Opioid substitution treatment pathway: for patients no longer able to take oral maintenance methadone in last days/weeks of life.



NB Keep maintenance methadone completely separate from analgesics For advice see Anticipatory Drugs and Syringe Driver Chart for contact numbers

Pain control

Treat patient's pain as if not taking any opioids (which includes methadone)

Unable to swallow oral opioids for pain control in last days/weeks of life

- Syringe driver is required for subcutaneous opioids
 - · See conversion chart
- Separate syringe driver charts: one for pain and symptom control and one for methadone
- Anticipatory drugs
 - Keep in safe repository

Practicalities for injectable methadone, opioids and anticipatory drugs

- Safekeeping, storage & governance of CDs
- Access to drugs
- Prescriber
- Education for healthcare professionals
- See local policies for your area

Where to access injectable methadone?

- York Hospital pharmacy (in emergency)
- Scarborough Hospital pharmacy: not held as stock *
- · Harrogate Hospital pharmacy: not held as stock *
- Community pharmacy: not routinely held as stock *
- *Allow sufficient time for ordering. Estimated delivery time on weekdays would be next day delivery.

When a patient dies

Inform usual prescriber from the Drug and Alcohol Services when patient dies

References

- Clinical guidelines on drug misuse and dependence.
 UK guidelines on clinical management. Update 2017 DoH
- · Palliative care formulary eighth edition
- https://rightdecisions.scot.nhs.uk/scottish-palliative-careguidelines/pain/individuals-with-substance-use-disorder/ medication

Methadone maintenance

Usual oral methadone dose

Unable to swallow oral methadone in last days/weeks of life (if possible, contact usual prescriber before patient is unable to swallow)

- Switch to subcutaneous (sc) methadone
- Calculation Half oral methadone dose to get sc dose (e.g. oral methadone 40mg divide by 2
 - = 20mg methadone **sc** over 24hours)
 (if patient has missed any doses it may not be always appropriate to prescribe half. Need to discuss this with usual prescriber from the Drug and Alcohol Services)
- Diluent is 0.9% sodium chloride (also compatible with water for injection)
- Separate syringe driver chart for subcutaneous methadone prescription
- Dilute in syringe driver to the largest volume possible + rotate site every 2 days to minimise local inflammation
- Inform the appropriate Drug and Alcohol Services to stop oral methadone prescription.

Safekeeping, storage and governance of injectable methadone/opioids

- · Patient's home safe repository/ locked box
- Organisations Drug and Alcohol Services
 - > Change Grow Live (York): 01904 464680
 - North Yorkshire Horizons: 01723 330730
 - > Forward Leeds: 0113 8872477
 - > East Riding Partnership:
 - Hull: 01482 336675
 - Bridlington: 01262 458200
 - Goole: 01405 608210
- Safe repository required for injectable medication
- Injectable medication will be managed by community health professionals

Who can prescribe injectable methadone?

Recommend one prescriber for injectable methadone

- Usual prescriber from the Drug and Alcohol Services
- Specialist Palliative Care Team
- In exceptional circumstances GP or Hospital prescriber with guidance from Palliative Care Team









