

Applies To:
Responsible Department:
Revised:

Title: Administration of methadone therapy as outpatient during pregnancy care				Policy		
Patient Age Group:	() N/A	() All Ages	() Newborns	() Pediatric	(X) Adult	

## **PURPOSE**

This protocol is to direct the administration in Ob Testing and Triage methadone for control of withdrawal during pregnancy care

This protocol is based on DEA regulation 1306.07 entitled Administration or dispensing of narcotic drugs as part of the Narcotic Addict Treatment Act of 1974.

This regulation allows the administration of narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment. Not more than one day's medication may be administered to the person. Such emergency treatment may be carried out for not more than three days and may not be renewed or extended.

The be eligible for methadone administration under this rule the patient must

- Must be pregnant or less than three days from discharge from a delivery
- Must be transferring to the ASAP or Narcotic Treatment (NTP) program for ongoing methadone medication
- This is to serve only as a bridge due discharge from inpatient care over a weekend or holiday when the patient cannot enroll in ASAP program. It may also be used during initiation of methadone in conjunction with obstetric intake progress with ASAP/Milagros or NTP with Metropolitan Detention Center treatment program if the patient is < 22 weeks gestation.
- A patient can be dosed no more than 3 consecutive days under this program.
- The intention of this protocol is for use only once in a pregnancy. With the agreement of both the senior obstetric resident and the attending this can be exercised more than once with the pregnancy

The following would make the patient NOT eligible

- Patient has not been discharged from inpatient care within the last 72 hours OR is NOT in the process of initiating care with ASAP or NTP
- Has already received three consecutive doses of methadone under this protocol.
- Is not enrolling in the ASAP or NTP program

It is NOT for providing a dose the patient who is enrolled in ASAP or NTP missed due to oversleeping or not getting over to program in time for dosing

## **PROCEDURES**

The following steps will be done:

1. Patient to be registered for an OB triage visit. Vital signs including BP, RR, P and FHT (if applicable) will be obtained and recorded.

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- 2. The patient will require a picture ID and to keep their hospital band on throughout the 3 day dosing. The patient should be instructed that only ASAP or NTP should remove the band when they get dosed there.
- 3. OB MD will place methadone order based on the last dose used while inpatient or if initiating methadone a dose of 10-30mg depending on the level of opiate use. The provider should not accept what the patient states as their methadone dose if in excess of 30 mg without verifying with ASAP or NTP
  - a. Dose given will be entered into Power Chart ordering
  - b. The tablet form of methadone is preferred but liquid may be requested if indicated. Since tablets are only in 10 mg doses round the dose to the most appropriate multiple of 10 mg.
  - c. The Triage RN will get the methadone from the pixis but the MD will administer with the RN present.
  - d. The RN will document administration of the methadone as per all other control substances as per UNMH procedures.
- 4. The OB MD will do the Methadone dose assessment prior to administering the dose (see template that is attached)
- 5. Ob MD will verify identity of the patient prior to dosing with 2 modes of identification.
- 6. ONLY an Obstetric resident, MFM fellow, MCH fellow or attending will administer dosing and verify it was taken. Off-service residents, CNM's and RN's may not administer the dosing in triage
- 7. The assessment and dosing will be recorded in PowerChart using the Clinical note template (see next page) with statement of what dose it is i.e #1, #2 or #3 Or

Triage dictation following the template using code #17 for a stat transcription

## **Note**

Contact phone for the ASAP program is 1-505-994-7999 or Socorro Mezone 505-994-7980 (secure line so may leave voice message

Contact phone for the Narcotic Treatment Program is 505-833-4491

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## DOCUMENT APPROVAL & TRACKING

Prepared by:	Sharon Phelan, MD	
Approved by:	MCH Committee	
Approval:	Jan 1	7/1/15
Cha	air, Department of Obstetrics and Gynecology	Date

SOP # / Version #	Effective Date	Supersedes	Review Date	Summary of Change(s)

Title: Owner: Effective Date: Doc. #