

Example SOP for Observed Consumption Service

Standard Operating Procedure (sample) for supervised consumption of diversional opioids (methadone & Buprenorphine) One Recovery Staffordshire Supervised Consumption Scheme.	
Name of Pharmacy	
Purpose: To support the self-administration of diversional opioids (Methadone & Buprenorphine) and according to the Supervised Consumption Service Level Agreement.	Scope: All patients who are presented by the drug & alcohol services (including GpWISs) or GPs accredited to the One Recovery Staffordshire substance misuse treatment system.
Procedure/Process	
<p>Confirm patient's identity. Use photograph if patient is unknown to pharmacy staff. Patient confidentiality must be maintained at all times and photographs must not be made visible to non-pharmacy staff.</p> <p>FOR METHADONE</p> <ul style="list-style-type: none"> • Ensure that patient has arrived alone and is complying with standards of behaviour in 4-way agreement. • Examine rear of prescription form and ensure that patient declaration has been fully completed and NHS levy paid or evidence of exemption has been produced. • Check that the front of the prescription form is legally valid and is marked for supervised consumption. • Note whether the patient has recently missed a dose(s). In the case of the patient having missed three consecutive doses, do not dispense and contact the patients Recovery Co-ordinator, Service Manager or prescriber. If they cannot be contacted the patient must be referred back to them. • Enter the dose to be dispensed into the pharmacy Patient Medication Record (PMR) system and generate the appropriate label(s). • Dispense the required dose into an approved container and check accuracy according to the "Accuracy Checking" SOP procedure. • Label the dispensed dose. <p>NB: Doses may be prepared in advance but must be packed and labelled in accordance with the Medicines Act in a standard dispensing bottle and stored in a controlled drugs cupboard.</p> <ul style="list-style-type: none"> • Take the dispensed dose to the approved quiet/private area. • Bring the patient into the quiet/private area. • Ask the patient if there is any reason why they are unable to consume the prescribed dose. • Judge the patient's manner taking particular care to observe for signs of intoxication. • If satisfied that patient is not intoxicated and has not declared anything that might cause concern, continue with procedure. • If patient appears intoxicated or has declared that they have consumed other drugs, inform them that you are prevented from supplying the medication stating the reason why. Explain that you are withholding the dose for their own safety and protection. Inform the patient's Recovery Coordinator or the nominated deputy as soon as is possible. Final judgement of intoxication rests with the supervising pharmacist. On Saturdays or Bank Holidays, if the patient is intoxicated, instruct them to return later in the day and make a judgement at that time whether to supply the "take home" doses. <p>NB: An incident monitoring form must be completed in all cases of intoxication.</p>	

FOR BUPRENORPHINE/SUBUTEX®:

- If this is the patient's first dose of buprenorphine, explain they must have waited at least 8 hours since last using heroin or at least 24 hours since the last methadone dose. This is because of drug interaction which may precipitate opiate withdrawal (see guidance notes on withdrawal symptoms for details). Also explain why the tablet(s) must be dissolved sublingually to dissolve and absorb the active ingredient and that they should avoid swallowing. Offer patient a cup of water from a disposable cup to moisten mouth prior to dosing (to increase speed of absorption).
- Pierce foil and pop the tablet(s) out of the blister pack, preferably into a small disposable pot such as a tablet bottle top. Do not let the patient pop the tablet out of the blister in case it is dropped.
- Instruct patient to place tablet(s) under the tongue, carefully observing their hand to mouth movement.
- Observe patient for THREE minutes, or until only a chalky residue remains in the mouth.
- Request to look under the tongue to confirm compliance.

SELF-ADMINISTRATION PROCEDURE:

- Before issuing any medication, verbally confirm the dose and medication with the patient.
- Ensure that no drinks, other than water provided in the pharmacy are being consumed by the patient during supervision.

FOR METHADONE:

- Observe patient drink the dose either direct from the dispensed container or a disposable cup.
- Once dose is consumed offer patient water to drink. If patient declines water, speak to patient to ensure dose has been swallowed and is not retained in mouth.

Responsibility:

- Responsible pharmacist
- Nominated pharmacists.
- Locum pharmacists.
- Appropriately trained pharmacy dispensing technicians and pharmacy staff.

Review of procedure:

Annually. Or sooner in light of any significant incidents or any change in the Service Level Agreement between the One Recovery Staffordshire and pharmacy.

Known risks:

- Patient risks (intoxicated patients, non-compliant patients, angry/abusive patients).
- Missing/lost prescriptions.
- Unfamiliar patients or staff.

I have signed to say that I have read the procedure and understand its implications:

Name	Signature	Date