NAME OF DOCUMENT | Drug and Alcohol – Management of Opioid Treatment Program (OTP) clients who vomit following their dose of methadone
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AUTHOR | SESLHD Drug and Alcohol Services OTP Working Group
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KEY TERMS | Methadone, vomiting, symptoms of withdrawal, pregnancy, dose
SUMMARY | The procedure is intended to ensure clients who vomit shortly after administration of their dose of methadone hydrochloride are assessed and managed in a safe and effective manner. In particular, the procedure outlines the safe management of pregnant women who vomit after their methadone dose.
1. POLICY STATEMENT
Medication-assisted treatment of opioid dependence with methadone maintenance treatment is to be provided in a quality and safe manner. Management of risks and complications, including vomited doses of methadone, is necessary to ensure patient safety.

The procedure applies to clients on the Opioid Treatment Program who are prescribed methadone hydrochloride 5mg/mL.

2. BACKGROUND
All clients on Opioid Substitution Treatment (OST) who vomit methadone post dose will be managed in a safe and effective manner to reduce risk to the client and in the case of pregnant women, to reduce risk to the client and the unborn child.

Methadone hydrochloride is a drug that is taken orally, usually once a day. It is uncommon for clients to vomit post dose, however clients who do may experience signs and symptoms of withdrawal and need clinical assessment and management.

This procedure is particularly important with regard to pregnant women who vomit their dose of methadone. In pregnancy, withdrawal from opioids can be associated with adverse pregnancy outcomes. The aim of treating a pregnant woman following a vomiting episode is to minimise the risk of maternal or foetal withdrawal distress.

Patients on methadone maintenance may vomit shortly after having their dose, which creates uncertainty about how much methadone has been absorbed.

The general strategy to prevent opioid withdrawal following a vomited dose is to replace a portion of the client’s usual methadone dose. Additional methadone carries a small risk of over-sedation and respiratory depression from methadone overdose or other substance use. This procedure provides guidance in the safest ways to manage these risks. Where signs and symptoms of overdose (such as respiratory depression, pinpoint pupils, and hypotension) are detected, supportive care should be initiated as per SESLHDPR/505 – Management of Suspected Opioid Overdose in Drug and Alcohol Services, and an Ambulance (000) should be contacted to transport the client to hospital.

Definitions:

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>COWS</td>
<td>Clinical Opioid Withdrawal Scale</td>
</tr>
<tr>
<td>DARF</td>
<td>Drug and Alcohol Review Form</td>
</tr>
<tr>
<td>Methadone</td>
<td>‘methadone hydrochloride’ including all liquid brands of the drug</td>
</tr>
<tr>
<td>Methadone Hydrochloride</td>
<td>methadone hydrochloride 5mg/mL</td>
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<tr>
<td>Opioid Substitution Treatment (OST)</td>
<td>Opioid maintenance treatment with an opioid substitute. SESLHD DAS administers the following OSTs – methadone, buprenorphine/naloxone combination, buprenorphine mono.</td>
</tr>
<tr>
<td>Telephone Orders</td>
<td>When it is required to contact the prescriber or the SESLHD DAS Medical Officer on call for anticipated dosing adjustment, a telephone order alteration may be given by the medical officer. Note: When a telephone order for medication is required;</td>
</tr>
</tbody>
</table>
3. RESPONSIBILITIES
All staff involved in the management of clients who vomit their methadone must comply with this procedure.

4. CLINICAL PROCEDURE
This procedure applies to clients on the Opioid Treatment Program who are prescribed methadone hydrochloride 5mg/mL.

4.1 Assessment
In the event that a client reports having vomited following their dose of methadone, the nursing staff must:

a. Document:
   - time of dose
   - time of vomiting episode
   - describe vomitus, if possible, (volume, colour, if OST dose is visible)
   - if vomiting episode was witnessed (i.e. observed) by staff or others.

b. Complete a Drug and Alcohol Review Form (DARF) assessing clinical features of withdrawal or intoxication, any additional substance use, recent dosing history (missed doses, recurrent vomiting), any related medical issues, vital signs and any precipitants to the patient vomiting.

c. Consult with client’s OST prescriber or the SESLHD Drug and Alcohol Service (DAS) Medical Officer on-call to discuss above findings. The outcome of this discussion must be documented in the client’s clinical record.

4.2 Unable to assess or unclear presentation
If, for any reason, staff are not able to assess the client and/or there are concerns regarding the medical assessment and safety of the client, refer the client to the Emergency Department (ED):

a. Contact ED by telephone and provide verbal handover.

b. Fax a referral letter, dosing history and current script to the ED (see Appendix 1 for referral letter template).

c. Staff at ED should be advised to contact the SESLHD DAS Medical Officer on call (see contact number in box above).

d. Arrange transportation for the client either via Ambulance, if review is urgent or the Patient Transport Service.
4.3 Management of client after vomiting methadone

Management of clients who have vomited their methadone dose depends on recent dosing history, additional substance use, other medications or any related medical issues.

4.3.1 To assist decision making on whether to provide supplementary dosing, a general framework for supplementary doses is shown in Table 1 – this should be individualised for each clinical presentation.

If appropriate, obtain a written order (or telephone order as permitted within DAS) for further medication and/or other instructions.

Note: adhere to NSW Health Policy Directive PD2013_043 Medication Handling in NSW Public Health Facilities, sections 4.8.4 and 7.3.

4.3.2 Anti-emetic medication prior to any further doses for that day can also be prescribed and administered as required.

4.3.3 Advise all clients if they continue to feel unwell that they should see their General Practitioner (GP) or present to their local ED as soon as possible. Clinicians referring patients for medical review by another practitioner should provide handover to that practitioner either verbally or in writing using the OST Transfer of Care Module as a referral template.

4.3.4 Where appropriate consider counselling client about strategies for preventing vomiting. Strategies to consider include:

- having a light meal or drink at least 10–20 minutes prior to dosing
- trying an alternate formulation of methadone
- consuming the dose slowly or as partial doses
- an anti-emetic (eg, metoclopramide 10 mg oral or IM) at least 30 minutes prior to dosing.

Table 1. Suggested guide for supplementary doses

<table>
<thead>
<tr>
<th>Timing</th>
<th>Action</th>
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<tr>
<td>Vomiting more than 10 minutes after methadone dose</td>
<td>Reassure client that the majority of the dose will have been adequately absorbed. If there are concerns, the client may represent for clinical review after three to six hours.</td>
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</tbody>
</table>
| Vomiting less than 10 minutes after methadone dose | If a client has been in treatment for ≥2 weeks and is observed by dispensing or clinical staff to vomit within 10 minutes after dosing, a supplementary dose of up to half the client's usual dose may be administered, subject to there being a valid prescription available. If a client is in the first two weeks of treatment or there is some uncertainty about the event, review the client three to
six hours after dosing. If at this time the patient is experiencing opioid withdrawal, a supplementary dose of up to half the client’s usual dose may be administered, subject to there being a valid prescription available.

4.4 The following day
Assess the client the following day to review adverse events or further episodes of vomiting and document outcome in the clinical record. Clients should be advised that vomiting is less likely to occur if they eat food (eg, a light breakfast) prior to dosing.

4.5 Pregnant women who vomit a dose
Pregnant women may experience nausea and vomiting of medications particularly in the first half of their pregnancy. Monitor closely pregnant clients who vomit their methadone dose – and give a supplementary dose (up to half usual dose) if necessary to avoid opioid withdrawal, which may be associated with foetal distress. Supplementary doses require permission of the prescriber prior to administration.

Advise all pregnant women to present to ED if they experience any discomfort in the next 24 hours. Follow ED communication process outlined in 4.2.

4.6 Patients with repeated vomiting
Clients with repeated vomiting require clinical assessment to diagnose cause of vomiting. A case conference with other relevant health practitioners (eg, GP, antenatal services, CUPS/PECOCS worker, Mental Health team) may be required.

A number of treatment options for pregnant women with repeated vomiting are described in the Guidelines for the Management of Substance Use during Pregnancy, Birth and the Post Natal Period (October, 2014). Hyperemesis gravidarum (severe and persistent vomiting during pregnancy) should be managed by the antenatal team according to the usual protocols.

5. DOCUMENTATION
Appendix 1: Letter of referral to ED or Maternity services
Drug and Alcohol Review Form (DARF)
Clinical Opioid Withdrawal Scale (COWS)
Dosing Record (medication chart and computer based record)
Client Electronic Medical Record (eMR)

6. AUDIT
Annual review by the Opioid Treatment Program Working Group
7. REFERENCES

NSW Health GL 2006_019 ‘New South Wales Opioid Treatment Program: Clinical Guidelines for methadone and buprenorphine treatment of opioid dependence

NSW Health 2014. Guidelines for the management of substance use during pregnancy, birth and postnatal period.

NSW Health GL2013_008 Neonatal Abstinence Syndrome Guidelines.

SESLHD DABR 2011_16 – Opioid Overdose in Drug and Alcohol Service Settings - management of suspected

8. REVISION AND APPROVAL HISTORY

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision No.</th>
<th>Author and Approval</th>
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<tbody>
<tr>
<td>November 2009</td>
<td>DRAFT 1</td>
<td>D&amp;A Opioid Treatment Program (OTP) and Pregnancy Early Years (PEY) Working Groups</td>
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<tr>
<td>April 2010</td>
<td>DRAFT 2</td>
<td>D&amp;A OTP and PEY Working Groups</td>
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<tr>
<td>June 2010</td>
<td>FINAL DRAFT</td>
<td>Approved: Area Drug Committee</td>
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<tr>
<td>August 2010</td>
<td>0</td>
<td>Approved: Area D&amp;A Clinical Governance Committee Nicholas Lintzeris, Area Director, Drug &amp; Alcohol Service</td>
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<td>July 2011</td>
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<td>Renumbe to LHD BR 2011_15 from SESIAHS BR 2010_14</td>
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<td>March 2015</td>
<td>1</td>
<td>D&amp;A OTP Working Group initial consideration of new National guidelines</td>
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<td>August 2015</td>
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<td>Procedures, Business Rules and Forms Working Group Transferred to Procedure template due to medication administration involvement.</td>
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<td>December 2015</td>
<td>1</td>
<td>Final formatting completed prior to staff consultation.</td>
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<tr>
<td>Feb 2016</td>
<td>2</td>
<td>DAS staff consultation and Management approval processes</td>
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<tr>
<td>Jul 2016</td>
<td>2</td>
<td>District Draft for Comment: • All references to buprenorphine and buprenorphine/naloxone removed</td>
</tr>
<tr>
<td>May 2017</td>
<td>2</td>
<td>RCA recommendations included. Approved: Prof Nicholas Lintzeris, Area Director, Drug and Alcohol Service</td>
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<tr>
<td>August 2017</td>
<td>2</td>
<td>Formatting reviewed by Executive Services.</td>
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<tr>
<td>October 2017</td>
<td>2</td>
<td>Endorsed by Clinical and Quality Council for publishing.</td>
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</table>
Dear ED / Maternity Staff (circle as appropriate)

Re: _________________________________ DOB ___/___/____

Thank you for assessing this woman who is pregnant and is currently a client of the SESLHD Opioid Treatment Program receiving a daily dose of methadone hydrochloride (5mg/mL) from our unit. Withdrawal from opioids is associated with adverse pregnancy outcomes. We are referring her to you for assessment because (circle and complete appropriate request):

a) She was dosed today, but has vomited since. Therefore she has received some additional methadone, but has been advised to present to ED / maternity unit for assessment if subsequently feeling unwell, or is experiencing symptoms of withdrawal.  
   Time of initial dose: ________________ Amount given: ____________mg (_________mL)  
   Time of emesis: ________________
   Time of additional dose: _____________ Amount given: ____________mg (_________mL)

b) She was dosed today, but reported that she has vomited ________________ hours after receiving her dose. She has been advised to present to ED / maternity unit for assessment if feeling unwell or is experiencing symptoms of withdrawal.  
   Time of dose: ________________ Amount given: _____________mg (_________mL)  
   Time of emesis: ________________

Please find faxed with this referral:
   a) copy of current script ☐
   b) copy of dosing history and last dose details ☐
   c) Drug and Alcohol Review Form ☐ completed ☐ not completed

Please advise the clinic, by either phone or fax as above, of the outcome of our client’s presentation to your unit.

Kind regards

(Signature, name and designation)

For assistance with review of this client, please call the SESLHD D&A Medical Officer On Call via Sydney Hospital Switchboard: 93827111