


Guideline for the Provision of Methadone/ Subutex for Maternity Inpatients	Barnsley Hospital  NHS Foundation Trust
Author: J Pollard/J Poskitt	Maternity Guideline Group Authorisation date: 20/02/2019 Reviewed: 20/02/2019 Next review date: 20/02/2022
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Rationale

To ensure that women receiving methadone continue with their medication in line with their registered drug programme whilst an inpatient

To ensure that statutory legislation and local policies regarding the supply and administration of controlled substances are followed

Background Information

Methadone is a controlled drug and the supply and administration of methadone to a registered drug user is strictly controlled.

The majority of patients using drugs who are admitted to hospital will be already registered with the local services provided by Human Kind Substance misuse Team in Barnsley for prescribing of their methadone or Subutex.

Guideline Outline

Methadone/Subutex Clarification

All women who are being prescribed Methadone or Subutex by Human Kind Substance Misuse Service Barnsley or out of area services will have this documented in their Hospital Antenatal records. This can be found on the antenatal management plan in maternal records and in patients hand held records, and will be updated at each visit re current dose.

Therefore the health professional should check what is documented in the antenatal record sheet, clarify dose with the named prescriber and verbal confirmation with the woman.

If there is any confusion over dose required give minimum amount documented or withhold giving dose until clarification has been obtained.

Barnsley Prescribing Human Kind (Drug treatment services)

During the hours of 9 to 5 (Monday to Friday) the department's prescription coordinator is available to answer all enquiries. Telephone 01226 779066

For the purposes of maintaining patient confidentiality the professional making the enquiry will need to leave their telephone number. This will verify that the request is from a valid source. A staff member will then ring them back with the requested information.

Patients on treatment and admitted with a supply of medication

- The patient's own supply of medication should be returned to the pharmacy department and patient should sign the relevant consent form for its return.
- In pharmacy department, the volume must be measured and recorded by the pharmacist, witnessed and signed by the Registered Nurse/Midwife returning the medication. This should be recorded appropriately in the wards controlled drug book on *Patients own controlled drugs page*. The pharmacy is then responsible for the safe disposal and destruction. If outside pharmacy hours, bleep the on-call pharmacist.
- If a patient refuses to hand over Methadone/Subutex for destruction, the patient can authorise and give permission for it to be transported home by a partner. This should then be documented clearly in the nursing records and witnessed by another member of staff.
- Only use the ward supply of Methadone once the dose has been clarified and a doctor has prescribed the dose on the patient's drug treatment sheet.
- Inform the prescriber of admission and discharge of the patient so that duplication of treatment does not occur and treatment is recommenced on discharge home. **Please give details of patients name, date admitted/discharged, Ward and staff member calling, and name of treatment patient on e.g. Methadone/Subutex.**
- **If a woman should be found to have illicit substances in her possession please refer to the Standard Operating Procedure for Illicit drugs See Appendix A.**

Patients on treatment and admitted without a supply of medication

- Clarify dose of medication with antenatal records, prescriber and patient, and inform of admission to ward. Phone Human Kind 01226 779066 and/or confirm with named Pharmacy
- Place medication on hold when admitted phone Human Kind 01226 779066
- Confirm with patient on admission when they last took medication, if appears sedated ask direct questions what medication prescribed/ none prescribed/ illicit have they taken. Omit medication if any concerns and discuss with Specialist Midwife/Human Kind
- Methadone/ Subutex should be prescribed by On call doctor when admitted taking into consideration time of last dose
- Methadone/Subutex should only be prescribed by Doctors and issued from ward stock held in the controlled drugs cupboard. Providing Methadone/Subutex on discharge

Inform prescription-based co-ordinator/prescriber of discharge home and need to recommence prescribing in the community – State name of patient, date of discharge, treatment dose and name and location of member of staff telephoning telephone Human Kind on 01226 779066 if other area please inform the prescribing service identified

If discharge occurs on a bank holiday or weekend when patient's chemist is closed, a prescription can be given for medication to last until the next working day when community prescription can be recommenced.

TTO's can be given for 2 days treatment only prescribed on a D1s

For extra support and advice contact Specialist Midwife or Pharmacist on call

Staff roles and responsibilities

Midwives

To ensure that the trust Policy for the management of controlled drugs is followed

Obstetricians

To prescribe medication in a timely fashion

Documentation

Health care professionals have a duty to record all findings, risk assessments and management plans on the appropriate records and charts.

Storage of guidelines

The intranet version of this document is the only version that is maintained. Any printed copies must therefore be viewed as “uncontrolled” and as such, may not necessarily contain the latest updates and amendments

Audit/Monitoring

Any adverse incidents relating to the provision of methadone whilst an inpatient will be monitored via the incident reporting system. Any problems will be actioned via the case review and root cause analysis action plans. The action plans are monitored by the risk midwife to ensure that improvements in care are made. The trends and any root cause analysis are discussed at the monthly risk meetings to ensure that appropriate action has been taken to maintain safety.

The guideline for the Provision of Methadone for Maternity Inpatients will be audited in line with the annual audit programme, as agreed by the CBU. The audit action plan will be reviewed at the monthly risk management meetings on a quarterly basis and monitored by the risk midwife to ensure that improvements in care are made.

Equality Impact Assessment

Women’s and Children’s Services are committed to ensure that both current and potential service users and their families will not be discriminated against on the grounds of religion, gender, race, sexuality, age, disability, ethnic origin, social circumstance or background. The principles of tolerance, understanding and respect for others are central to what we believe and central to all care provided.

Training

Training will be given as documented in the Maternity Training Needs Analysis. This is updated on an annual basis.

Review

This guideline will be reviewed in three years of authorisation. It may be reviewed within this period if there are any reports, new evidence, guidelines or external standards suggesting that a guideline review is required

Glossary of terms

GP - General Practitioner
TTO's – take home drugs

Obstetric Guideline Checklist

Guideline for the Provision of Methadone for Maternity Inpatients	Lead Professional J Pollard/J Poskitt
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Appendix A



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