

## Tips for Supervising Ingestion of Methadone Doses

- Prior to administration to the patient, the measured dose of stock solution of methadone must always be further diluted to approximately 100 mL with a vehicle such as orange drink.
- Except in very specific situations (e.g., an observed dose before surgery), methadone should not be given to the patient in a water-only solution because that can easily be injected.
- Prior to dispensing, the pharmacist must ensure that it is safe for the patient to ingest methadone, that is, that the patient does not appear intoxicated .
- The pharmacist should observe the patient for changes in appearance and behaviour, and mention positive changes to the patient and physician. Negative changes, such as neglect of hygiene and grooming or increased anxiety or agitation, may indicate a variety of problems and should be communicated to the prescriber.
- A patient ingesting methadone in the pharmacy should be directly observed by the pharmacist to ensure that the entire dose is swallowed. This ensures compliance and minimizes diversion. Having the patient speak to the pharmacist after the dose is taken helps to confirm ingestion.
- The pharmacist should observe that the entire dose is ingested from the cup. The physician should be informed if the patient discards part of the dose.
- Some pharmacies provide a container of water for the patient to rinse the dispensing cup after ingesting the dose.
- A garbage container should be located in a position that allows patients to easily dispose of cups but not to remove any of its contents. Other customers and children should be prevented from handling the discarded dispensing cups.
- If any patient, particularly one receiving take-home doses, exhibits intoxication, the prescribing physician must be notified. Such a client needs to be assessed by the prescriber before receiving the next methadone dose.

Adapted from P. Isaac et al. (eds.), 2003, *Methadone Maintenance: A Pharmacist's Guide to Treatment*, 2<sup>nd</sup> Edition. Permission is granted for this document to be copied and distributed for use by health professionals in the treatment of opioid dependence. All other rights are reserved. This document is available for download as part of the OpiATE Project Toolkit: please visit [methadonesaveslives.ca](http://methadonesaveslives.ca).