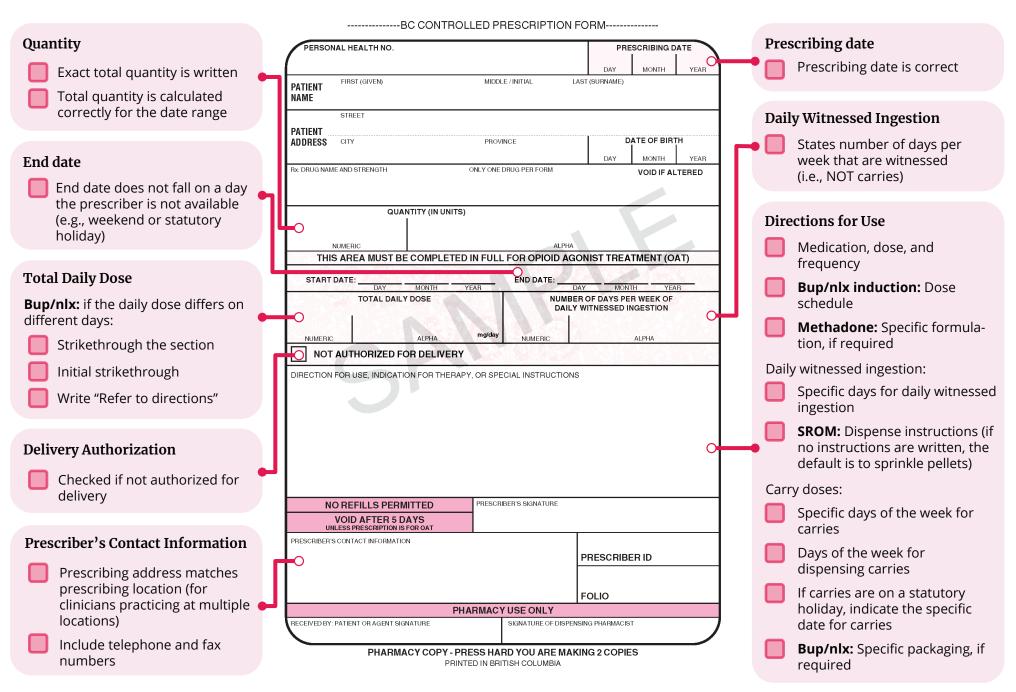
Prescription Checklist for Oral Opioid Agonist Treatment



UBC CPD





Prescription Checklist for Oral Opioid Agonist Treatment

Once the prescription is completed, check that the:			
Units are written in both numeric and alpha in the following sections:	QUANTITY (IN UNITS)		
Quantity (e.g., 672mg Six hundred and seventy-two milligrams)	16mg	Sixteen milligrams	AI PHA
Total Daily Dose, when included (e.g., 24 Twenty-four)	THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)		
Daily Witnessed Ingestion (e.g., 1 One)	START DATE: 29	06 21 END D	DATE: 29 06 21 DAY MONTH YEAR
Blank spaces are struck through on the prescription Including any empty space in the additional information field Strikethroughs are initialed (see example image)	Refer to Direction Numeric	ALPHA Mg/day NUM	NUMBER OF DAYS PER WEEK OF DAILY WITNESSED INGESTION NII MERIC ALPHA and daily witnessed ingestion fields
If no witnessed ingestion days are required, "Nil Nil" is written			
Corrections made by the prescriber are initialed (changes without initials will not be accepted by the pharmacy)			
Prescription is written on both copies of the duplicate prescription form			
Duplicate copy of the prescription is filed in the patient's medical record			

Resources

Health Professions Act—BYLAWS: https://www.bclaws.gov.bc.ca/civix/document/id/mo/hmo/m0369_2016

Pharmacy Operations a uling Act—BYLAWS: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/03077_01

Controlled Prescription Program, BC Pharmacists: https://www.bcpharmacists.org/cpp

Addiction medicine specialist consultation

24/7 Addiction Medicine Clinician Support Line

Available to physicians, nurse practitioners, nurses, midwives, and pharmacists

Phone: 778-945-7619 (available 24 hours a day, 7 days per week)







