Calgary iOAT Program

Our Medical Protocols- An Evolving Journey

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No COIs!

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The Original (Sept 2018)

Original:

-Put together by MDs and one NP

Basics:

-background of iOAT therapy

-admissions/considerations,template for admission interview, pre and post dose assessment using POSS scale (WHAT IS POSS),3 day titration protocol,missed doses,urine testing, patients using other substances,discontinuation, consideration of special populations

POSS (Pasero Opioid Induced Sedation Scale)

- 1= Awake and alert
- 2=Slightly drowsy, easily aroused
- 3=Frequently drowsy, arousable, but drifts off easily
- 4=Minimal or no response to verbal or physical stimulation
- Criteria: 1 and 2- dose. Ranks 3- *maybe?*

Version 2.0 (Nov. 28, 2019)

What did we add?

-(Officially) skipping the observation period

-reworking of the missed dose protocol. Made provisions for when client is a) titrating b)not yet stabilized (less than 7 full days at consistent dose) c)stabilized (7 or more days at a consistent dose...+/- 10%)

-if client has not been attending for 7 days- in the case of incarceration/in hospital, put a hold on Rxs and hold spot in iOAT instead of discharge (lead to?)

-other monitored meds: now have strict criteria for dispensing of benzos and stims in clinic

-Dangerous behaviour and warnings

Version 3.0 (January 9, 2019)

-Dosing times cut off. Had to get stricter with this due to increased number of clients, and a firm 1025 cut off for getting prescriptions to pharmacy

-skipping observation period- made it clear that wait time is same for IV vs IM doses (higher incidence of requests to IM per self or RN to administer)

-oral stimulants- more specific guidelines on the timing of dosing (ie: if they dose twice during a day, can't double up on evening dose if missed the a.m dose p.24) (LEAD TO?)

-admissions to hospital- every effort made to get the person to PLC

Version 4.0 (Feb 7, 2019)

-More specifics on diversion- made it policy that Kadian has to be opened into a med cup before dispensed

-rewording and reconceptualizing of missed doses protocol (parameters to follow as a guiding tool, not a prescriptive document)

-suspected stimulant OD: don't dose them if they present overstimulated, or PRN order for Midazolam IM 5 mg (post-dose) in chart for all clients (lead to?)

Version 5.0 (Early March)

-switch from POSS to BARS

-to tackle inconsistent attendance during first three days of injections, changes to the titration protocol

BARS (Behavioural Activity Ratings Scale)

BEHAVIOURAL ACTIVITY RATING SCALE (BARS)™

1 = difficult or unable to rouse
2 = asleep but responds normally to verbal or physical contact
3 = appears drowsy, but able to engage immediately and hold a conversation
4 = awake and appropriately responsive (normal level of activity)
5 = signs of overt (physical or verbal) activity, calms down with instructions
6 = extremely or continuously active, displaying dyskinesia and/or other involuntary movements, not requiring restraint

7 = violent, requires restraint

(Swift et al, 2002)

Unless on their chart, typical clients cannot dose Hydromorphone at Calgary iOAT if they rank a 1,6, or 7. A rating of 7 requires a call to protective services and 911. A rating of 1 would necessitate activation of Naloxone protocol. There will be clients who have stricter parameters on their dosing (per MD) however, consult Shift to confirm.

Version 6.0 in the works!

Fine tuning the legalities around the signed patient agreement...

-Accepting staff may administer Naloxone

-Aware doses may impair ability to drive

-Revised Nursing and Medical Stimulant Algorithms...awaiting publishing

-BARS of 5, RN can reduce dose by 50% (prior, RN had to withhold dose entirely) (currently in play)

-Co-hort times are in constant evolution, trying to see what fosters greatest retention (currently in play)

Thinking ahead

- Consideration of replacing/reducing use of methamphetamines with prescribed oral stimulants
- Creation of a referral program for peer support for those incarcerated HCV+ and/or living with OUD...helping navigate transition from corrections into community services