Methadone Hospital Quick Start*

**Opioid Use Disorder (OUD) & ready to start methadone treatment**

- **YES**
- If no sedation give 10-30mg methadone
  - **Day 1:** Max dose 40mg
  - **Day 2:** Max 50mg
  - **Day 3:** Max 60mg

**Continued withdrawals/cravings?**

- **YES**
- If no sedation give 5-10mg methadone

**DAYS 2 AND 3**

- If no sedation give total dose from prior 24 hours
  - **Day 2:** Max 50mg
  - **Day 3:** Max 60mg

**Continued withdrawals/cravings?**

- **YES**
- If Ramsay ≤2 give 5-10mg methadone

After initial 72 hours: cont same dose for 5 days, can increase dose by 10mg q5days

**DISCHARGE**

- Methadone may not be prescribed for OUD. Must be administered in a methadone clinic
- Naloxone 4mg/0.1ml

*Quick start is for people not already on methadone for OUD. If a patient is already in a methadone maintenance program:
- Confirm maintenance dose, give maintenance dose.
- If unable to confirm dose, give methadone 30-40mg and increase to full dose when dose is confirmed. OK to uptitrate per protocol until dose confirmed.
- If patient missed outpatient dosing, strongly recommended to discuss dosing changes with methadone clinic provider.
- If patient missed dose and dose is confirmed by clinic but clinic provider cannot be reached:
  - If 1-2 days are missed, give patient's regular dose
  - If 3-4 days are missed, give half patient's regular dose
  - If ≥5 days are missed, treat as a new start.

**Emergency Department**

- May provide methadone up to 72 hours pending linkage. Confirm dose whenever possible.
- If unable to confirm dose, OK to provide methadone 30mg/day.
- Patients may need bridge dose if recent hospitalization, prison or jail discharge, or if they missed a dose at their methadone clinic.

**Ramsay sedation score**

Some hospitals may define no sedation as Ramsay ≤2

1. Anxious/restless
2. Cooperative/oriented/tranquil
3. Response to commands
4. Brisk response to stimulus
5. Sluggish response to stimulus
6. No response to stimulus

**Complicating Factors**

- Allergy to methadone
- Respiratory depression
- Ramsay sedation scale ≥3
- QTc ≥500
- Recent use of benzodiazepines, alcohol or other sedatives
- Severe liver disease
- Medically unstable
- If RR <8 or sedated, do not give additional methadone

**Initial Dosing**

- Patients should be dosed according to tolerance. May use morphine equivalent calculator as a guide. Withdrawal severity is not well correlated with tolerance.
- Can use adjunctive medications for withdrawal symptoms.
- Order naloxone prn sedation/resp depression.

**Pregnancy**

Methadone is safe in pregnancy and in breastfeeding.

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SEPTEMBER 2020

**PROVIDER RESOURCES**

California Substance Use Line
CA Only (24/7) 1-844-326-2626

UCSF Substance Use Warmline
National. (M-F 6am-5pm; Voicemail 24/7)
1-855-300-1595
REFERENCES

Methadone Hospital Quick Start

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Dolophine® Hydrochloride. Package insert. Roxane Laboratories, Inc.


Saxon AJ. Methadone and buprenorphine-associated drug-drug interactions. Presentation for Providers Clinical Support System.


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