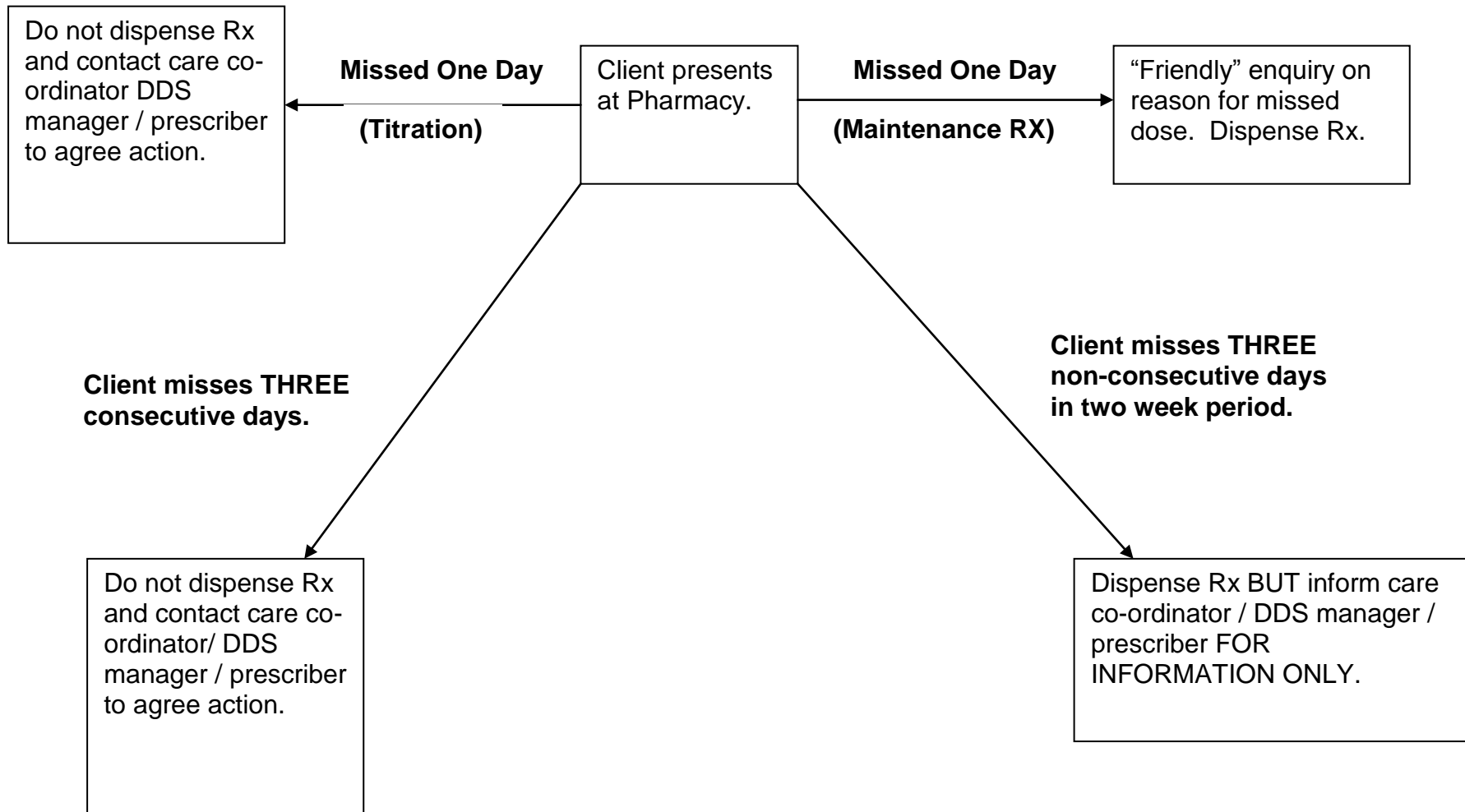


Flowchart to illustrate action to be taken by pharmacies following non-collection of instalment doses.



Flowchart to illustrate action to be taken by pharmacies following non-collection of instalment doses.

Missed Doses.

- Should a client fail to attend for their methadone or buprenorphine then the pharmacist must indicate on the prescription “not dispensed” next to the relevant date and on the relevant data collection forms.
- If the client misses a pick up they should return the next day as usual for their next dose.
- If a dose is missed for THREE consecutive days then the treatment should be suspended and the care co-ordinator or prescriber contacted. The prescription should not be re-initiated until a specific instruction to endorse this has been given by the care co-ordinator, harbour manager or prescriber. A note of this decision should be made on the clients PMR. If a client misses three or more pick-ups in a 14-day prescription then the care co-ordinator or prescriber should also be contacted.
- The risk of death during methadone induction has been calculated at nearly seven-fold greater than the patient’s risk of death prior to entering methadone maintenance treatment and deaths usually occur during the first three to ten days of treatment¹. Therefore, extra caution should be exercised during the first two weeks of treatment and ANY doses missed should be reported to the care co-ordinator, harbour manager or prescriber.
- If a client misses a dose during the titration phase of treatment i.e. increase in dose during the first few days of induction onto a prescription, the key worker or prescriber MUST be contacted before the next dose is given. Titration phases should not fall upon a weekend due to observation arrangements with key workers.
- All emerging patterns of regular failures to attend the pharmacy should be brought to the attention of the care co-ordinator or prescriber for further investigation.

¹ Royal College of General Practitioners (RCGP). Guide to the Management of Substance Misuse in Primary Care (2005), pages 118-119.