

Name:	CHI/Unit No:	Allergies:
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Initiating Treatment

1. Prescribed methadone as required – **offer patient prescribed dose 3 hourly but NOT more often**
2. If no pain reported, WITHHOLD dose until required
3. For breakthrough – use alternative opioid prescribed, unless at least 3 hours have elapsed since last methadone dose

Code:	Drug and Form (tabs, liquid etc)	Dose:	Route:	Instructions/indications	Date Started:	Signature:	Date Stopped:	Signature:
A	METHADONE			PAIN (1) - Use no more than every three hours				
B				BREAKTHROUGH PAIN (2) use in between methadone doses				
C								
D								
E								
F								

Record of Administration

[illegible]

Guidance for Completion of chart.

Prescribing guidance.

1. Complete information on the page number of titration chart in the space against 'SIDE' e.g. first, second, third etc. These increase sequentially. It is likely only one or two charts will be required during the titration phase.
2. Complete patient details Name and CHI/unit No in full
3. Clearly identify any allergies.
4. Complete drug name and include the pharmaceutical form of the medicine i.e. liquid, tablets, injection etc.
5. Indicate the dose, ensuring SI units are used (see prescribing and administration of medicines guidance for acceptable abbreviations). Avoid decimal points if possible.
6. Complete route of administration (see prescribing and administration of medicines guidance for acceptable abbreviations).
7. Complete instruction/indications as fully as possible. Additional information is included in the chart under initiating prescribing.
8. Dates to be described in DD/MM/YY format
9. Prescriber's signature
10. To discontinue medication – draw a straight line through the entire entry complete date stopped in DD/MM/YY format and sign.
11. when all lines for prescribing have been used up and further prescriptions are required, discontinue the existing sheet and prescribe medicines on a new chart, remembering to add the new chart side. There should only be one methadone prescription chart in use for any patient at one time.

Record of Administration

1. Check identity of patient against CHI/Unit number
2. Check allergies section.
3. Select appropriate medication.
4. Complete date at the top of the administration column in DD/MM/YY format if this is the first time medication has been administered that day. If the date has changed since the last administration, short line the remaining administration spaces and complete the new date at the top of the next administration column.
5. Record time and code letter of the line the medication is prescribed on e.g. A, B etc
6. Record dose of medication selected.
7. Once administered, initial 'given by' section