

**Title:****Hydromorphone Tablet (TiOAT) Clinical Care Standard****Nursing Practice Level:**

- All nursing (LPN and RN).
- Nurses must successfully complete additional education in Opioid Addiction Treatment via the free eLearning Course provided by the BC Center on Substance Use, “Provincial Opioid Addiction Treatment Support Program”.
- Completion certificates are forwarded to Nurse Manager.

**Background:**

- Our iOAT continuum of care includes the option to use hydromorphone tablets for injection.
- This option is for people who have tried traditional OAT or iOAT programs without success.
- Physicians can also use this option to support people while they are titrating on OAT.
- The patient selection and clinical care for patients on the hydromorphone tablet program will be identical to our traditional iOAT program.
- Most patients will also be on co-prescribed OAT. The OAT doses can be administered within our TiOAT program, and paired with their injections in order to increase adherence.
- Every patient will always have the option to transition to OAT alone or our traditional iOAT program.
- Patients will be supported to move along the continuum of care to meet their clinical needs, with a goal to eliminate illicit drug use and transition to oral treatment.
- Transitions along the continuum of care will be patient lead based on their goals and the context of their lives.
- All patients will have the option to receive primary care from our clinical team embedded within our iOAT programming or at Columbia Street Community Clinic.
- In order to enter the program, patients must meet with the physician for an evaluation and to receive a prescription.
- Patients have the option to receive all medications at the Molson through our partner pharmacy, Community Apothecary.
- Hydromorphone tablets will be dispensed through the Health Authority Pharmacy.

**Indications:**

- TiOAT is indicated for people who have tried traditional OAT or iOAT programs without success.
- TiOAT can be used as an option to support people while they are titrating on OAT.

**Precautions:**

- Intoxication by centrally acting sedatives and/or stimulants or any other acute clinical condition that would increase the risk of an adverse event with the use of the injectable hydromorphone.
- Caution should be exercised for iOAT patients with existing injection-related infections (e.g., septicemia, endocarditis, pneumonia, infective osteomyelitis), and in individuals with coagulation disorders (e.g., patients prescribed anticoagulants, severe hepatic disease, deep vein thrombosis) or a history of recent head injury.
- If any of these precautions newly arise during care, notify the physician immediately.

**Contraindications:**

- On-going or escalating alcohol and/or benzodiazepine use that causes sedation or other danger (Note, this may also indicate a need for treatment intensification).
- New or evolving physical health conditions that exclude the use of high dose opioid treatment or could be worsened by high-dose opioid treatment (e.g., severe respiratory disease requiring long-term oxygen, renal failure, hepatic failure).
- Pregnancy is a contraindication to the TiOAT program.

**Related Documents:**

- Nursing iOAT Decision Support Tool and Titration Schedule
- British Columbia College of Nursing Professionals - Practice Standard for Licensed Practical Nurses: *Dispensing Medications*.
- British Columbia College of Nursing Professionals - Practice Standard for Licensed Practical Nurses: *Medication Administration*.
- British Columbia College of Nursing Professionals - Practice Standard for Licensed Practical Nurses: *Documentation*.
- British Columbia College of Nursing Professionals – Scope of Practice for Licensed Practical Nurses:
- *Licensed Practical Nurse, Role and Regulation (pg. 3-6)*

- *Standards for Acting with an Order (pg.16)*
- *Compounding and Dispensing the Drug 18. /19. (pg. 23)*
- *SILENT KNIGHT – Pill Crusher In-Service*  
[http://shop.gohcl.com/Customer/hecalo/specpages/7423-01\\_Instructions.pdf](http://shop.gohcl.com/Customer/hecalo/specpages/7423-01_Instructions.pdf)

### **Clinical Assessment:**

#### **Intake for New Patients:**

- In order to enroll in program and be added to the waitlist patients must complete the intake paperwork at the Molson; see appendix for new patient intake forms.
- The intake paperwork puts the patient on the waitlist but they must have two physician approval in order to move from the waitlist to the approved list.
- Patients can see the physician on Tuesdays at Molson clinic, from 1800-2130 or at Columbia Street Community Clinic Monday-Friday 09:00-16:30 for assessment and physician approval (the first physician to do the TiOAT assessment is responsible to have a second physician review the chart and approve.
- If the patient lives in a PHS building, they can see the in-house physician for assessment. However, to enroll in the program, they need to present to the Molson for intake.
- Once approved and space in the program is available, the physician will write a 6-month prescription for each patient in this program.
- Each physician prescription will provide the patient with a total of 70 tablets per week.
- Pharmacare will only cover 50 tablets per week for each patient on the program.
- Any dose over the 50 tablets covered by Pharmacare will be given from wardstock (up to a max of 20 wardstock tablets per week).
- The physician will provide this prescription on their duplicate pad, with:

Molson TiOAT study: 1-2 tablets IV/IM/PO up to 5 times daily PRN with a minimum of 1 hour between doses, witnessed by nurse. May fill **up to** 50 tablets weekly until END DATE.

- Once approved and the script is submitted patients can start the following Saturday
- There is no titration process.
- Prescriptions are valid for 6 months, regardless of the number of missed doses; there is no change to the dosing schedule for missed doses.

- After 6 months the prescription is no longer valid and the patient **MUST** see the physician; any remaining stock must be held until the patient has seen a physician and has new order.
- Physicians may formally discontinue the prescription if someone is discharged from the program, but prescriptions will not end due to missed doses.
- Dose increases are not an option.

#### Urine Drug Test (UDT):

- New TiOAT patients need an opiate positive laboratory confirmed urine drug test within two weeks of starting on the program.
- Urine drug tests should be collected monthly to confirm HDM and monitor trends.
- All requisitions for UDT will be ordered under: Dr. Christy Sutherland, MSP billing #64342;
- Sent to the laboratory for: **amphetamines, benzodiazepines, cocaine, opiates, fentanyl, EDDP (methadone metabolites), 6-MAM, HDM.**
- UDT can be stored in the fridge for a maximum of 72 hours.

#### Medication Workflow:

- If a patient uses the 50 hydromorphone tablets covered by the Pharmacare per week, the nurse may use wardstock for their remaining 20 doses, per the prescription for total 70 tablets per week.
- Patients that have used their 50 tablets per week will have a weekly re-order of 50 tablets.
- For patients who have carry over from the previous week, the nurse will re-order an amount that brings the total weekly number of tablets to 70.
- When wardstock is down to 30 hydromorphone tablets, the nurse will need to re-order.
- Medication **re-ordering and prescription drop-off** will be done together **every Monday at 5pm** at Connections Pharmacy.
- A copy of the re-order form and the Connections Pharmacy Narcotics and Controlled Drugs-Issue/Return form aka “packing list” must always get uploaded to the TiOAT records profile.
- All prescriptions being dropped off need to be signed by the nurse under the “patient/agent” section on the prescription as the nurse is dropping the prescription off to the pharmacy on behalf of the patient.
- If there are no prescriptions to drop off, the re-order form can be faxed directly to Connections Pharmacy.
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- MARs need to be requested from Connections pharmacy one week prior to the end of the month. This can be done in person or over the phone.
- Hydromorphone tablets will be delivered to the Molson by 3pm via courier on Friday.
- Although medication has been delivered on Monday, new patients will be started on Saturday.
- Newly delivered hydromorphone tablets will get added to the patients total narcotic count on the Narcotic Count Form.
- Any unused hydromorphone tablets from the prior week can be brought forward to the current week.
- The 1pm narcotic count will be completed by 2 nurses (i.e. iOAT nurse and TiOAT nurse).
- The 1030pm narcotic count will be completed by 1 nurse (TiOAT nurse).
  
- Physician process for discontinued prescriptions: notify Connections Pharmacy, Oscar message to the TiOAT nursing team, phone call to TiOAT nurse, if nurse not available phone call to nurse manager.

Connections Pharmacy phone: 604-675-3605

Connections Pharmacy fax: (604) 675-3609

623 Powell St, Vancouver, BC V6A 1H2

#### Co-Prescription of Oral OAT:

- During the first physician assessment the patient will be given the option to have a dose of oral OAT (Kadian or methadone) to prevent withdrawal overnight.
- The patient must see the physician for any dose adjustments.
- OAT will always be witnessed.
- If a patient is concerned about taking OAT with their hydromorphone tablet dose, you can assure them that it is safe to take these medications together.
- Kadian should ideally be administered at the same time each day to achieve steady state; it does not matter what time of day Kadian is administered as long as it is the same each day.
- Methadone has a peak serum concentration at 4 hours post-dose. This serum peak can support people to sleep, so patients often prefer to take methadone at night.
- Nurses MUST fax missed OAT doses by 1030pm for Community Apothecary to reconcile Pharmanet.

#### Nursing Assessment:

Prior to entering the program the nurse must ensure the patient has:

- Opiate positive UDT within two weeks of program start date.
- Reviewed and signed new patient intake forms: Injectable Hydromorphone Tablet (TiOAT) program consent, TiOAT Orientation Form, TiOAT Patient Demographic and Pharmanet consent.
- Ensure the patient has an active medication order in PHS Oscar. This can be checked by clicking on the medication function on right hand side of the patient's chart, below the allergy function.
- Check the patients MAR to confirm the order.
- Assess the patient for signs of intoxication, including:
  - severe agitation
  - dyskinesia
  - sedation
  - slurred speech
  - smelling of alcohol
- If it is determined the patient should NOT receive their hydromorphone tablet dose, the dose will be held and documented.
- If the patient is too intoxicated they can be asked to return in a few hours for a reassessment; this needs to be explained to the patient and charted.
- Patients need to be aware of the risks of being administered hydromorphone if they have used other medication or street drugs.
- Ongoing escalating alcohol or benzodiazepine use will result in dose held and reassessment with the physician.
- If the patient has an active prescription and has not been seen in one month, the nurse must do a Pharmanet check, assess and document vital signs, and contact the doctor of the day.

#### Pharmanet Check:

- Benzodiazepines
- Any prescribed medication from physicians who are not with PHS Healthcare
- OAT

#### Pre- Injection Assessment:

S:

Ask-

Last drug use/amount:

Last Alcohol use/amount:

O:

General appearance: (i.e. Does the patient look unwell, well, dishevelled etc.?)

Level of consciousness: (Alert? Drowsy?)

Breathing normally?

Pupil Size:

Does the patient smell of alcohol?

Are they slurring or mumbling their words?

\*If drowsy/intoxicated, check O<sub>2</sub>, pulse, respiratory rate and document in this section

A:

Able to receive dose? Y/N

Dose given:

How was the dose tolerated by the patient? (Well, drowsy, intoxicated, etc.)

P:

What time can the patient return for their next dose?

Any follow up required?

### **Procedure:**

- Hydromorphone tablets will be stored in the safe.
- The nurse will bring down each patient's dose (blister pack of 10 tabs) for the day to be stored in their patient specific medication box in the medication cart.

Once a patient presents to the nursing window and the nursing assessment has been completed, proceed by:

- Confirm the route the patient would like; patients may choose to take hydromorphone tablets **PO, IM, IV or intranasal (snorting)** depending on their preference.
- Ask the patient if they would like i or ii 8mg hydromorphone tablets for their dose.
- All doses will be witnessed.
- If PO, do not crush tablets, administer as witnessed medication.
- If the patient is taking their dose intranasal, DO NOT add water.
- Patients must be independent in administering their dose. Nurses are only able to support with providing best practice techniques.
- **Nurses will not inject patients IM or IV with hydromorphone tablets.**
- When handling and preparing the medication nurses will use gloves or no touch procedure to pour medication.
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- The nurse will crush the hydromorphone tablets using the pill crusher in the included pill crusher med bag before transferring to a cooker.
- For IM or IV doses, tablet consistency should be powder before any water is added.
- When tablets are powder, pour the powder into a cooker slowly to avoid airborne dust; a mask can be worn to prevent inhalation.
- **Add 8-10 drops** of sterile water to ensure the powder is slightly moist.
- Moistening the powder is a method to prevent diversion.
- DO NOT add a large amount of water as patients will have a preference of how much sterile water is added to their medication.
- Educate the patient that the amount of water does not change the strength of the medication.
- Supply the patient with their preferred syringe size, labelled with the patient's name.
- The patient can then be seated and begin cooking and drawing up their medication using the filter and syringe provided.
- **Patients are not allowed to use the "wash"** (rinsing residue from cooker for an additional injection) as the wash has more particulate matter and may be a less safe injection due to the high risk of infection.
- Once the patient has injected, **they are required to bring the used syringe and cooker to the nursing window to be discarded as per our protocol.**
- Patients are not permitted to take any injection equipment out of the injection room.
- Hydromorphone tablet waste will be stored in a zip lock bag in the narcotic lock box for disposal the next day with two nurses present for count.

### **Equipment & Supplies:**

Supplies the nurse will provide a patient:

- Syringe – Insulin, 1ml, 3ml or 5ml – marked with sticker
- Cooker with hydromorphone powder, moistened

Injection supplies that are provided at the site:

- Sterile Water
- Alcohol Swabs
- Ties
- Needle Tip
- Gauze
- Band aids

**Safety:**

- **Staff should never leave the site alone upon closing.** Always leave in groups of at least two, and make sure that every team member has a safe way to get home.
- It is the responsibility of each staff to arrange their own transportation home.
- If there is safety concern about leaving the site, notify your manager.
- Contact the police if there is a perceived threat to your safety.

**Documentation:**

- All pre-dose assessments will be documented in PHS Oscar in one consolidated chart note per day, including a brief general survey.
- All hydromorphone tablet doses given will be recorded on the patients MAR and narcotic record.
- Narcotic count will take place at the beginning of the shift with a two nurse sign off and the end of the nurse's shift with one nurse sign off.
- Narcotic count at the beginning of each shift with two nurses will account for the current day and for confirmation of the night before.
- Once count has been balanced and confirmed with two nurses, the waste from the previous night will be destroyed.
- Waste will be crushed, added to the waste container with kitty litter and moistened with water.
- All missed OAT doses will be documented on the Packing List and faxed back to Community Apothecary by 1030pm for Pharmanet reconciliation.
- All necessary forms are located on the TiOAT desktop computer.
- A copy of the re-order form and the Connections Pharmacy Narcotics and Controlled Drugs-Issue/Return form aka "packing list" must always get uploaded to the TiOAT records profile.
- MARs need to be requested from Connections pharmacy one week prior to the end of the month. This can be done in person or over the phone.

**References:**

British Columbia Centre on Substance Use (BCCSU). Guidance for Injectable Opioid Agonist Treatment for Opioid Use Disorder. Vancouver, BC, Canada: British Columbia Centre on Substance Use (BCCSU); 2017.

## **TiOAT Patient Demographics**

### **Personal Information**

**Name:** \_\_\_\_\_ **Preferred Pronoun:** \_\_\_\_\_

**Address/Building Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Health Care Number:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Pharmacy:** \_\_\_\_\_ **Are you receiving Primary Care elsewhere? Y N**

**If yes where?** \_\_\_\_\_

**Hangout Spots -where we can leave messages ie. Insite, VANDU, friend's places etc:**

\_\_\_\_\_

**What substances are you currently using?** \_\_\_\_\_

\_\_\_\_\_

### **TiOAT Preferences:**

**Route: Oral IV IM**

**Syringe (rig) size:** \_\_\_\_\_ **Needle tip size:** \_\_\_\_\_

### **Emergency Contact:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Other Teams involved in your care (ie. ACT, Heatley, STOP etc)**

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## **Injectable Hydromorphone Tablet Program Consent Form**

<b>Patient Information</b>
<b>Patient label</b>

**Invitation:**

You have been invited to take part in the hydromorphone tablet program. This program is intended to investigate the use of hydromorphone tablets for injection to treat severe opioid use disorder.

**Note:** using hydromorphone tablets for the purposes of injection is OFF LABEL. We are conducting this program to assess whether there is benefit for people who did not benefit from other treatments.

The CRISM Provincial Opioid Agonist Therapy Study is evaluating this program.

In this program, I understand and agree that:

1. You are being enrolled in this program for treatment of opioid use disorder.
2. For safety reasons, we will contact the physicians currently involved in your care to review your enrolment in this program.
3. Your doctor will work with you to develop a treatment plan and set goals. They will be reviewed regularly and changed as needed.
4. In addition to hydromorphone, you can choose participate in counselling, support groups or other groups as part of your treatment plan and your physician can review these resources with you.
5. You can expect confidentiality by your medical team about your treatment and your personal information will not be shared.
6. You can choose to stop this program at any time and your doctor will help to plan an alternative treatment option with you.
7. This program will require multiple daily trips to the facility where you receive your medication and this may impact your work, school or other responsibilities.
8. The program staff will crush the hydromorphone tablet which you will then self-inject under supervision, excluding the neck and groin.

9. During the duration of this program you will not receive opioid or other sedative prescriptions (sleeping pills/pain pills/tranquilizers) from other clinics and you will notify the program physician if you have been receiving these medications elsewhere.
10. Diversion of hydromorphone will result in immediate discharge from the program.
11. Any abusive behaviour (verbal or physical) towards staff will not be tolerated and may result in discharge from the program.
12. If this program is not beneficial we will recommend transfer to other forms of opioid agonist therapy.

I understand that I am expected to:

- Provide urine for drug testing on a regular basis
- Avoid using alcohol/benzodiazepines or other drugs which when combined with hydromorphone can lead to overdose or other serious harms
- Notify my doctor if I become pregnant, suspect that I am pregnant or are planning to become pregnant (if applicable)
- Notify any care provider in your care you are on hydromorphone for treatment of opioid use disorder.

Consent	
<b>Patient signature:</b> _____	<b>Date:</b> _____
<b>Witness signature:</b> _____	<b>Date:</b> _____

