

Methadone Initiation Order Set

MONITORING:

Temperature, HR, RR, BP and O2Sat

Notify MD if O2Sat less than 92% and/or RR less than 10 breaths/minute

Clinical Opiate Withdrawal Scale (COWS) at presentation

Hold medications and notify MD if drowsy or vitals are unstable

Unstable vitals: BP less than 90/60, HR greater than 100, RR less than 12, O2Sat less than 92%

LABORATORY TESTS:

Urine or serum HCG

Urine toxicology (point of care drug screen if available)

CBC, electrolytes, creatinine, glucose, AST, ALT, ALP, bili

EKG -12 lead

MEDICATIONS:

Note: Hospital pharmacist should be engaged to assist with methadone initiation, including checking community pharmacy/databases to confirm last doses of methadone, prescribed narcotics and review concurrent medications.

For COWS \geq 13 and confirmed no methadone in the last 24 hours:

Methadone 30mg x 1 dose

Acetaminophen 1000 mg PO q6h PRN for pain, max 4g in 24 hours

Ibuprofen 400 mg PO q6h PRN for pain

Dimenhydrinate 25–50mg po/IV q4h prn

Ondansetron 4–8mg PO/IV q4-6h PRN for nausea

Discharge orders:

Refer to Substance Use Navigator/Social Worker if available and not already done

Provide patient with prescription for up to 3 days (daily observed at the pharmacy) until follow-up appointment

Confirm follow-up plans and provide information on clinic hours

Fax patient summary to appropriate clinic

For patients with an existing community provider, send discharge report/contact to discuss follow-up (with consent)

Provide a naloxone kit (document on naloxone dispensing record)

Name: _____ Signature: _____

Date: _____ Time: _____