## **PROCEDURE**

ORIGINAL DATE: 07/92 **REVISION DATE: 02/13** 

## <u>Home Health VNA, Inc.</u> <u>Merrimack Valley Hospice, Inc.</u>

SUBJECT: ADMINISTRATION OF METHADONE IN THE HOME

PURPOSE: To allow for the continuation of Methadone administration to the homebound Home

Health VNA (HHVNA) or Merrimack Valley Hospice (MVH) patient utilizing a locked

bag system.

## **Policy**

- 1. This policy pertains to patients who are physically unable to obtain their Methadone at a Methadone clinic. Once the patient is physically able to obtain their Methadone, Methadone pick-up and administration by the HHVNA or MVH nurse will be discontinued.
- 2. Methadone will be dispensed as ordered to the HHVNA or MVH nurse by a contracted Methadone clinic.
- 3. Methadone will be transported by a HHVNA or MVH nurse to the patient's home as ordered by the physician.
- 4. A HHVNA or MVH nurse will be responsible for making a visit as ordered for Methadone administration.
- 5. Each request for Methadone administration will be reviewed individually and approved by the Director of Clinical Services or clinical manager.
  - a. Referral Department receives the referral.
  - b. Referral Department nurse will instruct referral source to call the Methadone clinic to initiate the referral for home administration prior to 2:00 p.m. to ensure authorization for home care services is in place for the following day if needed.
  - c. Referral Department nurse will enter under the "Comment" section of the referral, the name, address and phone number of the Methadone clinic.

## Procedure

- 1. Procedure for obtaining and administering Methadone for *daily dosing*.
  - a. The HHVNA or MVH nurse will obtain a locked bag from a clinical manager. The locked bag will be stored in a secure area when in use. The key will remain with the locked bag at all times.
  - b. The HHVNA or MVH nurse will transport the locked bag to the designated Methadone clinic.
    - 1. The HHVNA or MVH nurse must present the following identification to the Methadone clinic: proof of nursing licensure, driver's license, HHVNA or MVH identification badge.
  - c. The Methadone clinic personnel will place the prepared Methadone bottle in the locked bag.
  - d. The HHVNA or MVH nurse will transport the Methadone dose in the locked bag to the patient's home at the designated time.

- e. The HHVNA or MVH nurse will assess the patient's appropriateness for dosing prior to administration of Methadone and observe the patient swallowing the entire dose of Methadone.
- f. The patient and nurse will sign the administration record supplied by the Methadone clinic to confirm the patient receiving the dose.
- g. The empty bottle will be stored in the locked bag until it is returned to the designated Methadone clinic. The administration record will be returned to the Methadone clinic the following day.
- h. Any unused Methadone or used bottles will be returned to the designated Methadone clinic in the event of discontinuation of home administration.
- i. The Methadone clinic will be notified when dose is not administered on any scheduled day.
- j. A random oral swab for drug screen may be requested by the Methadone clinic. It may be returned with the empty Methadone bottle the following day.
- k. Clinical notes are provided to the Methadone clinic upon request.
- 2. Procedure for obtaining and delivering Methadone for *self dosing by patient*.
  - a. The HHVNA or MVH nurse will obtain a locked bag from clinical manager.
  - b. The patient will assume responsibility for the locked bag and its contents in the absence of the HHVNA or MVH nurse. Any tampering or damage to the locked bag or incorrect narcotic count will result in discontinuation of Methadone delivery to the home.
  - c. The HHVNA or MVH nurse will obtain and transport Methadone to the patient's home as ordered by the physician.
  - d. The administration record must be completed and returned to the Methadone Clinic with the empty bottles at the next pick up date.
- 3. Discontinuation of Methadone transportation and/or administration.
  - a. The administration record and empty bottles will be returned to the Methadone Clinic and the locked bag will be returned to a clinical manager.

Approved Policy Committee: 02/12/13