MOMs +

(Maternal Overdose Matters)

Methadone Inpatient OB Order Set

Patient Desires to Continue MOUD Post-Discharge

CLINICAL PEARLS

Regulations

- **ED may administer** methadone for **3 days** in a row. If a patient is hospitalized, administer throughout their **hospitalization**.
- Methadone **cannot be prescribed at discharge** for the treatment of **OUD**.
- Hospitals can **dispense a 72 hour supply** of methadone to help patients connect to a clinic
- OTPs can **only** provide methadone if patients are **over age 18. If under age 18, approval would be needed from State Opioid Treatment Authorities. Buprenorphine is FDA approved for use in adolescents.**

Buprenorphine should not be given to patients who are currently taking **methadone**, as this would **cause withdrawal**. Please coordinate with patient's methadone clinic provider if patient has been receiving methadone and desires to change to buprenorphine.

Methadone may be a **good option** for patients who are **struggling to initiate buprenorphine**, have been unsuccessful with buprenorphine treatment in the past, or **prefer methadone** due to not having to experience opioid withdrawal prior to initiation.

Both methadone and buprenorphine are **recommended** medications for treatment of **opioid use disorder in pregnancy**, and one is not better than the other.

Complicating Factors:

- **RR<10** or **sedated**
- Low opioid tolerance
- **Allergy** to methadone

MEDICATIONS FOR OPIOID USE DISORDER

Day 1:

☑ **Methadone 30 mg**
Supplied in formulation carried by hospital
Administer 30 mg orally once

Reassess in 4 hours, if no sedation give:

☐ **Methadone 10 mg**
Supplied in formulation carried by hospital
Administer 10 mg orally once

Reassess in 4 hours, if no sedation give:

☐ **Methadone 10 mg**
Supplied in formulation carried by hospital
Administer 10 mg orally once
****permissible to give up to 50 mg total on day 1**

Start Time:
As soon as possible to get ahead of withdrawal, unless acutely intoxicated

Day 2:

☑ **Methadone 40 mg-50 mg** (give previous days total dose)
Supplied in formulation carried by hospital
Administer 40-50 mg orally once 24 hours after previous dose

Reassess in 4 hours, if no sedation give:

☐ **Methadone 10 mg**
Supplied in formulation carried by hospital
Administer 10 mg orally once

Day 3:

☑ **Methadone 50 mg-60 mg** (give previous days total dose)
Supplied in formulation carried by hospital
Administer 50-60 mg orally once 24 hours after initial day 2 dose

Reassess in 4 hours, if no sedation give:

☐ **Methadone 10 mg**
Supplied in formulation carried by hospital
Administer 10 mg orally once

Day 4 and Beyond:

☑ **Methadone 60-70 mg** (give previous days total dose)
Supplied in formulation carried by hospital
Administer 60-70 mg orally once every 24 hours

May increase daily dose by 10 mg every 3-5 days as needed to control symptoms
May consider adding short acting opioid if methadone alone does not control symptoms

- **Known QTc >450** (do not need to check EKG to start methadone routinely)
  >450 but <500: begin methadone, but monitor EKG for 30 days
  >500: do not start methadone without **cardiology consult. Check TSH, Mag, Phos and patient's home medication list.**
- Recent use of **benzodiazepines, alcohol** or other **sedatives**
- **Severe liver** disease
- Medically **unstable**

Methadone and buprenorphine are safe in pregnancy and breastfeeding!

In cases of **high tolerance**, including **fentanyl use**, may need **additional dose of full opioid agonists, in addition to methadone**, to control withdrawal; only while patient is in the hospital:
- Morphine Extended Release 15-30mg orally TID
- Hydromorphone 4mg-6mg orally q 4-6 hr prn COWS > 8
- Oxycodone 10-15mg orally q 4-6 hr prn COWS >8

Sedation from methadone **peaks at 3-4 hours after** each dose, patients experiencing sedation should **not receive additional dose**

Recommend timing any antenatal monitoring (NSTs, BPPs) outside peak window (3-4 hours after receiving methadone) due to prevent False- positive NSTs. Guidelines do not recommend continuous fetal monitoring while treating opioid withdrawal or initiating MOUD.

Half-life of methadone is **more than 24 hours**, so **doses can stack** and sedation can occur after multiple days at the same dose.

Buprenorphine should not be given to patients who are currently taking methadone, as this would cause **withdrawal**.

Methadone has many **significant drug-drug interactions.** Before starting new medications, **always check** the effect on methadone levels to avoid over-sedation or withdrawal.

NALOXONE INPATIENT ORDERS

☑ **Naloxone 0.4 mg Injection Solution**
Administer 0.4 mg IV as needed for respiratory depression, and notify provider
☑ **Naloxone 4 mg Nasal Spray**
Administer 4 mg nasally as needed for respiratory depression if no IV access, and notify provider

ADJUNCT TREATMENTS (+/-)

☐ Clonidine 0.1 mg orally q4h PRN restlessness, hot/cold flashes or anxiety
☐ Hydroxyzine 25-50 mg orally q6h PRN anxiety or insomnia
☐ Ondansetron 4 mg orally q6h PRN nausea
☐ Dicyclomine 10 mg orally TID PRN abdominal cramping
☐ Trazodone 50-100 mg orally qHS PRN insomnia
☐ Acetaminophen 500-1000 mg orally q6h PRN headache or pain
☐ Gabapentin 300 mg orally TID PRN restless legs, anxiety, agitation
☐ Promethazine 12.5-25 mg orally q6h PRN nausea (if preferred to ondansetron, or not having success with ondansetron)

LABORATORY (IN ADDITION TO STANDARD OB LABORATORY ORDERS)

☐ HIV
☐ Hepatitis B Antigen and Antibody
☐ Hepatitis C Antibody with reflex RNA
☐ RPR/Treponema
☐ Urine screen for Chlamydia/Gonorrhea, Trichomonas
☐ CBC and CMP (if not already part of OB admission order set)

INFECTIOUS DISEASE CONSIDERATIONS

☐ Treat/ refer for treatment of sexually transmitted infections
☐ Offer PrEP for patients with injection use, partners with injection use and/or transactional sex/ sex work

CONSULTS

☐ Pain Management/Anesthesia
Consider Exparel, On Q, Scheduled ketorolac/NSAID or acetaminophen for post-cesarean pain management
☐ NICU Team
☐ Nursery/Pediatrics
☑ Case Management/ Social Work
☑ Peer Support Specialist
☑ Education on naloxone take home kit (Nursing/Pharmacy)
☑ Education to encourage Methadone MOUD (Nursing/Pharmacy)

AFTERCARE

☑ Outpatient SUD Provider- consider outpatient MOUD
☑ Outpatient Behavioral Health Services
☑ Navigation Team
☑ Harm Reduction Services
☑ Peer Support Services
☐ Outpatient Prenatal Care/Postpartum Care
☐ Outpatient Pediatric/Family Medicine
☑ **Naloxone 4 mg Nasal Spray- Take Home Kit**
Administer 4 mg nasally as needed for opioid overdose
Dispense at Discharge

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