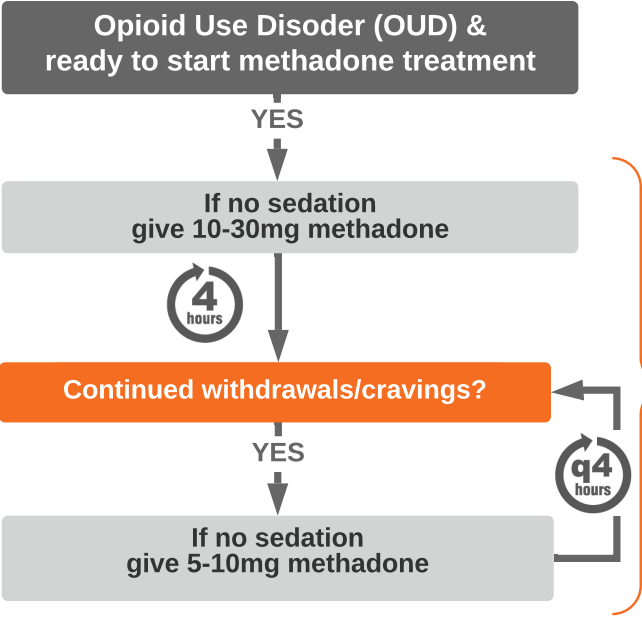
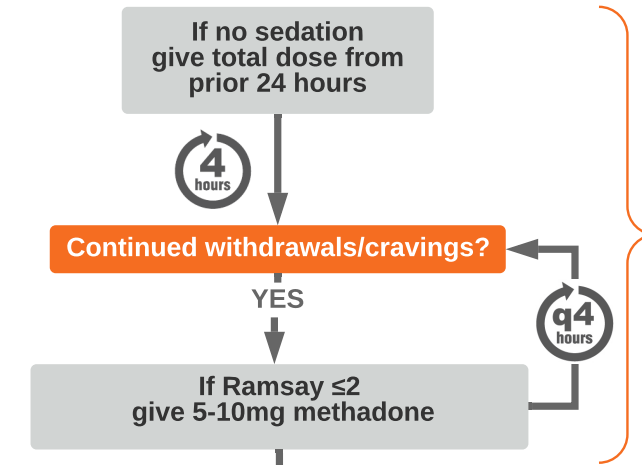




Methadone Hospital Quick Start*



DAYS 2 AND 3



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.

Day 1: Max dose 40mg

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

Day 2: Max 50mg
Day 3: Max 60mg

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



Meds that increase methadone metabolism/decrease methadone effect (INCREASED RISK FOR OPIOID WITHDRAWAL)	Medications that decrease methadone metabolism/increase effect (INCREASED SEDATION/ CNS DEPRESSION)
Phenytoin	SSRI Antidepressants
Phenobarbital	Fluoroquinolones (increased sedation and prolonged Qtc time)
Carbamazepine	Diltiazem
Dexamethasone	Cimetidine
Rifampicin/ rifabutin	Risperidone
NNRTIs (efavirenz, nevirapine)	Dextromethorphan
Ritonavir	Chlorpromazine
Vitamin C (ascorbic acid)	Grapefruit juice
St John’s Wort	Indinavir
	Azoles

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