### Injectable Opioid Agonist Treatment (iOAT) – MAINTENANCE

Use HYDROMorphone 50mg/mL concentration for all doses

**Maintenance dose – Start date:**

Continue orders below for _____ days and stop on day _____ after AM dose (dose 1)

<table>
<thead>
<tr>
<th>Dose 1 (___:____h): HYDROMorphone _____ mg IV/IM syringe</th>
<th>Monitor for 15 minutes and complete the post-injection assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose 2 (___:____h): HYDROMorphone _____ mg IV/IM syringe</td>
<td>Monitor for 15 minutes and complete the post-injection assessment</td>
</tr>
<tr>
<td>Dose 3 (___:____h): HYDROMorphone _____ mg IV/IM syringe</td>
<td>Monitor for 15 minutes and complete the post-injection assessment</td>
</tr>
</tbody>
</table>

**Optional – Overnight bridging therapy**

- No change to previous slow-release oral morphine orders

**OR**

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

- Slow-release oral morphine: _____________ mg (______________) po at ____:______h daily
  - Open capsule(s) and pour beads into med cup.
  - Witness ingestion
  - Hold if sedated
  - Notify prescriber the following morning if any missed doses

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**iOAT Prescriber Signature**