Patient label

SAMPLE PRESCRIBER'S ORDERS

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

Injecta	ble Opioid Agonist Treatment (iOAT) – MAINTENANCE
Use HY	DROmorphone 50mg/mL concentration for all doses
Maintena Continue	nce dose – Start date: days and stop on day after AM dose (dose 1)
	Dose 1 (:h): HYDROmorphone mg IV/IM syringe
	 Monitor for 15 minutes and complete the post-injection assessment
	Dose 2 (:h): HYDROmorphone mg IV/IM syringe
	 Monitor for 15 minutes and complete the post-injection assessment
	Dose 3 (:h): HYDROmorphone mg IV/IM syringe
	 Monitor for 15 minutes and complete the post-injection assessment
Optional -	- Overnight bridging therapy
	No change to previous slow-release oral morphine orders
OR	
	DISCONTINUE previous slow-release oral morphine order on at
П	:h Slow-release oral morphine: mg () no at : h daily
	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 Pr	rescriber 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.



