



Methadone Treatment Protocol 2019

Introductory Details

1. Irish Medical Council registration number (please enter your IMC number in a 6 digit format e.g. 00XXXX):

2. Please assign each audited patient a unique identifying number between 1 and 10 for your own records

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Consent

3. Please confirm that this patient has consented to treatment and audit prior to completing this survey.

☐ Yes

☐ No

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Patient Details

4. What gender is your patient?

5. What age bracket does your patient fall into?

☒ 20 and under

☐ 21 - 30

☐ 31 - 40

☐ 41 - 50

☐ 51 - 60

☐ 61 - 70

☐ Over 70

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Patient Details (Continued)

6. Is there an addiction transfer summary/ assessment available in the patient's medical record?

☐ Yes

☐ No

7. Has the patient been provided with information on methadone safety?

☐ Yes

☐ No

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Monitoring Methadone Treatment

8. Is this patient's current methadone dose documented?

☐ Yes

☐ No

9. Does this patient have current pharmacy supervision requirements documented?

☐ Yes

☒ No

10. Does this patient have at least one dose of methadone supervised weekly?

☐ Yes

☐ No

11. Does the level of methadone supervision reflect the patient's stability (drug and social)?

☐ Yes

☐ No

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Monitoring Methadone Treatment

8. Is this patient's current methadone dose documented?

- ☐ Yes
☐ No

9. Does this patient have current pharmacy supervision requirements documented?

- ☐ Yes
☒ No

10. Does this patient have at least one dose of methadone supervised weekly?

- ☐ Yes
☐ No

11. Does the level of methadone supervision reflect the patient's stability (drug and social)?

- ☐ Yes
☐ No

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Drug Screening

12. Is this patient self-reporting drug and/or alcohol use?

☐ Yes

☐ No

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Drug Screening (Continued)

13. If this patient has self-reported NOT using drugs and/or alcohol, has this been documented?

- ☐ Yes
- ☐ No

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Drug Screening (Continued)

14. Is there a record of a minimum of 1 randomised drug test per month?

☐ Yes

☐ No

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Management of Other Drug Use

15. Does this patient have a positive drug screen for other substances?

☐ Yes

☐ No

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Review of Benzodiazepine Use

16. Is this patient taking benzodiazepines?

☐ Yes

☐ No

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Review of Benzodiazepine Use (Continued)

17. How are these obtained?

- ☐ Prescribed by you
- ☒ Prescribed by another doctor
- ☐ Obtained illicitly

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Review of Benzodiazepine Use (Continued)

18. Is there a clinical rationale for the benzodiazepine prescription?

☐ Yes

☐ No

19. Is the dose documented?

☐ Yes

☐ No

20. Does the frequency of Benzodiazepine dispensing correspond to the frequency of methadone dispensing?

☐ Yes

☐ No

☐ If no, please comment

21. Have you reviewed this prescription with the patient in the past 3 months?

☐ Yes

☐ No

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Review of Benzodiazepine Use (Continued)

18. Is there a clinical rationale for the benzodiazepine prescription?

☐ Yes

☐ No

19. Is the dose documented?

☐ Yes

☐ No

20. Does the frequency of Benzodiazepine dispensing correspond to the frequency of methadone dispensing?

☐ Yes

☐ No

☐ If no, please comment

21. Have you reviewed this prescription with the patient in the past 3 months?

☐ Yes

☐ No

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Review of Z-Hypnotics Use

22. Is this patient taking Z-Hypnotics?

☐ Yes

☐ No

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Review of Z-Hypnotics Use (Continued)

23. How are these obtained?

- ☐ Prescribed by you
- ☐ Prescribed by another doctor
- ☐ Obtained illicitly

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Review of Z-Hypnotic Use (Continued)

24. Have you discussed a management plan to address the risk and abuse of illicit Z-Hypnotic use?

☐ Yes

☐ No

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Viral Screen and Vaccination

25. Has this patient been screened for HIV?

- ☐ Yes
- ☐ No
- ☐ Refused

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Viral Screen and Vaccination (Continued)

27. Has this patient been screened for Hepatitis B?

- ☐ Yes
- ☐ No
- ☐ Refused

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Comments Page

28. Do you have any additional information you would like to include on this patient?

☐ Yes

☐ No

If yes, please comment below:

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Done



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Thank you, please click 'Done' and enter your next patient's details. When you have entered all your patients, please email mtp-audit@icgp.ie with your Medical Council number so that your audit can be reviewed

Done