged in time before discharge and it has been confirmed with the DDU/prescriber/community pharmacist that the patient cannot obtain a supply of methadone over a week-end, it may be possible for the patient to return to the ward to receive a supervised dose or doses of methadone. In these instances, the following requirements are necessary:
  1) Agreement from the nursing staff
  2) Patient agreement with regards to all of the points detailed under point 3
  3) An entry in the IP medical notes, for example: '*Patient's name' will attend …….. ward on (dates) between …… and …… hours, wearing his/her UCLH hospital ID band, in order to receive his/her **supervised** methadone dose on the ward. If 'patient name' arrives in an apparently intoxicated state, has failed to comply with the stated requirements, or displays inappropriate behaviour, 'patient name' forfeits his/her prescribed methadone dose for that day and will be escorted from the premises by security.*
     Signed by …… Dr/nurse
     Signed by …….. (patient). Date……..

  4) STAT dose(s) of methadone (equal to the total daily dose received as an IP), should be prescribed as single doses on the IP drug chart for the required day(s).

For further information regarding methadone on discharge, including TTA's and return of patient's own supplies to the patient, refer to the '*Guidelines for the supply/administration of Methadone on discharge, for Opiate dependent patients – January 2003'*.

Low molecular weight heparin (LMWH) administration for IV drug misusers (IVDU) on discharge

- During in-patient admission, some IVDU's may be started on sub-cutaneous dalteparin/LMWH for the treatment of DVT/PE.
- Patients who will be followed up by the Primary Care Unit at Hampstead Road, can receive daily dalteparin injections at the same time as they collect their daily methadone

doses. Therefore, dalteparin pre-filled syringes or ampoules should **not** be supplied on discharge.

- For those patients who are followed up by their own GP or another drug-dependancy unit, liaison is needed to ensure that dalteparin/LMWH administration is continued on discharge. Again, it is not usual practice to supply dalteparin on discharge
- Careful consideration needs to be made for those patients who require systemic anticoagulation, but who are continuing to inject drugs. Liaise with the primary care unit at the DDU, as they may be able to help with daily administration.