

Guideline for the management of pain in inpatients with a problem of substance misuse

(Newcastle upon Tyne Hospitals Trust Pain Services)

PATIENTS IN TREATMENT (Methadone or Subutex)

Methadone = slow acting opioid, half-life 24 – 36hrs. Missing one dose will not precipitate withdrawal for 24 hrs.

Subutex (buprenorphine) = long acting opioid, half-life approx 48 hrs.

MAINTENANCE METHADONE OR MAINTENANCE SUBUTEX SHOULD NOT BE CONSIDERED AS ANALGESIA

1. Telephone to confirm dose with Drug and Alcohol Service (DAS) / Bridgeview / GP / community pharmacist at earliest opportunity (see box 1). Confirm if this is supervised and when last dose dispensed. Send fax to DAS / Bridgeview to inform of admission.
NB THIS IS A MAINTENANCE DOSE AND NOT TO BE CONSIDERED AS ANALGESIA. If unable to contact prescriber treat as per patient not in treatment.
2. If dose is unknown, treat presenting pain problem (see box 2) and confirm dose at earliest convenience (see box 1). If unable to confirm dose within 24hrs treat as per patient not in treatment.
3. Once confirmed, if eating and drinking maintain confirmed dose plus analgesia using Trust Acute Pain Service (APS) guidelines (see box 2).
4. If patient needs emergency surgery or treatment and is nil by mouth then IV opioids will be required, see below.

METHADONE

Stop methadone, and contact APS to discuss appropriate opioid titration using IV morphine. NB opioid requirements will be higher than in the opioid naïve patient. These patients will require high levels of monitoring and may require high dependency care.

SUBUTEX

Stop Subutex. Do not use naloxone this will not reverse Subutex. Contact APS to discuss appropriate opioid titration using IV morphine. Careful observation will be required as the effects of opioids and their doses are less predictable. These patients will require high levels of monitoring and may require high dependency care

5. When patient is eating and drinking contact DAS / Bridgeview for advice on converting back to methadone or Subutex. Continue with paracetamol and NSAID if indicated, plus oral morphine PRN as rescue medication.
6. Inform DAS/Bridgeview of planned discharge date and liaise to determine discharge medication and number of days supply. Confirm this arrangement via fax; DAS/Bridgeview will resume supervision of maintenance therapy.

PATIENTS NOT IN TREATMENT

1. Discuss with patient if they declare or are suspected of a substance misuse problem. Contact GP for further information.
2. With patient's consent confirm opioid use with toxicology screen (see Box 3). NOTE a patient self report of methadone / opioid use will not be reliable because of potential variation in strength and purity.
3. Negative toxicology screen plus no signs of opioid withdrawal (see box 4), then patient is probably not dependent. Assess and treat pain as per Trust APS guidelines (see Box 2).
4. Positive toxicology screen or obvious signs of withdrawal (see box 4), start non-opioid analgesia as indicated and contact APS to discuss appropriate opioid titration.
5. With patient consent contact DAS to establish link and discharge planning at earliest opportunity. Subsequently, when discharge date is known DAS will provide an appointment within 1 to 3 days to take over management.
6. Once tolerating diet and fluids and analgesia requirements are stabilized, convert oral morphine to methadone in conjunction with DAS, and continue with paracetamol and NSAID if indicated.
7. Inform DAS of planned discharge date and medication, they will then take over prescription of methadone. Confirm this arrangement by fax.
8. If patient declines DAS support, then step down analgesia as per APS guideline when indicated (see Box 2). Any opiate on discharge is to be decided by the pain team only, in conjunction with DAS. Patient to be informed of the need to visit GP for review of analgesia.
9. Inform GP that patient was admitted with a positive toxicology screen on discharge summary.

BOX 1

Drug & Alcohol Service

Plummer Court
Carloli Place
Newcastle upon Tyne
NE1 6UR

Phone No: 0191 2195605
Fax No: 0191 2195601

Mon -Fri: 8.30am - 9pm
Sat/Sun: 10am - 6pm
Closed Christmas Day / Boxing Day

Bridgeview Drug Treatment Service

Bridgeview House,
15-23 City Road
Newcastle upon Tyne
NE1 2AF

Phone No: 0191 2610022
Fax No: 0191 2610744

Mon - Fri: 9am - 5pm
Closed Weekends / Bank Holidays

BOX 2

Acute Pain Service Analgesic Guideline

Mild Pain:

Paracetamol
+
NSAID if no contraindications

Moderate pain:

Add codeine
Consider nefopam

Severe pain:

Contact APS
Consider oral / IV morphine

BOX 3

Toxicology Screen

Urinalysis - available at Drug and Alcohol centres

Blood screen - available on request with routine admission bloods; reports should be available within a few hours.

BOX 4

Signs of Opioid Withdrawal

Sneezing
Yawning
Rhinorrhoea
Insomnia
Agitation
Profuse sweating
Nausea +/- vomiting
Gooseflesh
Pupil reaction / mydriasis
Diarrhoea
Muscle Cramps

Guideline for the Management of Pain in Inpatients with a Problem of Substance Misuse

- The guideline is intended to be used by junior and non-specialist medical staff for patients admitted with a problem of acute substance misuse or who are on management programmes. Such patients are usually challenging and often vulnerable, and evidence suggests they often do not receive optimum analgesia.
- A Trustwide working party was established involving representatives from the acute and chronic pain services and local drug and alcohol teams. For more information please contact any of the clinical nurse specialists in acute pain management.