

SAMPLE HOSPITAL HDM TITRATION PRE-PRINTED ORDER PACKAGE

This pre-printed order package was adapted from the titration and stabilization order sets used by the Addiction Recovery and Community Health (ARCH) Team at the Royal Alexandra Hospital in Edmonton, Alberta. This injectable opioid agonist treatment (iOAT) program is, currently, the only one of its kind in Canada.

In this program, once an individual has been identified as a good candidate for iOAT and community follow-up is secured, the ARCH Team initiates their treatment in hospital. ARCH writes orders as a consult service, which are co-signed by the attending team. Orders are inputted by the unit clerk and sent to the inpatient pharmacy for verification. Once verified, syringes are prefilled for each specific patient and delivered to the on-site supervised consumption site (SCS). For the first day of iOAT, the pharmacy will deliver Day 1, Dose 1/2/3 and Day 2, Dose 1. The next day, the pharmacy will send Day 2, Dose 2/3 and Day 3, Dose 1. This pattern will continue until a stable dose is achieved. Orders are also sent to the SCS so that nurses have active orders for patients to self-administer their doses.

On the first day of treatment, the “initiation” order set is used, which covers delivery of Day 1, Dose 1/2/3 and Day 2, Dose 1. After that, the “stabilization” order sets are used, which allows for new orders daily that titrate with each dose. This way, the patient can be assessed each morning after rounds without having their morning iOAT dose delayed. For patients with a known high tolerance, several days of stabilization orders with progressively titrating orders will be written. Once a stable dose is reached, maintenance orders active for a week or longer are used.

This pre-printed order set may be useful for other acute care settings providing iOAT, especially those where clients self-administer their doses in an SCS or other similar setting.

SAMPLE PRESCRIBER’S ORDERS

• **Mandatory**

- Optional: Prescriber check to initiate, cross out and initial any orders not indicated

Patient label

Injectable Opioid Agonist Treatment (iOAT) – INITIATION

Investigations

- Urine drug screen – amphetamine, benzodiazepines, cocaine, fentanyl, opiates, oxycodone, buprenorphine, methadone
- HCG (*if female*)
- ALT, AST, ALP, bilirubin, albumin, INR, GGT, creatinine, eGFR
- Screening: HepA IgG HepB sAg HepB sAb HepC Ab HepC RNA (if Ab+)
 - HIV Syphilis Chlamydia (*urine*) Gonorrhea (*urine*)

PRN Orders– Start date for all PRNs: _____

- Naloxone 0.4mg IV/IM one dose prn for suspected opioid overdose (decreased level of consciousness, respiratory rate less than 8, pinpoint pupils) x 30 days. Page most responsible MD to re-assess and/or rapid response team
- LORazepam 2–4 mg IV/IM every 5min prn in the event of a seizure x 30 days. Page most responsible MD to re-assess and/or rapid response team
- DiphenhydrAMINE 25-50mg po q4h prn before or after injection (*for pruritus*) x 30 days

Optional – Overnight bridging therapy

DISCONTINUE previous slow-release oral morphine order on _____ at _____:_____:____h

OR

- Slow-release oral morphine _____ mg (_____) po at _____:____h **daily**
 - numerical dose* *alphabetical dose*
 - Open capsule(s) and pour beads into med cup.
 - Witness ingestion
 - Hold if sedated
 - Notify prescriber the following morning if any missed doses

_____ **iOAT Prescriber Signature**

_____ **Attending Physician Signature**

THIS IS A SAMPLE PRE-PRINTED ORDER ADAPTED FROM THE ADDICTION RECOVERY AND COMMUNITY HEALTH (ARCH) TEAM.
THIS FORM IS NOT MEANT FOR CLINICAL USE.

SAMPLE PRESCRIBER'S ORDERS

Patient label

Injectable Opioid Agonist Treatment (iOAT) – INITIATION

DISCONTINUE all opioids (_____) on _____ at _____ : _____ h

All HYDROmorphine iOAT doses witnessed/administered in the Supervised Consumption Site

- Use HYDROmorphine 50mg/mL concentration for all doses
- All doses must be delivered from pharmacy to the Supervised Consumption Site (SCS)

Day One – Date: _____

- Dose 1 (____ : ____ h): HYDROmorphine ____ mg IV/IM syringe
 - If required and no intoxication 15 mins post-dose, patient may administer additional HYDROmorphine ____ mg IV/IM syringe
 - Monitor for 15 minutes and complete the post-injection assessment
- Dose 2 (____ : ____ h): HYDROmorphine ____ mg IV/IM syringe
 - If required and no intoxication 15 mins post-dose, patient may administer additional HYDROmorphine ____ mg IV/IM syringe
 - Monitor for 15 minutes and complete the post-injection assessment
- Dose 3 (____ : ____ h): HYDROmorphine ____ mg IV/IM syringe
 - If required and no intoxication 15 mins post-dose, patient may administer additional HYDROmorphine ____ mg IV/IM syringe
 - Monitor for 15 minutes and complete the post-injection assessment

Day Two – Date: _____

- Dose 1 (____ : ____ h): HYDROmorphine ____ mg IV/IM syringe
 - If required and no intoxication 15 mins post-dose, patient may administer additional HYDROmorphine ____ mg IV/IM syringe
 - Monitor for 15 minutes and complete the post-injection assessment

iOAT Prescriber Signature

Attending Physician Signature

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- Optional: Prescriber check to initiate, cross out and initial any orders not indicated

Patient label

Injectable Opioid Agonist Treatment (iOAT) – STABILIZATION

DISCONTINUE all HYDROmorphone on _____ at ____:____h

All HYDROmorphone iOAT doses witnessed/administered in the Supervised Consumption Site

- Use HYDROmorphone 50mg/mL concentration for all doses
- All doses must be delivered from pharmacy to the Supervised Consumption Site (SCS)

Date: _____

- Dose 2 (____:____h): HYDROmorphone _____ mg IV/IM syringe
 - If required and no intoxication 15 mins post-dose, patient may administer additional HYDROmorphone _____ mg IV/IM syringe
 - Monitor for 15 minutes and complete the post-injection assessment
- Dose 3 (____:____h): HYDROmorphone _____ mg IV/IM syringe
 - If required and no intoxication 15 mins post-dose, patient may administer additional HYDROmorphone _____ mg IV/IM syringe
 - Monitor for 15 minutes and complete the post-injection assessment

Date: _____

- Dose 1 (____:____h): HYDROmorphone _____ mg IV/IM syringe
 - If required and no intoxication 15 mins post-dose, patient may administer additional HYDROmorphone _____ mg IV/IM syringe
 - Monitor for 15 minutes and complete the post-injection assessment

Optional – Overnight bridging therapy

- OR**
- No change to previous slow-release oral morphine orders
 - DISCONTINUE previous slow-release oral morphine order on _____ at ____:____h
 - Slow-release oral morphine: _____ mg (_____) PO at ____:____h **daily**

numerical dose
alphabetical dose

 - Open capsule(s) and pour beads into med cup.
 - Witness ingestion
 - Hold if sedated
 - Notify prescriber the following morning if any missed doses

iOAT Prescriber Signature

Attending Physician Signature

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