

Dispensing HYDROmorphone (DILAUDID®) Tablets for Self-Administration: Pharmaceutical Alternatives in Acute Care (PAAC)

Site Applicability

St. Paul's Hospital (SPH): **Urban Health (UH) unit 8A ONLY**

Practice Level

RNs/RPNs working on SPH 8A: Advanced Competency. **Additional education required:**

- SPH 8A UH unit-specific orientation and/or education from the Nurse Educator for Substance Use, Addiction Medicine Consult Team (AMCT) Liaison Nurse, or 8A UH unit Nurse Educator.

Requirements

- Patients must have access to a bedside safe for secure storage of the HYDROmorphone tablets for self-administration when on the unit.
- Patients who will be injecting the tablets must agree to use the tablets at the SPH Overdose Prevention Site (OPS) for supervised consumption and must be able to access the SPH OPS (i.e., physically able to reach the OPS, not have medical conditions that restrict them from leaving the unit).
- Only AMCT providers can prescribe HYDROmorphone tablets for patient self-administration.
- The AMCT provider must review the Program Consent and Treatment Agreement with the patient and both must sign the form.
- Nurses must follow the BCCNM [Medication standard](#) and PHC's [Dispensing Medications](#) (Nurses) protocol on SHOP.
- As HYDROmorphone is an opioid, Health Canada regulation requires that the "[Health Canada Opioid Medicines – Information for Patients and Families](#)" handout (see [Appendix E](#)) is provided, and an additional opioid warning label is applied to the container (see [Appendix C](#); the label is available for order from stores).
- A witness is required at the time of dispensing PAAC HYDROmorphone tablets to patients for self-administration.

Need to Know

- The COVID-19 pandemic compounded the harms and challenges of the toxic drug supply and overdose emergency declared in April 2016 and increased several risks for people who use drugs (PWUD). These risks include unintentional poisoning and overdose.
- The goal of the PAAC program is to reduce the risk of fatal overdose from the toxic drug supply by providing patients with a safe alternative if nurse-administered medications do not meet the patient's needs and the patient will continue to access the toxic drug supply while admitted to hospital.
- Prescription of HYDROMorphone tablets as a harm reduction approach to reduce individuals' reliance on the "illicit" toxic drug supply has been implemented in community settings (sometimes referred to as "[safe supply](#)").
- Despite the provision of nurse-administered opioid agonist therapies to manage withdrawal and cravings and short-acting opioids to treat pain, inpatients may need to continue to access the toxic drug supply to manage their withdrawal and cravings. When admitted to hospital, patients are reliant on nurses to administer opioids, outside of this program, which are sometimes ordered q1h PRN.
- The PAAC program involves RN/RPN dispensing HYDROMorphone 8 mg tablets to the patient once daily for the patient to self-administer at the SPH OPS. The number of tablets may vary up to a maximum of 14 tablets daily, and the medication must be stored in the safe at the patient's bedside.
- DILAUDID® HYDROMorphone brand is used in community and preferred by most PWUD because it is easier to crush and prepare than generic HYDROMorphone tablets. DILAUDID® brand HYDROMorphone will be used for this program. In the event of a backorder, pharmacy staff will alert nurses and providers that during the backorder period generic HYDROMorphone will be provided for PAAC.
- The dispensing order will be to take the tablets by mouth, but patients may choose to crush and inject the tablets with the understanding of the risks (e.g., heart and other infections, and other unknown risks).
- Patients may be co-prescribed opioid agonist therapies (e.g., slow-release oral morphine, methadone) and/or nurse-administered opioids in addition to HYDROMorphone tablets for self-administration.
- An advantage of self-administration is that the patient can respond immediately to symptoms of withdrawal or cravings by managing their own supply and timing of administration.
- The custody of care of the medications, including opioids, ends at dispensing, when the patient becomes responsible for the medications and their secure storage per their agreement to participate in the program.
- The AMCT Liaison Nurse is available to provide support to nurses when caring for patients involved in this program. Nurses can also contact AMCT provider (through switchboard) between 0800 to 1700, or the most responsible physician (MRP) with any concerns after hours.


Equipment and Supplies

- 8 mg HYDROmorphone (DILAUDID®) tablets,
- Child safe vial with dispensing ([Appendix B](#)) and opioid warning labels applied (see [Appendix C](#)),
- “[Health Canada Opioid Medicines – Information for Patients and Families](#)” handout (see [Appendix E](#)),
- Safer injection (harm reduction) supplies (see section “**4.6 Harm reduction**”, specifically 4.6.2 and 4.6.4., in the “[Harm Reduction and Managing Substance Use – Acute Care](#)” nursing guideline), including Sterifilt filters and miniature pill crusher if patient will be injecting the tablets, and
- Take Home Naloxone kit.

Procedure

Prescriber Orders

A PowerPlan for nurse dispense of HYDROmorphone (DILAUDID® BRAND) tablets for patient self-administration will be entered into Cerner by the AMCT provider. The dispensing medication order will appear on the Medication Administration Record (MAR). The PowerPlan also contains orders for patient assessment, provision of sterile safer injection (harm reduction) supplies, and naloxone PRN.

Scheduled			
 HYDROmorphone (HYDROmorphone (DILAUDID BRAND) 8 mg tab (prototype)) 80 mg = 10 tab, PO, qdaily, drug form: tab, Dispense Take Home Medication, start: 11-Jan-2023 14:12 PST Nurse to dispense. Dispense quantity: 10 and first dose start: January 12 . Self Medication Program. Keep...			
HYDROmorphone			
Respiratory Rate			

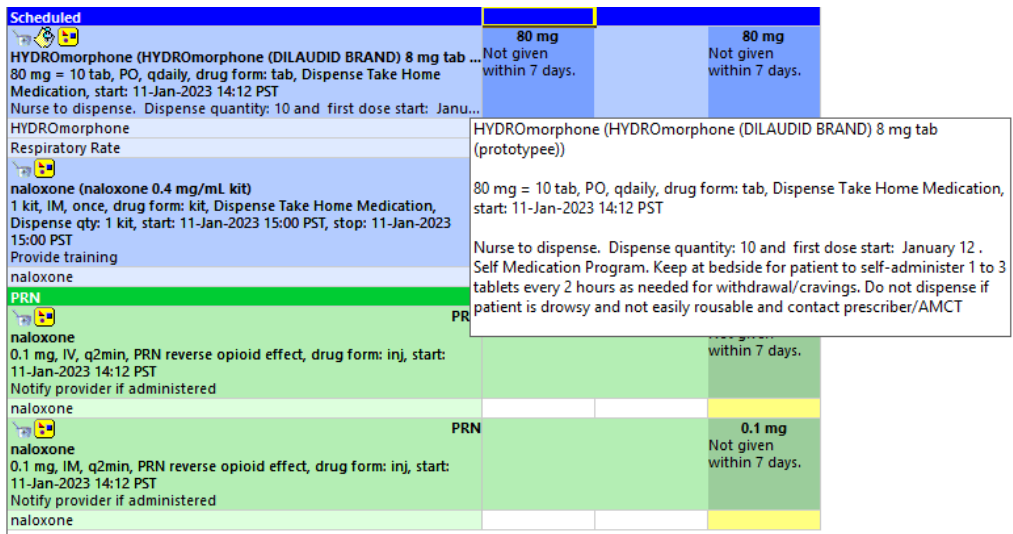
Only AMCT providers are authorized to prescribe HYDROmorphone tablets for inpatients to self-administer at SPH. If this PowerPlan is ordered by a non-approved prescriber, pharmacy will reject the order. **Do not proceed with dispensing.** Contact the prescriber and/or pharmacy for clarification.


Initial Assessment

- Upon initial dispensing of the tablets, and at least once per shift, assess and [document](#) the patient’s understanding of the medication therapy including indication, possible side effects, dosage/route/frequency, and safe storage (see “[Documentation](#)” section below for an example).
- Upon initial dispensing and weekly thereafter, collect a urine drug screen as ordered. Results are not needed prior to initiating/dispensing the medication.
- Obtain baseline respiratory rate (RR) and level of sedation (LOS) using the Pasero Opioid-induced Sedation Scale (POSS) [see [Appendix A](#)] prior to dispensing the tablets. The patient must be alert enough to receive the medication, put it in the safe and/or leave the unit to go to the SPH OPS if injecting the tablets.
 - If patient’s POSS score is 3 or 4, do not dispense the medication and notify AMCT and the AMCT Liaison Nurse *OR* MRP if after hours.
 - Respiratory rate is the best indicator of respiratory status; do not be reassured by a normal oxygen saturation.

Steps

The order is for once daily dispense of HYDROmorphine tablets. The time of dispense may be adjusted or rescheduled up until 1900 (the SPH OPS closes at 2000 with the last visit starting at 1915). Patients can request the medication from the unit RN/RPN, then the RN/RPN will prepare and dispense the tablets as follows:

8A RN/RPN			
Prepare Medication	<p>Once the order is verified by pharmacy, the nurse will have access to 8 mg HYDROmorphine tablets in the Automated Dispensing Cabinet (ADC, aka Omnicell®). Send Medication Request to Pharmacy if supply needs to be topped up (or call if urgent).</p> <ol style="list-style-type: none"> Verify the order. Review all the order comments as all the dispensing instructions are not visible by just looking at the MAR itself. The number of 8 mg tablets ordered may vary up to a maximum of 14 tablets (maximum of 112 mg per day). <ul style="list-style-type: none"> <u>In Cerner</u>, this requires hovering (the mouse) over the medication entry on the MAR or right clicking on the medication and selecting "Order Info..." to open the order details. The order comments can be found under the "Comments" tab. 		
	 <p>The screenshot displays a Cerner Medication Administration Record (MAR) for a patient. It shows two main sections: 'Scheduled' and 'PRN'. The 'Scheduled' section includes an order for 'HYDROmorphine (HYDROmorphine (DILAUDID BRAND) 8 mg tab ...)' with a dose of 80 mg, PO, qdaily, drug form: tab, Dispense Take Home Medication, start: 11-Jan-2023 14:12 PST. The 'PRN' section includes an order for 'naloxone (naloxone 0.4 mg/mL kit)' with a dose of 1 kit, IM, once, drug form: kit, Dispense Take Home Medication, Dispense qty: 1 kit, start: 11-Jan-2023 15:00 PST, stop: 11-Jan-2023 15:00 PST. The PRN section also includes an order for 'naloxone' with a dose of 0.1 mg, IV, q2min, PRN reverse opioid effect, drug form: inj, start: 11-Jan-2023 14:12 PST. The PRN section also includes an order for 'naloxone' with a dose of 0.1 mg, IM, q2min, PRN reverse opioid effect, drug form: inj, start: 11-Jan-2023 14:12 PST. The PRN section also includes an order for 'naloxone' with a dose of 0.1 mg, IM, q2min, PRN reverse opioid effect, drug form: inj, start: 11-Jan-2023 14:12 PST. The PRN section also includes an order for 'naloxone' with a dose of 0.1 mg, IM, q2min, PRN reverse opioid effect, drug form: inj, start: 11-Jan-2023 14:12 PST.</p>		
	<ol style="list-style-type: none"> Confirm that the Program Consent and Treatment Agreement form is signed by the provider and the patient and present in the paper chartlet. <ul style="list-style-type: none"> <i>This form can be printed from FormFast and is scanned into the electronic chart following discharge.</i> 		

	<p>3. Remove prescribed quantity of tablets with a second nurse as a witness, and place tablets in the child safe vial. The dose, in number of tablets, requires a witness at the time of dispensing (see “Documentation” section below for an example).</p>  <p>4. Ensure the vial is labelled according to the requirements listed in the “Dispensing Medication (Nurses)” protocol on SHOP. There is a partially pre-filled dispensing label template for HYDROMORPHONE (DILAUDID®) 8 mg tablets available (see Appendix B). Be sure to <u>fill in all the blank items</u>, including dispensing nurse initials. Inform 8A UH unit Nurse Educator or Substance Use Nurse Educator if more labels need to be printed.</p> <p>5. Apply an additional opioid warning sticker per Health Canada regulation requirements (see Appendix C).</p>
<p>Dispense Medication to Patient</p>	<p>6. Discuss safe storage and instruct patient to store the HYDROMORPHONE tablets in their bedside safe.</p> <p>7. Provide patient education on use of medication, including informing the patient to self-administer tablets at the SPH OPS for safety to reduce risk of unwitnessed or fatal overdose and/or other adverse events.</p> <ul style="list-style-type: none"> 8A UH unit Nurse Educator has postcards with information about SPH OPS that can be provided to patients (see Appendix D). <p>8. Per Health Canada regulation requirements, provide patient with the “Health Canada Opioid Medicines – Information for Patients and Families” handout the first time the medication is dispensed (see Appendix E). On subsequent days, offer to provide the handout if the patient wants another copy.</p> <p>9. With every dispense, offer and provide a take home naloxone kit and sterile safer injection (harm reduction) supplies, including Sterifilt filters and a miniature pill crusher if needed.</p> <ul style="list-style-type: none"> <u>Note:</u> THN kits and harm reduction supplies are also available at the SPH OPS.

Confirm Patient Self- administration	<p>10. Assess effectiveness of the medication and ask the patient how many tablets they self-administered and document what they report in Cerner (see "Documentation" section below).</p> <ul style="list-style-type: none"> ○ <u>Note:</u> the patient does not need to provide the empty vial and nurses are not required to count or confirm what is left over. <p>11. If the patient returns any tablets, waste these unused tablets at patient's request with a witness.</p>
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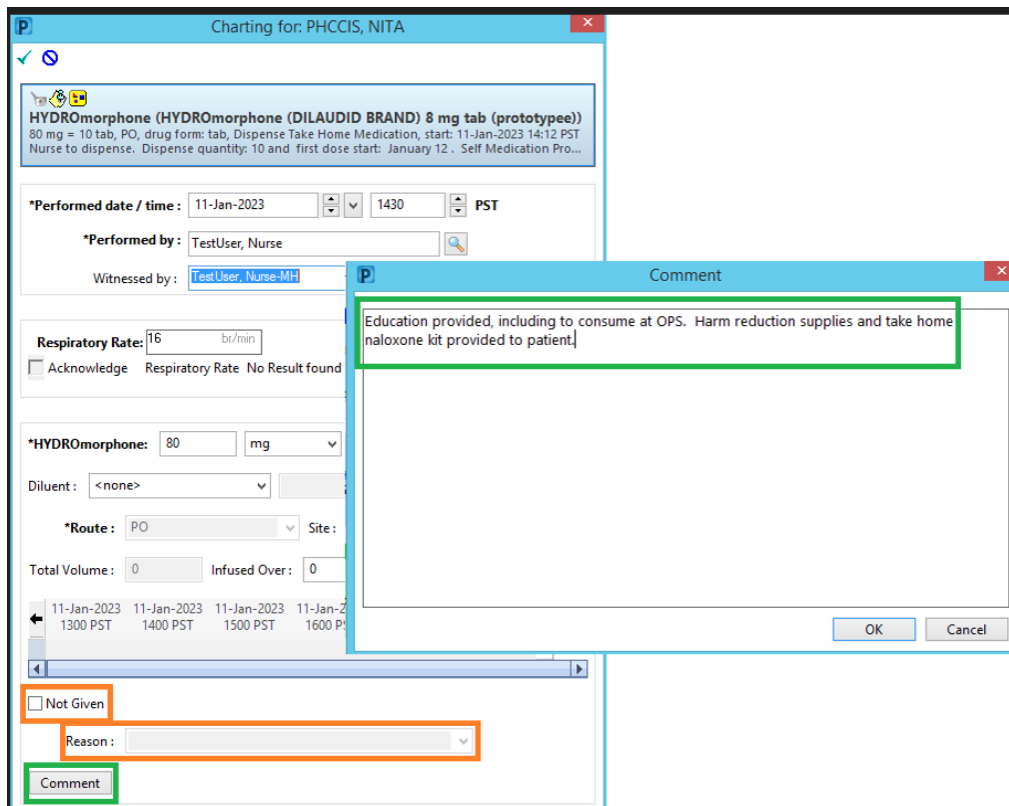
Ongoing Assessment

- If patient has an overdose requiring clinical intervention(s) at the SPH OPS (e.g., increased LOS requiring frequent stimulation to arouse, oxygen, naloxone administration, or code blue), nurses at the OPS will notify the most responsible nurse (MRN) on 8A and arrange for transport of the patient back to 8A.
 - SPH OPS LPN will document the details in a narrative note in these cases, but **it is the responsibility of the MRN to notify AMCT (0800-1700) or MRP (after 1700) of what happened.**
 - There is a Medication Safety Practice Pointer on PHC Connect on the Medication Resources Page regarding "Ongoing Care & Monitoring on the Unit Post-Overdose at OPS" that outlines ongoing assessment and treatment.

Documentation

- Document medication dispensed and patient education provided on the MAR, including the witness required at the time of dispensing the medication that is documented in the "Witnessed by:" section (see image below).

To document from the MAR: Select the medication -> click box next to "Not Given" -> Reason: Dispensed. Click "Comment" and document education given to patient. This will show up as:



- Document patient assessment and the total number of tablets that the patient reports having taken, and any other details as appropriate in a narrative note in Cerner:
Go to Documentation section -> +Add -> under “*Type:”, select “Nursing Narrative Note” and **title the note “PAAC Hydromorphone Assessment”** (see [Appendix F](#) for example with screen shots).

Patient and Family Education

- When dispensing medication, nurses must inform the patient of the proper use of the medication including purpose, dosage regime, expected benefits and potential side effects, storage requirements (*bedside safe*), and special instructions (*location of use SPH OPS*).
- As needed, review information on the Consent and Treatment Agreement form (see [Appendix G](#)).
- Patient education resources regarding safer tablet injection, including how to use the Sterifilt filters, are available on the [BCCDC Toward the Heart website](#).
- Consult AMCT Liaison Nurse or AMCT Clinical Pharmacist as needed to provide additional education.

Related Documents

Related Policies

- [BCD-11-11-41006](#) - Medication Administration Policy
- PHC [Patient Self-Administered Medications Policy](#)
- [B-00-11-10125](#) - Philosophy of Care for Patients and Residents Who Use Substances

Related Guidelines/Procedures/DSTs

- [B-00-07-10061](#) - Automated Dispensing Cabinets (ADC): Omnicell®
- [B-00-12-10168](#) - Bedside Safes
- [B-00-13-10167](#) - Dispensing Medications (Nurses)
- [B-00-13-10175](#) - Dispensing Take Home Naloxone Kits to Clients at Risk of Opioid Overdose (Adults and Youth)
- [B-00-07-10096](#) - Harm Reduction and Managing Substance Use - Acute Care
- [B-00-07-10096](#) - PICC/PIV and Substance Use: Patients Who May be Using Their IV Line to Inject Substances
- British Columbia College of Nurses and Midwives. Practice Standard: [Medications](#)

References

British Columbia Centre on Substance Use (2020, March). Risk mitigation in the context of dual public health emergencies – Interim clinical guidance. Retrieved January 4, 2023, from: <https://www.bccsu.ca/wp-content/uploads/2020/05/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.6.pdf>

British Columbia Centre on Substance Use (2022, January). Opioid use disorder – Practice update. Retrieved January 4, 2023, from: <https://www.bccsu.ca/wp-content/uploads/2022/02/Opioid-Use-Disorder-Practice-Update-February-2022.pdf>

Government of Canada. (2022, March 17). Safer supply. Retrieved January 4, 2023, from: <https://www.canada.ca/en/health-canada/services/opioids/responding-canada-opioid-crisis/safer-supply.html>

Ivins, A., Boyd, J., Beletsky, L., & McNeil, R. (2020). Tackling the overdose crisis: The role of safe supply. *International Journal of Drug Policy*, 80:102769. doi: <https://doi.org/10.1016%2Fj.drugpo.2020.102769>

Ministry of Mental Health and Addictions – Ministry of Health (2021, July 15). Access to prescribed safer supply in British Columbia: Policy direction. Retrieved January 4, 2023, from:
https://www2.gov.bc.ca/assets/gov/overdose-awareness/prescribed_safer_supply_in_bc.pdf

Stimulus Conference. (2019, August). Toolkit for substance use and addictions program applicants; Stream 2 - Increasing access to pharmaceutical-grade medications. Retrieved January 10, 2023, from
https://stimulusconference.ca/wp-content/uploads/2020/09/Safe-Supply-Tool-Kit-2019_EN.pdf

Definitions

“Safer supply” refers to providing prescribed medications as a safer alternative to the toxic drug supply to people who are at high risk of overdose. Safer supply services can help prevent overdoses, save lives, and connect people who use drugs to other health and social services.

Appendices

[Appendix A](#) - Pasero Opioid-induced Sedation Scale (POSS)

[Appendix B](#) - Dispensing Label for HYDROmorphone (DILAUDID®) 8 mg Tablets

[Appendix C](#) - Opioid Warning Label Sticker

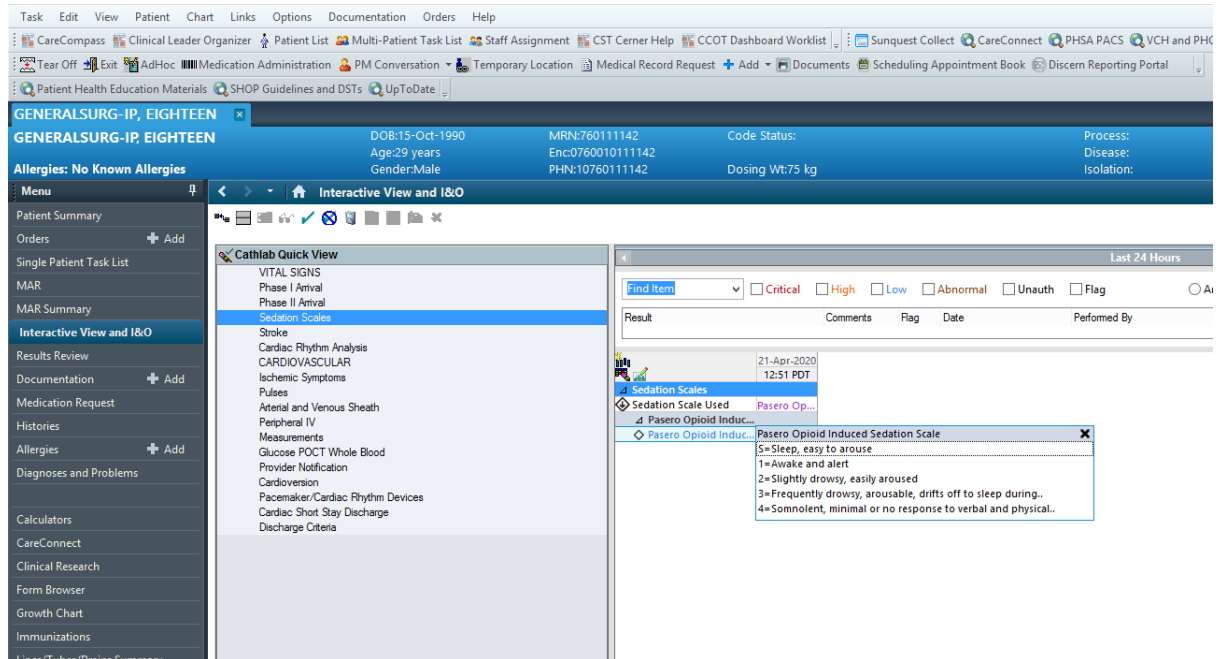
[Appendix D](#) - SPH OPS Information for Patients

[Appendix E](#) - Health Canada Opioid Medicines - Information for Patients and Families handout

[Appendix F](#) - Nursing Narrative Note Example

[Appendix G](#) - Pharmaceutical Alternatives – DILAUDID® Tablet Self-Administered Medication Program Consent and Treatment Agreement

Appendix A: Pasero Opioid-induced Sedation Scale (POSS) located in Cerner PowerChart in 'Interactive View and I&O' under 'Sedation Scales'



The screenshot displays the Cerner PowerChart interface for a patient named GENERALSURG-IP, EIGHTEEN. The patient's demographic information includes DOB: 15-Oct-1990, Age: 29 years, Gender: Male, MRN: 760111142, Enc: 0760010111142, PHN: 10760111142, Code Status, Process, Disease, Isolation, and Dosing Wt: 75 kg. The patient has no known allergies.

The left sidebar shows the 'Menu' with various options, including 'Interactive View and I&O' which is currently selected. The main window displays the 'Cathlab Quick View' section, which includes a list of 'Sedation Scales'.

The 'Sedation Scales' list includes:

- VITAL SIGNS
- Phase I Arrival
- Phase II Arrival
- Sedation Scales
- Stroke
- Cardiac Rhythm Analysis
- CARDIOVASCULAR
- Ischemic Symptoms
- Pulses
- Arterial and Venous Sheath
- Peripheral IV
- Measurements
- Glucose POCT Whole Blood
- Provider Notification
- Cardioversion
- Pacemaker/Cardiac Rhythm Devices
- Cardiac Short Stay Discharge
- Discharge Criteria

The 'Sedation Scales' section is expanded, showing a list of scales. The 'Pasero Opioid Induced Sedation Scale' is highlighted, and its details are displayed in a pop-up window.

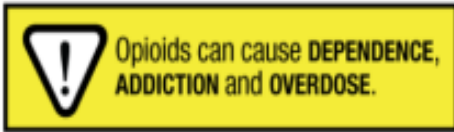
The 'Pasero Opioid Induced Sedation Scale' details include:

- 5=Sleep, easy to arouse
- 1=Awake and alert
- 2=Slightly drowsy, easily aroused
- 3=Frequently drowsy, arousable, drifts off to sleep during..
- 4=Somnolent, minimal or no response to verbal and physical..


Appendix B: Dispensing Label for HYDROmorphine (DILAUDID®) 8 mg tablets - available as a PDF printable template

Contact 8A UH unit Nurse Educator, AMCT Liaison Nurse, or Nurse Educator for Substance Use for support accessing the template if needed.

**Providence
Health Care****St Paul's Hospital – 1081 Burrard St. Vancouver, BC
8A Urban Health: 604-806-8458****DATE:****Patient:****DOB:****Medication & Strength: HYDROmorphine (DILAUDID BRAND) 8 mg TAB****Directions: Take 1 to 3 tablets by mouth every 2 hours as needed for withdrawal or cravings. To be used at SPH Overdose Prevention Site.****Quantity:** **Prescriber:**
PH903 (February 1, 2023)**Dispensed by:**

Appendix C: Opioid Warning Label Sticker

Available through Stores - HA Item Number: VCH-PHC 00125241 VMID: P-32


Appendix D: SPH OPS Information for Patients

OVERDOSE PREVENTION SITE (OPS)

HOURS: 10AM-8PM (CLOSED FOR LUNCH 2-3PM) - last visit for injection 7:15PM

WHERE: 4th floor Providence building by the cafeteria (just past the public washrooms)

** This site is for patients only – you can access services if you are admitted to a unit, in the Emergency Department, TCC, or receiving medical care as an outpatient **




SERVICES:

- Supervised consumption & overdose response
- Clean space for drug preparation
- Drug testing
- Safer injection supplies
- Safer smoking supplies – sorry no inhalation room onsite
- Take Home Naloxone kits
- Nurses to give support & answer questions



Appendix E: Health Canada Opioid Medicines - Information for Patients and Families handout



Health
Canada

Santé
Canada

Opioid Medicines

Information for Patients and Families

You have been prescribed an opioid medicine for the treatment of pain or for another condition.

Talk to the health professional who prescribed your opioid, or your pharmacist if you:

- Have questions about your opioid medicine.
- Do not understand the instructions for using the opioid medicine given to you.
- Develop side effects or your condition worsens.

SERIOUS WARNINGS	SIGNS OF OVERDOSE
<ul style="list-style-type: none">• Opioid overdose can lead to death. Overdose is more likely to happen at higher doses, or if you take opioids with alcohol or with other sedating drugs (such as sleeping pills, anxiety medication, anti-depressants, muscle relaxants).• Addiction may occur, even when opioids are used as prescribed.• Physical dependence can occur when opioids are used every day. This can make it hard to stop using them.• Life-threatening breathing problems or reduced blood pressure may occur with opioid use. Talk to the health professional who prescribed your opioid about whether any health conditions you have may increase your risk.• Your pain may worsen with long-term opioid use or at higher doses. You may not feel pain relief with further increases in your dose. Talk to the health professional who prescribed your opioid if this happens to you, as a lower dose or a change in treatment may be required.• Withdrawal symptoms, such as widespread pain, irritability, agitation, flu-like symptoms and trouble sleeping, are common when you stop or reduce the use of opioids.• Babies born to mothers taking opioids may develop life-threatening withdrawal symptoms.• Use only as directed. Crushing, cutting, breaking, chewing or dissolving opioids before consuming them can cause serious harm, including death.	<ul style="list-style-type: none">• Hallucinations• Confusion• Difficulty walking• Extreme drowsiness/dizziness• Slow or unusual breathing• Unable to be woken up• Cold and clammy skin <p>Call 911 or your local emergency response provider right away if you suspect an opioid overdose or think you may have taken too much. *</p> <p><small>* Naloxone has been approved by Health Canada to temporarily reverse known or suspected opioid overdoses.</small></p>

POSSIBLE SIDE EFFECTS

<ul style="list-style-type: none">• Reduced physical and/or mental abilities, depression• Drowsiness, dizziness, risks of falls/fractures• Heart palpitations, irregular heartbeat• Problems sleeping, may cause or worsen sleep apnea	<ul style="list-style-type: none">• Vision problems, headache• Low sex drive, erectile dysfunction, infertility• Severe constipation, nausea, vomiting
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YOUR OPIOIDS MAY BE FATAL TO OTHERS



- **Never give your opioid medicine to anyone.**
- Store opioids (including used patches) in a secure place to prevent theft, problematic use or accidental exposure.
- Keep opioids out of sight and reach of children and pets. Taking even one dose by accident can be fatal.
- Never throw opioids (including used patches) into household trash where children and pets may find them.
- Return expired, unused or used opioids (including patches) to a pharmacy for proper disposal.

This handout is a summary and will not tell you everything about opioid medicines.

More information about the opioid you have been prescribed (or naloxone) can be found online in the Product Monograph: <https://health-products.canada.ca/dpd-bdpp/index-eng.jsp>

Date: 2019/03/15

Appendix F: Nursing Narrative Note Example

+ Add



New Note
X
List



Note Type List Filter:
Position

*Type:
Nursing Narrative Note


Title:
PAAC Hydromorphone Assessment

*Date:
11-Jan-2023
1440 PST


*Author:
TestUser, Nurse

+ Add



PAAC Hydromorphone Asses...
X
List

Tahoma
11


Patient returned to the unit at 1950. POSS 3. Patient reports consuming all of her PAAC hydromorphone tables today at the OPS. Patient reports currently having no symptoms of withdrawal or cravings.

+ Add
Submit
Forward
Provider Letter
Modify

In Error
Preview

List

Display : All
Advanced Filters

Service Date/Time	Subject	Type
11-Jan-2023 14:40:40 PST	PAAC Hydromorphone Assessment	Nursing Narrative Note
23-Nov-2022 08:08:00 PST	Sleep Log	Sleep Log - Text
21-Nov-2022 13:42:55 PST	Psychiatry Consult Note	Psychiatry Consult
17-Nov-2022 07:29:00 PST	Transport Ticket	Transport Ticket - Text
10-Nov-2022 12:36:00 PST	Pass	Pass - Text
05-Nov-2022 18:27:00 P...	Pass	Pass - Text

Appendix G: Pharmaceutical Alternatives – DILAUDID® Tablet Self-Administered Medication Program Consent and Treatment Agreement



PHARMACEUTICAL ALTERNATIVES-DILAUDID TABLET SELF-ADMINISTERED MEDICATION PROGRAM CONSENT AND TREATMENT AGREEMENT

Date: _____

I, _____, am participating in the Self-Administered Medication Program (SAM) for patients receiving HYDROMORPHONE (DILAUDID) tablets as a safer alternative to non-prescribed ("illicit") drug supply. SAM has been explained to me and I voluntarily agree to participate. I have had the chance to ask questions and I understand my responsibilities.

I understand and agree that:

- DILAUDID tablets (the "Tablets") are meant to be taken by mouth, and injecting tablets may lead to an increased risk of heart and other infections, and other unknown risks.
- My Tablets will only be given to me one time per day.
- I will keep the Tablets in the bedside safe to prevent them from being lost or stolen. The doctors will not supply refills if the Tablets are lost or stolen.
- These Tablets are for my use only. I will not give my Tablets to anyone else.
- I will follow the directions on the medication label.
- The care team will check in and ask if I am experiencing symptoms of withdrawal or cravings, and if I used all of the tablets. However, I am not required to disclose the number of tablets used. I can return any unused tablets to nursing staff.
- My treatment may change if the medication is not working, not being used, or causes side effects.
- I understand that St. Paul's Hospital (SPH) and its staff will not be responsible for any harms resulting from my use (or misuse) of the Tablets.
- I will provide urine for drug testing if asked. If my urine drug test shows that I have not been taking *HYDROMORPHONE (DILAUDID)* it may result in changes to how my medication is given to me.
- I will avoid using other non-prescribed drugs, including alcohol and benzodiazepines (e.g. Ativan), while I am taking DILAUDID because it could cause serious side effects/harms, overdose, or death.

I further understand that if I do not follow these directions, I may not be allowed to participate in SAM anymore.

Patient signature

Printed name

Date/time

I have reviewed the SAM program general instructions with the patient and have answered any questions raised by the patient. The above consent has been read by or read to the patient, who has acknowledged that they understand the above consent. The consent was voluntarily signed in my presence.

Physician signature

Printed name

Date/time

Persons/Groups Consulted

Nurse Educator, Substance Use (Naomi Watt)

Medical Lead AMCT (Dr. Renee Janssen)

Clinical Pharmacy Specialist AMCT (Felicia Yang)

Nurse Educator, Urban Health Unit 8A (Carlin Patterson)

Practice Consultant, Medication Safety & Management (Isabel Diogo)

General Nurse Educators, Medication Safety/Medication Management (Derreck Lee/Courtney Symes)

Medication Safety Pharmacist (Teresa Hsieh)

Pharmacy Dispensary/Parenteral Supervisor (Jeremy Li)

PHC Pharmacy & Therapeutics Committee

Executive Director, Patient Safety & Quality Improvement and In-House Counsel (Camille Ciarniello)

Developed By

Clinical Nurse Specialist, Substance Use (Elizabeth Dogherty)

First Released Date:	22-FEB-2023
Posted Date:	22-FEB-2023
Last Revised:	22-FEB-2023
Last Reviewed:	22-FEB-2023
Approved By:	PHC
	Professional Practice Standards Committee
Owners:	PHC
	Urban Health