



**THE UNITED REPUBLIC OF TANZANIA**  
**MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER,  
ELDERLY AND CHILDREN**



TANZANIANS AND AMERICANS  
IN PARTNERSHIP TO FIGHT HIV/AIDS

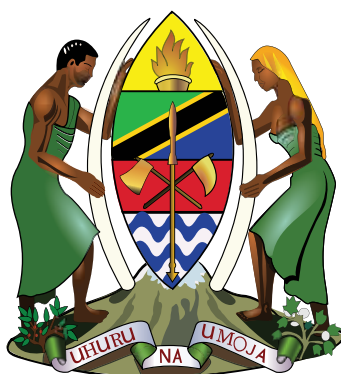
**PEPFAR**

**NATIONAL STANDARD OPERATING  
PROCEDURES FOR  
MANAGEMENT OF OPIOID USE DISORDERS**

JULY 2019

First Edition





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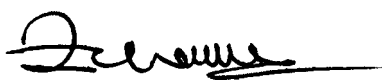
## FOREWORD

Medically Assisted Treatment using methadone is a standard recommended treatment for opioid use disorder globally. Opioids particularly heroin use disorder is the most harmful drug type causing substantial health and social consequences to individuals who use opioid. The most harmful effects include fatal overdose and transmission of infectious diseases like HIV, Hepatitis C and Tuberculosis.

The United Republic of Tanzania is one among other countries in Africa with a significant number of people who are using opioid particularly heroin. Several modes of administration of opioid have been noted namely smoking, sniffing and injection. The Ministry of Health, Community Development, Gender, Elderly and Children in collaboration with other key stakeholders introduced Medically Assisted Therapy in 2011 as a pilot project to reduce rate of HIV infection among opioid injectors. Currently there are six Methadone clinic sites in Mainland Tanzania and plans to scale up to other regions are underway.

This first national standard operating procedure for MAT aimed to provide a stepwise guidance for managing opioid use disorder. It gathered knowledge obtained throughout implementation of the MAT pilot program in Tanzania and used the same in planning for the scale up in the country

It is sincerely believed that this SOP will be useful to all stakeholders involved in the administration and provision of quality Medically Assisted Treatment for opioid use disorder in Tanzania.



Dr. Zainab A. S. Chaula

**PERMANENT SECRETARY - HEALTH**

## ACKNOWLEDGEMENT

The National Standard Operating Procedure for Management of Opioid Use Disorder is the first national document that provides step-by-step guidance on proper management of Opioid Use Disorder and co-occurring mental and physical disorders for people who use and inject opioids. This document was developed by a team of experts from various government and non-governmental organization.

The Ministry of Health, Community Development, Gender, Elderly and Children would like to express sincere gratitude to the following; DCEA, MDH, MNH, MUHAS, TAPP, BMH and MMH for playing a key role in the development of this document through a team of taskforce that work tirelessly through the development process. Specifically the MOHCDGEC acknowledges the contribution of Dr. Sarah Maongezi (MOHCDGEC), Dr. Omary Ubuguyu (MOHCDGEC), Shadrack Buswelu (MOHCDGEC), Dr. Cassian Nyandindi (DCEA), Prof. Ayoub Magimba, Dr. Eric Aris (MDH), Irene Macha (MDH), Dr. Frank Masao (MNH), Dr. Pamela Kaduri (MNH), Dr. Dorothy Mushi (MUHAS), Zainabu Mndeme (MNH), John-Joseph Mwijage (MNH), Paul Mayengo (MNH), Elizabeth J. Fupe (MNH), Philemon Kyara (MUHAS/TAPP), Dr. Innocent Mwombeki (MMHH) Dr. Norman Sabuni (DCEA) and Dr. Syangu Mkony (MNH).

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We would like to thank everyone whom in one way or another has contributed in the realization of this document.



Prof. Muhammad Bakari Kambi  
**CHIEF MEDICAL OFFICER**

## ACRONYMS

AA	Alcoholic Anonymous
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Clinic
ART	Antiretroviral Therapy
BMI	Brief Motivation Intervention
CBO's	Community Based Organization
COW	Community Outreach Worker
COWS	Clinical Opioid Withdrawal Syndrome
CTC	Care and Treatment Clinic
DCEA	Drug Control and Enforcement Authority
EMD	Emergency Department
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
ID	Identity Card
IDU	Injection Drug Use
IEC	Information, Education and Communication
M&E	Monitoring and Evaluation
MA	Methadone Anonymous
MAT	Medically Assisted Therapy
MNH	Muhimbili National Hospital
MoHCDGEC	Ministry of Health, Community Development, Gender, elderly and Children
NA	Narcotic Anonymous
NAS	Neonatal Abstinence Syndrome
NGOs	Non-Governmental Organizations
OPD	Out-Patient Department
PITC	Provider Initiated Testing and Counseling
PWID	People Who Inject Drugs
RDS	Random Drug Screening
SUD	Substance Use Disorder
TAPP	Tanzania AIDS Prevention Program
TFDA	Tanzania Food and Drugs Authority
USA	United States of America



## Chapter One:

### INTRODUCTION

The National Standard Operating Procedure for Medically Assisted Treatment of Opioid Use Disorder is developed in order to guide service provision for individuals with opioid use disorders in the country. Its contents have derived from the National guideline for Management of Opioid Use Disorder and the MAT training package for health service providers.

The SOP describes how MAT services are organized by detailing key needs for consideration when designing a service infrastructure, minimum staff requirement and their responsibilities as well as other support and integrated services necessary to complement care for people with opioid use disorder.

These SOPs further detail clinical pharmacological and psychosocial management procedures of clients from reception to assessment, investigation and initiation of methadone treatment and follow up of individuals on methadone treatment. Issues of methadone procurement, reconstitution and dispensing are also described in this SOP.

Procedures for provision of methadone in special situations such as when an individual vomited or missed a dose or when an overdose occurred or when medication is to be given to a special group such as pregnant women and newborn has also been described.

MAT program involves working with various stakeholders from the community and within and across the health system. In this SOP procedure for referrals, linkages and transfers including their tools have been described in order to facilitate continuum of care for individuals who are on methadone program.

Procedures for reporting of data collected from clients at every stage of care have been described in order to assure quality services are provided and monitored but also evaluated to inform improvement in future planning.

Issues of security and safety measures as an important requirement for MAT program have also been detailed in this SOP to facilitate provision of methadone at a minimum safety and security control.

## Chapter Two:

# ORGANIZATION OF METHADONE CLINIC SERVICES

### 2.0. Introduction

Methadone treatment services are specialized health care services for people with opioid dependence. The infrastructural settings, client flow plan and staffing is designed in such a way smooth provision of appropriate services are attained. Below encompasses minimum requirements for organizing services at a methadone clinic.

### 2.1 Infrastructure

Methadone services are currently offered as outpatient service within a mental health department in our setting. The infrastructure for methadone services involves availability of adequate OPD space, methadone dispensing space, a dedicated team of staff and a range of integrated and support services.

#### 2.1.1. Space

The space requirements for methadone service provision include:-

- a) Well-lit and ventilated waiting area (clinical care and pharmacy dosing spaces)
- b) Medical record room/s
- c) Assessment room
- d) Urine sample collection room/toilet
- e) Consultation room/s (doctor, nurse, health social worker/counselor)
- f) Pharmacy/dispensing room

#### 2.1.2. Staff Requirements and Responsibilities

A minimum staff requirements and responsibilities are needed at a methadone clinic in order to ensure efficient provision of MAT services is attained.

##### 2.1.2.1. Clinic Staffs requirements includes;

- a) Trained Medical Recorder and Data personnel
- b) 2 trained Nurses
- c) 2 trained Clinician
- d) 2 trained counselor /health social workers/clinical psychologist/occupational therapist
- e) 2 trained pharmacy personnel
- f) 2 medical attendants

## **2.1.2.1.2. Staff responsibilities;**

### **A. Data personnel**

- 1) Receive the clients and answer any clinic related query
- 2) Review referral documents and other health related documents
- 3) Record clients registry information as indicated in the baseline assessment form
- 4) Administer client's file, MAT number and health facility file number
- 5) Issue consent, ID cards, appointment cards and BCC materials
- 6) Ensure all clinic data are recorded, reported, shared and stored
- 7) Conduct data check for completeness and quality assurance
- 8) Liaise with other staffs on issues related to data quality
- 9) Prepare and submit reports to appropriate authorities as required
- 10) Observe confidentiality, safety and security of the data at all times

### **B. Nurse;-**

- 1) Conduct nursing assessment procedures
- 2) Document nursing procedure findings appropriately
- 3) Conduct alcohol and drug screening
- 4) Collect samples for lab investigations
- 5) Track investigation results and file appropriately
- 6) Dispense methadone for MAT clients admitted in the wards
- 7) Supervise nurse attendant's activities

### **C. Counselor;-**

- 1) Conduct psychosocial assessment
- 2) Provide brief interventions for treatment readiness
- 3) Conduct individual and group counselling
- 4) Conduct client's family counselling for those in need
- 5) Link clients for psychosocial support
- 6) Act as a witness during methadone dispensing for MAT clients admitted in the wards

### **D. Clinician;-**

- 1) Conduct clinical assessment and formulate diagnosis
- 2) Manage Opioid dependence and other substance related disorders
- 3) Manage other co-occurring physical and mental disorders
- 4) Document clinical procedures findings appropriately (box)
- 5) Refer clients for further medical psychological and social intervention

### **E. Pharmacy personnel;-**

- 1) Prepare methadone solution as per the guideline for reconstitution of methadone powder
- 2) Dispense methadone and other medications as prescribed by the clinician
- 3) Ensure methadone is stored in a secured room/safe
- 4) Prepare and submit all pharmacy reports to appropriate authorities as required

### **F. Medical attendant responsibilities are;-**

- 1) Move files to respective service sections within MAT clinic
- 2) Collect all files from service sections and return to medical record
- 3) Collect all client investigation samples taken and send to the laboratory
- 4) Ensure laboratory results are timely collected or traced
- 5) Escort client to various departments/units/sections
- 6) Ensure clinic premises and surroundings are clean and well-kept at all times
- 7) Ensure disposed waste are sent to the appropriate destination

## **2.2. Integrated and Support Services**

Patients with opioid use disorder tend to have other medical and psychiatric problems, hence management of these co-occurring diseases is part and parcel of continuum of care for PWID/PWUD. Common services which are integrated or provide support to MAT services are mentioned below.

### **2.2.1. Integrated services at methadone clinic include the following:**

- 1) CTC services
- 2) TB services
- 3) Hepatitis screening and treatment services
- 4) Behavioral change communication services including condom distribution
- 5) Community based services e.g. outreach services for PWUDs

### **2.2.2. Support Services**

- 1) Laboratory services
- 2) Radiology services
- 3) Other medical services e.g. Emergency, Surgical, Dental, etc.

### **Box 1: Norms for staffs working at MAT clinic**

***All staffs working at methadone clinic are expected to adhere to the following norms;***

Ensure clients are respected and well treated at all times i.e. warmly greeted, not stigmatized or judged, receive services timely etc.

Ensure clients are escorted from one level of care to the other within MAT clinic

Embrace team/ inter-professional collaboration

Portray high level of professionalism and adhere to ethical codes of conduct

Ensure reports are timely prepared and submitted to the appropriate authorities

Ensure all clients' information are documented as required

## Chapter Three:

# MANAGEMENT OF OPIOID USE DISORDER

### 3.0 Introduction

The management of the opioid use disorder constitutes the main goal for provision of MAT services. People with opioid use disorder tend to have both mental and physical co-occurring disorders; hence management plan should include proper assessment and management of both mental and physical disorders. Procedures for management of opioid use disorder include registration procedures, nursing procedure, psychosocial procedures and clinician procedures. These procedures may cut across all the MAT phases or they may be specific to a particular phase. MAT phases include enrollment phase and follow up phase i.e. stabilization and maintenance phase. Procedures for enrolling usually takes longer time, hence it is recommended that facilities should enroll few clients per week and set aside enough time for assessment and investigations. It is important to remember that all MAT clients are exempted from treatment service fees as per the 2007 National Health Policy under sub-section Mental Health and Substance Abuse.

### 3.1. Registration

Registration procedures at the reception may occur on first visit and follow up care. It is important to ensure all clients are escorted to the clinic on their first visits in order to verify information and offer support whenever necessary. The following are standard procedures during registration;

- 3.1.1 Verify that all relevant documents (referral documents, tracking form from CBO/NGOs, TB/CTC cards etc ) are available, duly signed and legitimate for enrolment (see attached samples)
- 3.1.2 Inform the client that registration will take about 20 to 30 minutes or longer if deemed necessary
- 3.1.3 Instruct the escorting person to wait outside the reception room when discussing confidential issues with a client
- 3.1.4 Ensure that COW or escorting person is nearby to assist the client after medication and/or to provide any collateral information should the need arise
- 3.1.5 Obtain informed written consent from a client before administering assessment tool
- 3.1.6 Provide a copy of a signed MAT consent and all relevant MAT information sheet to client for reference

- 3.1.7 Assign MAT registration number and hospital registration number to the client.
- 3.1.8 Document MAT registration and hospital number in the appropriate registers or files
- 3.1.9 Upload or attach all submitted documents in 3.1.1above in the electronic data base or MAT files respectively
- 3.1.10 Register client baseline particulars as indicated on the MAT Clinical Form 1
- 3.1.11 Ensure client’s passport size photo, electronic finger print recording and signature/left thumb print are obtained
- 3.1.12 Prepare and issue the appointment card to the client
- 3.1.13 Provide IEC materials to client after briefly going through the brochures with the client
- 3.1.14 Escort and introduce the client to the MAT nurse
- 3.1.15 Forward the client documents to the nurse for the next stage of enrolment
- 3.1.16 Register MAT number and Issue queue card to all MAT clients who come for methadone dose
- 3.1.17 Prepare the file for MAT clients are attending the clinic for follow up sessions or who have special medical or psychosocial concerns and forward to the respective section

**BOX 2: Issuing ID cards**

Procedure of issuing ID card during enrollment phase include;	
1.	Prepare the identity card for the client within three days after enrolment
2.	Issue the ID card to the client when it is ready
3.	Ensure the client provides his/her signature/left thumb print upon receiving the ID card

**3.2. Nursing Services**

Procedures of nursing services during enrollment phase include;

- 3.2.1. Inform the client that a session will take about 30 to 45 minutes or longer if deemed necessary
- 3.2.2. Review client’s documents to verify if the client has proper referral and any other relevant documents that are needed for nursing care and procedures
- 3.2.3. Record the file number of the client on the Daily Clinic Return Form (*MAT Clinical Form 2*) for record keeping of the number of clients attended by the nurse per day

- 3.2.4. Administer MAT assessment form at enrollment and follow up as indicated in MAT Clinical Form 1a and 1b respectively
- 3.2.5. Ensure vital signs, body weight and heights measurements are done at enrollment and whenever the client is scheduled or presented for clinical evaluation/emergency care
- 3.2.6. Conduct urine drug screening (UDS) at enrollment, follow up and anytime when a client is suspected to be using drugs (see procedure in Appendix 4)
- 3.2.7. Screen for use of alcohol during enrollment, follow up and anytime when a client is suspected to be using drugs (see procedure in Appendix 4)
- 3.2.8. Record the results of drugs and alcohol screening test, vital signs, body weight and heights measurements into MAT Clinical Form 1 (Appendix 3)
- 3.2.9. Summarize UDS and Breathalyzer results into UDS register (Appendix 5)
- 3.2.10. Collect all specimen for laboratory investigations as requested by the clinician
- 3.2.11. Conduct HIV, hepatitis B & C, TB and STI screening at enrolment using standard national guidelines to determine presence of infections and document accordingly
- 3.2.12. Obtain requested lab results at least within three days for uncomplicated medical situations and same day for emergency situations
- 3.2.13. Ensure all MAT clients adhere to prescribed medications i.e. methadone, TB and ART
- 3.2.14. Provide DOT for TB positive clients and HIV positive clients who consented but are homeless or not ready to disclose their sero-status
- 3.2.15. Provide appointment for the next visit and ensure to fill in the client's appointment card
- 3.2.16. Ensure all new clients are escorted and introduced to the health social worker/counselor during enrollment phase
- 3.2.17. Forward the client documents to the health social worker/counselor for the next level of assessment



### BOX 3: Nursing procedures during enrollment

**Nurse shall also do the following procedures during and/or immediately after the enrollment:**

1. Attend all emergency situations promptly and collaboratively whenever they occur
2. Ensure all laboratory investigations/specimens requested by clinician are collected and/or conducted on the same or second day of the client registration
  - a) *Adhere to hospital standard operating procedures for specimen collection and/or performances of investigation procedures*
  - b) *Take specimen on MAT site and/or escort a client to the laboratory or radiology for specimen collection/conducting investigations*
  - c) *Make sure that collected specimens are immediately taken for laboratory analysis*
3. Ensure that results of the clients' investigations from the laboratory or radiology are available at MAT clinic on the same or the next day according to the needs (emergency or routine bases respectively)
  - a) Liaise with the health attendant to collect results if the hospital does not use electronic system to access results
  - b) Inform the clinician on call as soon as you have collected the results for further management actions
  - c) Ensure the client whose results are available is attended by clinician as soon as possible
4. Provide resuscitation or emergency care for clients who present with abnormalities such as vomiting, high/low blood pressure, high temperature, body weaknesses, symptoms of mental illness etc. before contacting the MAT clinician on duty
5. Provide wound care services, parenteral administration of medicines and fluids if prescribed
6. Facilitate referral for clients who need additional services to other departments (X – rays, dental, CTC etc.) under the escort of an appropriate health care provider

### 3.3. Psychosocial Intervention

Psychosocial assessment is conducted during enrolment and follow up phase in order to identify all possible behavioral, psychological and social factors related to use of substances, and consequently plan for proper and necessary interventions. At enrolment brief intervention of approximately 5 to 10 minutes is conducted to assess readiness to change. Subsequent psychosocial interventions are scheduled on the next day after being enrolled to MAT services (see box 5). The following are procedures for conducting psychosocial interventions;

- 3.3.1. Inform the client that a session will take about 45 minutes or longer if necessary
- 3.3.2. Review client's documents to verify if the client has proper referral and any other relevant documents that are needed for psychosocial interventions
- 3.3.3. Record the file number of the client on the Daily Clinic Return Form (*MAT Clinical Form 2*) for record keeping of the number of clients attended by the health social worker/counselor per day
- 3.3.4. Describe the aims of psychosocial assessment session as guided by the assessment tool
- 3.3.5. Assure issues of confidentiality are well addressed, understood and consented by the client
- 3.3.6. Administer MAT assessment form at enrollment and follow up as indicated in MAT Clinical Form 1
- 3.3.7. Conduct brief intervention to all new clients at their first visit before being enrolled to services
- 3.3.8. Address psychosocial risk factors related to substance use disorders as guided by MAT form 1
- 3.3.9. Design the psychosocial management plan together with the client at follow up visits
- 3.3.10. Encourage clients to use condom and provide condoms for those who need
- 3.3.11. Review psychosocial interventions plan to all scheduled and unscheduled clients
- 3.3.12. Evaluate the progress of the set goals, achievements, shortcomings, challenges and way forward for agree interventions since the last visit
- 3.3.13. Re plan the ongoing intervention measure to be implement
- 3.3.14. Accomplish the assessment and psychosocial intervention as stipulated in the MAT form I to those clients due for the reassessment
- 3.3.15. Schedule for the next follow up plan and link the client to the appropriate service for the continuum of care

- 3.3.16. Document all the information and interventions offered in client's case notes at enrollment and follow up phase
- 3.3.17. Provide appointment for the next visit and ensure to fill in the client's appointment card
- 3.3.18. Escort client to the clinician and give brief information about client's drug using behaviors and related psychosocial risks factors
- 3.3.19. Forward the client documents to the clinician for the next stage of enrolment

### 3.4. Clinician Intervention

Clinician procedures involve clinical assessment, diagnosis and management of both opioid use disorder as well as management or referral to other health services for co-occurring mental and physical disorders. Management of opioid use disorder occur at enrolment and follow up phase. During enrolment methadone dose is initiated and at follow up phase methadone dose is stabilized to attain optimal dosing amount and maintained in that amount. During maintenance stage situations such as co-occurrence with TB or HIV or anything that may lead to withdrawal symptoms can occur that might require methadone dose adjustments.

The following procedures are conducted by the clinician during enrolment and follow up phase;

Inform the client that the session will take approximately 30 - 45 minutes

- 3.4.1. Review client's documents to verify if the client has proper referral and any other relevant documents that are needed for clinical interventions
- 3.4.2. Verify the assessment tool if it is duly filled and signed by recorder, MAT nurse and health social worker/counselor
- 3.4.3. Record the file number of the client on the Daily Clinic Return Form (MAT Clinical Form 2) for record keeping of the number of clients attended by the clinician per day
- 3.4.4. Confirm the eligibility for MAT by administering screening tool for dependence, using UDS results, DSM V and Clinical Opioid Withdrawal Scale (COWs).
- 3.4.5. Guide the client who is not eligible for inclusion into MAT services to access other available options for (substance use disorder) SUD treatment
- 3.4.6. Administer MAT baseline assessment form as indicated in Baseline Assessment MAT Clinical Form 1 (Appendix 3a)
- 3.4.7. Conduct a thorough clinical evaluation of drugs taken, patterns, amount,

frequency, mode of use, effects (intoxication and withdrawal features) and other related consequences like financial, social, needle sharing, sexual and other risks behaviors

- 3.4.8. Administer Depression tool (PHQ-9), Anxiety too (GAD 7), Psychosis tool (PSQ), and mental state evaluation (MSE) to evaluate the mental wellbeing of the client
- 3.4.9. Conduct comprehensive physical examination to establish additional treatment and care services required by the client
- 3.4.10. Establish the current working diagnoses that will reflect both physical, mental and substance use disorders
- 3.4.11. Provide relevant management plan for the client that addresses physical, mental and substance use related problems/complications) and methadone needs
- 3.4.12. Ensure that baseline and specific investigations are requested using the hospital standard procedures by filling the investigation forms or upload in the computer if electronic health **information system** is used by health facility.
- 3.4.13. Determine the initial dose level of methadone
- 3.4.14. Ensure that all relevant information are documented in client's file that will also reflect the date and time of consultation as well as the name and signature of attending clinician
- 3.4.15. Write a specific prescription for the methadone only as described in box 5.
- 3.4.16. Write a separate prescription for other medication(s) when indicated and client should be fully informed where to obtain the prescribed medication(s)
- 3.4.17. Educate the client about methadone, its mechanism of action in relation to heroin and benefits anticipated following MAT services
- 3.4.18. Educate the client on adverse effects and risks of overdosing/intoxication during this phase
- 3.4.19. Educate the client about the withdrawal features that may be brought upon when stop using methadone without tapering off plans with MAT staff
- 3.4.20. Inform the client about the next appointment and procedures to follow
- 3.4.21. Document in client's appointment card his/her next date of visit
- 3.4.22. Ensure that the client has all necessary information he/she needs before leaving the MAT premises (including Information Education and Communication (IEC) materials, signed MAT contract, ID card, methadone prescription, appointment card and feedback referral form to COW/NGO) as indicated in check list of the MAT Clinical Form 1

- 3.4.23. Inform the client that in order to receive medication he/she is required to present a prescription to the dispensing pharmacy personnel
- 3.4.24. Provide a moment for client to ask questions or clarifications about the MAT program
- 3.4.25. Escort the client to the pharmacy window and introduce him/her to the pharmacy personnel ready for methadone dispensing procedures (or request other MAT staff member or peer available to escort the client to the pharmacy window)
- 3.4.26. Do the re-assessment to the scheduled client
- 3.4.27. Titrate methadone dose at the range of 5mg to 30 mg based on the clinical assessment and UDS test
- 3.4.28. Review the client every 3-5 days until you attain the optimal dose when subjective and objective features of opioid withdrawal are well controlled (stabilization dose).
- 3.4.29. Conduct psychosocial intervention such are psycho-education on drug interaction, BMI
- 3.4.30. Manage and /or consult for the co-occurring physical and mental illness
- 3.4.31. Accomplish and fill the MAT form I for the clients who are due for the reassessment
- 3.4.32. Document the next appointment and link the clients to the appropriate continuum of care

## BOX 4: Precautions

### Note;

1. Recommended initial dose range in Tanzanian setting is (5 - 30mg) for the first two to three days based on comprehensive clinical evaluation outcomes.
2. For very physically sick or elderly or young clients (below 18 years) start with lower dose such as 5 or 10mg.
3. Clients who continue to use heroine or are on anti malaria (ALU), anti-TB and ART should be considered for methadone dose increment (where indicated) while those who are physically unwell or are on sedative medication such as antifungal, ciprofloxacin and amitriptyline will need reduced doses of methadone.
4. Clients in severe withdrawal state that may interfere with assessment procedures are assessed by clinician and allowed to be escorted to pharmacy window to obtain their prescribed methadone dose before completion of the process
5. Clients with medical conditions which requires hospital admission should be facilitated to such services (ensure health facility regulations are adhered)
6. Each individual client has different stabilization/optimal dose which may be attained at different moments ranging from two to eight weeks hence methadone should always be prescribed with great precautions starting at a low dose and increasing slowly (i.e. start low go slow)
7. Some of the opioid withdrawal symptoms may mimic or mask the features of anxiety and depression hence rule out these conditions before opting for dose increment
8. Anecdotal observation has shown that Caucasian and Orientals are likely to need higher doses of methadone to attain optimal methadone dose
9. Clients on high methadone dose i.e. 120mg need close monitoring for cardiovascular complications (abnormal ECG especially prolonged QT). The splitting of the methadone dose and continuing close follow up should be considered.
10. The WHO recommended the stabilization dose of 80mg to 120 mg

## BOX 5: Procedure for prescribing Methadone

### Prescribing Methadone

The following are procedures for prescribing methadone dose;

Write the particulars of the bearer of methadone prescription including MAT and Hospital registration numbers, name, sex, age, weight, diagnosis and clinic name (MAT clinic)

Ensure that a methadone prescription contains the following items (name and medication form [methadone solution/syrup], dose [mg], duration of prescription in days, start and end dates, (accompanied by the term “inclusive”) to show that start and end dates are included on the dosing schedule

Endorse the methadone script by providing printed name and signature of the prescriber, prescriber’s code/registration number and the date when the prescription was made

Countersign to validate a methadone scrip made by an unauthorized MAT clinician (e.g. trainee, visiting consultant, intern doctors or any other hospital clinician)

Hand over the prescription to the client while narrating the amount (mg) of methadone prescribed, duration of the dosing period (days) and the date for the next prescription (This practice will allow the client to be aware of the amount of methadone to be dispensed, next visit and may help to minimize provision of wrong dosage that can be committed by clinician or pharmacy personnel)

When electronic data system is used in the MAT facility, inform the client about the dosage prescribed before leaving clinicians room.



## Chapter Four:

# PHARMACY SERVICES

### 4.0. Introduction

Services that are carried out at the pharmacy section constitute the majority of services within a MAT clinic. These services include initiation of procurement of methadone, storage and handling, dispensing of methadone and other controlled substances as well as reporting. The following are procedures at the pharmacy section;

### 4.1. Preparation for Procurement, Inventory and Reports of Methadone

- 4.1.1 Quantify/estimate a quarterly amount of methadone to be procured basing on the established methods such as previous consumption of methadone by 5-10% increment per site per month depending with the rate of recruitment.
- 4.1.2 Send quarterly report on amount of Methadone consumption to the Ministry of Health, designated MAT focal person at Medical Stores Department (MSD) and Drug Control and Enforcement Authority (DCEA).
- 4.1.3 Fill MAT pharmacy form (requisition form) at the MAT clinic by pharmacist in-charge and counter-signed by head of Institutions/Hospital and submit to MSD one month before the anticipated date of delivery to the site.

Other procurement procedures for Methadone and other Narcotics are well elaborated on Methadone and Buprenorphine Control and Supply Chain Management Guidelines.

- 4.1.4 Store methadone in a safe that will be locked and key, and the password will be known only to the MAT pharmacist in charge.
- 4.1.5 Conduct monthly stock taking and fill in the MAT Pharmacy Form 13 .
- 4.1.6 Prepare and submit a monthly methadone report to the site in-charge or Hospital in-charge by first week of every month.
- 4.1.7 Submit a quarterly report on the methadone status to the site manager, Head pharmacist of the respective hospital, Mental Health & Substance Abuse focal person at Curative Services at MOHCDGEC, MSD and MAT focal person at Drug Control and Enforcement Agency (DCEA).



## 4.2. Weighing and Reconstitution

- 4.2.1. Estimate/decide the required total monthly amount of methadone to be prepared guided by the amount consumed in the previous month, proportion of expected enrolment and buffer volume (formula for calculation of estimate)
- 4.2.2. Weigh and reconstitute methadone in the presence of three people including the unit in-charge and two designated pharmacist
- 4.2.3. Perform the weighing of methadone in a well lit room with good visibility and minimal air movement (switch off air conditioner and fans)
- 4.2.4. Put a dry dispensing container on the balance
- 4.2.5. Adjust the weighing machine to zero balance before using (for electronic machine wait for at least three minutes after switching it on)
- 4.2.6. Validate the dispensing balance using standard weight(s)
- 4.2.7. Ensure that the validation does not exceed the maximum error of 5%
- 4.2.8. Wear/put on gloves, apron and mask to prevent inhalation of methadone powder
- 4.2.9. Use a scoop to take the methadone powder from the container and put in the dispensing cup located onto the weighing machine
- 4.2.10. Weigh enough amount of methadone powder for at least one month use
- 4.2.11. Close the container of methadone and then return it in the respective storage cabinet
- 3.2.12. Carefully remove the container with methadone powder from the dispensing balance
- 4.2.13. Calculate the amount of water required to reconstitute methadone solution at a ratio of 10:1(mg/ml)
- 4.2.14. Prepare a little amount of water and pour into graduated reconstitution container/measuring cylinder
- 4.2.15. Stir the solution using the glass rod/steering gear depending on the stock to be reconstituted to obtain a homogenous solution
- 4.2.16. After the homogeneous solution is made, add up of water to make up the calculated volume
- 4.2.17. Transfer the reconstitute into the labeled storage container and store at room temperature (25 degrees Celsius)
- 4.2.18. Record all the procedures in the MAT Pharmacy Form 7

### 4.3. Pre-Dispensing Procedures

- 4.3.1. Estimate/calculate the daily amount of methadone solution to be dispensed using previous day consumption
- 4.3.2. Measure the estimated amount to be dispensed and put in the daily storage container
- 4.3.3. Verify the measured amount with second pharmaceutical personnel
- 4.3.4. Record the measured amount in the MAT Pharmacy Form 7 (Appendix 12)
- 4.3.5. Take a portion of the measured quantity for the day, put aside and fill in the dispensing pump or fill in small quantities in the dispensing syringes (50ml size)/any other dispensing machine. (In case one uses 50ml syringe, then connect it with dispensing syringe)

### 4.4. Methadone Dispensing Procedures For Outpatient Clients

- 4.4.1. Receive and verify the validity of the methadone prescription from the client or accompanying MAT staff
- 4.4.2. Confirm name and signature of a recognized MAT clinician/ completeness of prescription
- 4.4.3. Confirm client identity (check his/her ID card)
- 4.4.4. Matching MAT Pharmacy form 5 client information against the prescription
- 4.4.5. Withhold methadone and liaise with the prescribing clinician if there is any discrepancy on the prescription.
- 4.4.6. Record the validated information in MAT Pharmacy Form 5, (Appendix 11a).
- 4.4.7. Measure required dose of methadone solution.
- 4.4.8. Dispense the methadone solution to the client and ensure that the client swallows in front of the pharmacy service provider by talking to patient and rinsing with about 20mls of water.
- 4.4.9. Ensure all dispensing procedures are counterchecked by another pharmacist and recorded in the MAT Pharmacy Form 5, (Appendix 11a).
- 4.4.10. Instruct client to sign in MAT Pharmacy Form 5, (Appendix 11a)
- 4.4.11. Instruct new MAT client to wait at pharmacy waiting area for a minimum of 30 minutes before leaving the MAT premises
- 4.4.12. Report all cases of observed vomited dose to clinician on duty to ascertain needs for replacement of vomited dose

- 4.4.13. Reconcile the remaining methadone solution with the dispensed amount after the closure of the business/day and fill in MAT Pharmacy Form 7, (Appendix 12).
- 4.4.14. In case of Methadone discrepancy during reconciliation, it should be documented in the MAT Pharmacy Form 9, (Appendix 14)
- 4.4.15. The total amount of Methadone dispensed in a day will be recorded in the Pharmacy Form 7 on daily basis

#### **4.5. Methadone Dispensing Procedures for Inpatients**

- 4.5.1. Assessment nurse shall inform the pharmacy personnel about the admitted client
- 4.5.2. Liaise with MAT nurse and validate the information of the admitted patient in MAT form 8, (Appendix 13)
- 4.5.3. Prepare appropriate methadone dose as in section 4.6, however retain the measured amount in dispensing syringe
- 4.5.4. In event MAT client is admitted in health facility, record the dose given to the MAT nurse in the MAT Pharmacy Form 6, in which a MAT nurse will counter sign for pharmacist 2
- 4.4.5. Provide MAT Pharmacy Form 8 and Methadone solution to MAT nurse.
- 4.4.6. Ensure the MAT nurse is escorted by another MAT staff (clinician, nurse, pharmacy personnel or Social Worker/psychologist) while transferring methadone to the ward.
- 4.4.7. Verify MAT pharmacy form 8 is signed by MAT nurse, client and countersigned by a nurse (or other health care provider) on duty in that particular ward. (Note: Escorting staff will sign on behalf of incapacitated client).
- 4.4.8. Guide MAT nurse, accompanying staff and nurse on duty to observe client for 30 minutes and report vomited dose and any other effects related to methadone dose on MAT Pharmacy form 6, (Appendix 11b)
- 4.4.9. MAT nurse should ensure used dispensing containers and MAT pharmacy form 8 is returned to pharmacy before the closure of the day for disposal and filing respectively.
- 4.4.10. Ensure information brochures on methadone overdose and methadone drug interactions sheet are provided to admitting team.

#### 4.5. Disposal Of Used Methadone Containers and Expired Methadone

- 4.5.1. Ensure clients dispose used container immediately after swallowing methadone on the waste container at the dispensing pharmacy site and Infection Prevention and Control (IPC) standards are adhered.
- 4.5.2. Keep the empty methadone containers (bottles or bags) in the locked cabinet for audit according to the TMDA regulations.
- 4.5.3. Document the expired drugs in the MAT Pharmacy Form 7, (Appendix 12)
- 4.5.4. Notify appropriate authorities (in charge of clinic/hospital, MSD, DCEA and TMDA).
- 4.5.5. Dispose expired Methadone as per national guidelines on disposal for controlled drugs (schedule 1).

## Chapter Five:

### PROCEDURES FOR SPECIAL GROUPS AND SETTINGS

#### 5.0. Introduction

This chapter focuses on procedures to be followed at MAT clinic in settings and groups that need special considerations

#### 5.1. Vomited Methadone Doses

Methadone can cause nausea and vomiting as one of its side effects. Clients with other co-morbidity may also present with vomiting. Any client who vomits methadone has to be reported and re-assessed by assessment nurse who shall further refer to clinician for review before the client leaves MAT premises. This sub-section describes procedures to be followed when methadone doses are vomited on the premises and witnessed by someone from the MAT services.

- 5.1.1 Re-administer a full dose of methadone if emesis occurs immediately after dosing (0-1 minutes)
- 5.1.2 Replace the dose by 75% to 50% if client vomits the dose of methadone between 1 minute and less than 15 minutes
- 5.1.3 Replace the dose by 50% to 25% if client vomits the dose of methadone between 15 minutes and less than 30 minutes
- 5.1.4 If client vomited dose after 30 minutes, do not re-administer the methadone dose

#### **BOX 6: replacement of vomited dose**

The longer the time interval from ingestion to the time of vomiting the less replacement dose needed i.e. use the upper margins of dose replacement for shorter intervals and lower margins for longer intervals of vomiting

#### 5.2. Management of Overdose

Overdose in clients on methadone can occur in situations where there is concurrent consumption of drugs that are central nervous system depressants such as heroin, alcohol, barbiturate, benzodiazepines etc. The salient features of overdose include reduced level of consciousness, reduced respiratory rate and dilated pupils. Once a client is reported or suspected to have opioid intoxication/overdose give naloxone immediately then thoroughly assess and resuscitate in an observation/resuscitation room preferably within MAT premises

The following are overdose management procedure

- 5.2.1 Assess if the airway is patent, breathing is normal and blood pressure is within normal range
- 5.2.2 Mobilize the available team to assist in management of the patient
- 5.2.3 Administer parenteral (preferably intravenous) naloxone at initial dose of 0.4 mg and repeat dose at intervals of 2 to 3 minutes until full reversal of (overdose features) is achieved, do not exceed 10 mg in 24 hours
- 5.2.4 Admit the client for treatment and observation
- 5.2.5 Observe the client on naloxone for at least two hours after the last dose
- 5.2.6 In case of overdoses involving long-acting opioids or prolonged treatment with methadone, naloxone infusion may be necessary at a rate of 0.0025 to 0.16mg/kg/hr. for 2-5 days

### 5.3. Pregnant women and New born

Since use of methadone may enhance fertility for women who used heroin, family planning interventions should be available in MAT clinics. It is important to ensure that clients who are enrolled on MAT services while pregnant or become pregnant after intake phase continue to access MAT services. Measures to manage Neonatal Abstinence Syndrome (NAS) in babies born from MAT clients should also be put in place. The following are procedures to be followed in pregnant MAT clients and after delivery of the newborn.

- 5.3.1 Assess a need for adjustment (increase) of methadone dose in pregnant woman.
- 5.3.2 During ANC visits, provide information about NAS to pregnant client
- 5.3.3 To minimize risk of NAS complications make arrangements for delivery to be done at hospital where MAT clinic is allocated or a regional/zonal/national hospital
- 5.3.4 Provide referral letters to pregnant clients to attend Antenatal clinic (ANC)
- 5.3.5 Inform the clients that, with the help of other relatives, they can contact the MAT team and inform about the delivery in case procedure in *section 7.2.8* shall not be efficient
- 5.3.6 Inform the client to communicate the use of methadone when her baby is attended by health care providers for any reason and inform them that she is attending MAT
- 5.3.7 Screen all infants born by a client of MAT immediately (within 2 hours of delivery) for NAS by using Modified Finnegan Scale (*MAT Clinical Form 7*)
- 5.3.8 Facilitate admission of all infants born by a client of MAT in a Hospital postnatal/neonatal ward for at least 48 hours observation.

- 5.3.9 Ensure collaboration between MAT team and the paediatric team to review the neonate within 24 hours for NAS screening and management plans
- 5.3.10 Make a diagnosis of NAS by the use of Finnegan scale, and provide medication when
  - a. 3 consecutive scores are averaging 8 on Finnegan scale
  - b. The average scores for two consecutive intervals is 12 or more.
  - c. When there is evidence of seizures (regardless of the Finnegan score)
- 5.3.11. Treat NAS using Morphine syrup at a dose of 0.04mg/kg every four hours, and increase as required but not exceeding 0.1mg/kg
- 5.3.12. Once the new born stabilizes (when Finnegan scale is less than 8, no seizures etc. ) taper the dose by 10% every other day gradually for three to five days
- 5.3.13. Discontinue treatment when the total single dose is less than 0.08mg
- 5.3.14. During morphine therapy, treat the neonate as inpatient in postnatal ward with her mother or in neonate ward
- 5.3.15. If morphine is not available use Phenobarbitone loading dose 20mg IM stat, then after 24 hours continue with 5mg/kg/24hrs BID or TID
- 5.3.16. Keep the neonate in an environment with low stimulation (i.e. low lighting, quite) and ensure adequate feeding, kangaroo care, swaddling and gentle handling
- 5.3.17. Review the baby on a daily basis in collaboration with Paediatrician/neonatologist/MAT team

#### 5.4. Involuntary Termination from MAT services

It is sometimes necessary to discharge a client from treatment for the safety or wellbeing of the client himself/herself, other clients or the staff members when they violate conditions under which they signed an agreement to participate voluntarily on the MAT services. Situations that may warrant this action include but not limited to

- a. Violence or threat of violence against staff or other clients
- b. Property damage
- c. Theft from the MAT services
- d. Drug dealing on MAT services premises
- e. Possession of weapons associated with threats for weaponry use against staffs or other clients
- f. Found with repeated diversion of methadone

The following procedures shall be followed:

- 5.4.1. Communicate with the MAT team about the need for the client to exit the services
- 5.4.2. Prepare the patient with information on the procedures for exiting
- 5.4.3. Inform patient about the change in tolerance after tapering which increases risk of overdose
- 5.4.4. Taper the dose by 10 mg weekly for clients on doses above 80mg, and by 5mg weekly for clients on doses 80mg and lower
- 5.4.5. Continuously assess for withdrawal symptoms as you taper the dose
- 5.4.6. Advise client on other treatments options available

### **5.5. Readmission into MAT Services**

When a client needs rejoin MAT services after exit for any reasons, the following procedures shall be followed

- 5.5.1. Ensure the client is eligible and has been attended and prepared at the NGO/CBO till he/she is ready for re-enrolment
- 5.5.2. Follow the intake procedures in Section 3.1. by using the same MAT and Hospital registration numbers that were initially used to register him/her



## Chapter Six:

# REFERRALS, TRANSFER AND LINKAGES

### 6.0. Introduction

This section describes procedures for referral, transfer and linkage of MAT clients that is currently operationalized at methadone clinics in Tanzania. It outlines processes and tools that are used by health service providers when referring or linking MAT clients to other services. The aim of referral and linkage is to facilitate continuum of care as well as offers support structure for social, financial and legal help that may benefit the client.

### 6.1. Referrals

Referral of a MAT client can occur either from one health facility to another (External) or from methadone clinic to another department within the health facility (Internal) for services other than provision of methadone dosage. Procedure for Internal/External referral includes:-

- 6.1.1. Identify MAT clients who need or can benefit from referral services
- 6.1.2. Discuss with the client on reasons for referral and give room for consent
- 6.1.3. Provide timely referral by filling referral forms or writing consultation note to the appropriate services
- 6.1.4. Ensure client are escorted to the appropriate service/s
- 6.1.5. Register all referrals in a referral register book
- 6.1.6. Liaise with personnel in a referred service delivery point for further interventions if deemed necessary
- 6.1.7. Instruct referred MAT client to provide feedback (verbal and/or written) on services they are referred to
- 6.1.8. Follow up all referred clients for service feedback

### 6.2. Transfer of MAT Clients

Situations may arise that might require transferring of client from one MAT facility to another. These are such as travels, failure to adhere to MAT protocols, need to reduce cost for transport and if the client is likely to benefit from the care of another MAT facility. Transfer can either be temporary or permanent transfer. Procedures for transferring client from one facility to another are:-

- 6.2.1. Identify clients who will benefit from a transfer
- 6.2.2. Discuss with the client to ensure he/she understands reasons for transfer if not requested by him/her self

- 6.2.3. Liaise with the respective MAT clinic about the transfer at least a week before in order to allow for them to prepare client's methadone dosage
- 6.2.4. Fill the transfer form accordingly and ensure important client information are presented (sample transfer form -- Appendix 1)
- 6.2.5. Escort the client to the respective MAT clinic if possible
- 6.2.6. Keep record of all transfers in a transfer register book

### 6.3. Community linkages

Linkage to community services is part and parcel of MAT program. The aim of linkage is to facilitate continuum of care for MAT clients necessary for their recovery. Linkages can be to NGOs offering psychological, behavioral (NA or MA), social, legal and financial support programs. Procedures for provision of linkage to community services include;-

- 6.3.1. Identify clients who will benefit from a linked service
- 6.3.2. Identify where to obtain the appropriate service
- 6.3.3. Communicate verbally and send official letter to the respective service provider
- 6.3.4. Discuss with the client to ensure he/she understands reasons for linkages if not requested by him/her self
- 6.3.5. Communicate verbally and officially with the respective service provider by filling in a linkage form (sample transfer letter Appendix 1)
- 6.3.6. Escort the client to the respective linked service provider
- 6.3.7. Keep record of all linkages in a linkage register book

#### **BOX 7: Linkages and referrals**

**Note;**

Referral, transfer and linkages requires team decision hence it is recommended that MAT staff collaborate in these procedures

## Chapter Seven:

# QUALITY ASSURANCE, MONITORING AND EVALUATION

### 7.0. Introduction

This chapter elaborates QI and M&E procedures that intend to develop a more credible and consistent framework for strengthening performance targets, monitoring progress and quality of MAT services which are necessary to inform decision in programming and operation. It helps to sustain effective program implementation over time. The following are recommended QI and M&E procedures;

### 7.1. Quality Assurance

Quality Assurance aims to identify, implement and maintain best clinical practices that ensure better care for clients in MAT clinic in order to achieve positive health outcomes.

#### 7.1.1. General quality improvement measures at methadone clinic

- 7.1.1.1. Ensure availability of MAT Guidelines and Standard operating procedures for all MAT services, National IPC Guideline and 5S-KAIZEN Guidelines
- 7.1.1.2. Determines if the services provided to patients are consistent with standard MAT clinical care.
- 7.1.1.3. Assess the quality of the provider's facilities and /or the overall quality of care provided if performed as per agreed standards.

#### 7.1.2. Supportive Supervision

- 7.1.2.1. Conduct quarterly supportive supervision to improve performance based on MAT standards developed
- 7.1.2.2. Adapt the national supportive supervision tool to fit MAT service demand
- 7.1.2.3. Conduct clinical audit biannually in all MAT clinics and share the findings with the staff working at MAT clinic and respective authorities to improve performance.

## BOX 8 QUALITY IMPROVEMENT TEAM

MAT QI Team activities should focus on issues of quality and safety of service to MAT clients as well as health care providers. A team of 3 -5 staffs can form MAT WIT

1. Criteria for selection of WIT
  - a) WIT must belong to the same work unit who meet regularly to identify, analyze and solve problems, improve outputs of their work unit
  - b) Must have basic knowledge on IPC, 5S-KAIZEN approaches
  - c) Must demonstrate positive mind set in improving quality of services at MAT clinic
  
2. Roles and Responsibilities of Work Improvement Team (WIT)
  - a) Develop action plans based on the targets and performance of the indicators
  - b) Monitor the implementation of the action plans and QI meetings on monthly basis to review performance of agreed set of indicators
  - c) Get client satisfactions feedback following services received at MAT clinic (e.g. use available suggestions box, exit interview, weekly meetings)
  - d) Share with MAT staff feedback from clients for better performance.

### 7.2. Monitoring and Evaluation

Monitoring and Evaluation (M&E) is an integral part for a successful patient care and treatment program. The M&E involves development and use of monitoring and evaluation tools, guidelines and protocols for routine collection of data, conduction of surveys, data analysis and reporting on important findings that track progress against set plans.

#### 7.2.1. Data Recording

The following are procedures when recording data;

- 6.2.1.1. Extract data from assessment forms, and other forms using the designated data extraction tool.
- 6.2.1.2. Transcribe variables as they appear in the source documents including exact units (e.g. Kg, cc).
- 6.2.1.3. Data from the following specific tools described below will be extracted on an ongoing basis for 6 months.

<b>Data source</b>	<b>Purpose of data</b>
MAT Form 1: MAT Assessment Form	Assess clients' progress at specified time interval.
Assessment Form 6: Outpatient Treatment Chart for Methadone.	To capture client methadone dose, days present at clinic, enrolment date, sex, NGO, and date of birth
HIV Testing and Service (HTS) Register	To capture HTS services received (HIV testing history, Positive? Negative? Retesting?)
CTC-2 Card	To capture ART start date, Regimen, Adherence, VL, CD4.
TB Registers	To capture data for TB services provided (TB screening, TB treatment, IPT etc.)
Hepatitis Register	To capture Hepatitis B & C lab results:
MAT pharmacy forms	To track methadone consumptions and adherence to narcotic control protocols

Put a mark on the left top corner of assessment form indicating which form has been transcribed into the database.

### **7.2.2.Data Reporting**

Procedures for data reporting include;

- 7.2.2.1. Prepare monthly/quarterly/annual reports according to established requirements
- 7.2.2.2. Submit reports to in-charge of MAT clinic within the first five days of the following month.
- 7.2.2.3. Keep hardcopies of the reports in a secured place within MAT clinic.
- 7.2.2.4. Share data or report only when authorized by the accounting officer at the facility.
- 7.2.2.5. Adhere to established data flow mechanisms as adopted by the MAT program. (Appendix 15)
- 7.2.2.6. Share data or report only when authorized by the accounting officer at the facility.
- 7.2.2.7. Prepare a presentation of data to health facility Management
- 7.2.2.8. Use data for planning and monitoring of Client

### **7.3.1. Data Quality and Storage**

Procedures for data quality and storage include;

- 7.3.1.1. Ensure staff who are involved in data recording and reporting are trained on the data quality guidelines.
- 7.3.1.2. Verify data entry regularly (at least once a week) by doing spot check to ensure that collected data meet quality dimensions which are completeness, accuracy, comprehensive, consistency, relevancy, and timeliness.
- 7.3.1.3. Identify data quality gaps and make recommendations for improvement
- 7.3.1.4. Report, documented, corrected and communicated any data challenges and track back to the source.
- 7.3.1.5. Treat all Data collected in the MAT site as confidential.
- 7.3.1.6. Restrict access to clients' records including computers to authorize.
- 7.3.1.7. Ensure data are easily retrieved
- 7.3.1.8. Ensure all reports are printed and filed.
- 7.3.1.9. Store all records in secured room,
- 7.3.1.10. Store all MAT records at health facility according to government regulations.

## Chapter Eight:

# SAFETY AND SECURITY MEASURES

### 8.0. Introduction

Safety and security measures are part and parcel of activities that are carried out at MAT facilities.

Both clients and service providers' needs to be assured of their safety and security while at MAT clinic. This chapter describes procedures related to safety and security measures at MAT facility.

### 8.1. Security measures

Procedures for ensuring security measures at MAT facility are necessary. These procedures can be done by either Nurse or Medical recorder or guard trained in proper handling of people with opioid use disorder.

The following are minimal procedures for security measures that may be instituted at the facility.

- 8.1.1. Inquire and Inspect all clients for any dangerous or unauthorized items when attending MAT services
- 8.1.2. Confiscate any dangerous item found on client and secure it at the kitting room
- 8.1.3. Provide education on MAT policy on possession of unauthorized items
- 8.1.4. Ensure that all MAT clinics are free from sharp objects
- 8.1.5. Health care providers should keep under lock all sharp object including slashers and other items used for gardening.
- 8.1.6. Discourage client to gather in groups within and around the MAT clinic for any reason
- 8.1.7. Encourage the clients to leave the Hospital/MAT clinic premises immediately after receiving services
- 8.1.8. Restrict unauthorized visitors/clients at the MAT clinic

### 8.2. Infection Prevention Control

Standard Precautions represent the minimum infection prevention measures that apply to all patient care, regardless of suspected or confirmed infection status of the clients, in any setting where healthcare is delivered. These evidence-based practices are designed to both protect healthcare personnel and prevent the spread of infections among clients.

- 8.2.1. Orient all MAT health care providers on National IPC guidelines for Hospital in Tanzania and provide them with a copy of the guideline in each section
- 8.2.2. Ensure that the necessary and appropriate infection prevention equipment and supplies are available and used correctly.
- 8.2.3. Ensure availability of Hand washing facilities and hand rub in all rooms.
- 8.2.4. Use hand rub for disinfection unless soiled with visible blood
- 8.2.5. Avoid placing containers for sharp disposal on wet surfaces or in high-traffic areas, such as corridors and clients waiting bay.
- 8.2.6. Daily monitor staff adherence to IPC practices by using national infection prevention guideline for health care services i.e. hand hygiene, cleaning of surroundings, decontamination of used instruments and proper waste management
- 8.2.7. Fast track all clients who are identified to have TB infection
- 8.2.8. Educate MAT clients on cough hygiene (covering nose and mouth, using hand/ tissues when coughing or sneezing, washing hands, disposing of used tissues, not spitting on the floor)
- 8.2.9. Conduct Hepatitis B screening and vaccinate all eligible MAT staff
- 8.2.10. Conduct Pulmonary TB Screening for MAT clinic staff annually.
- 8.2.11. Use disposable cups in administering methadone to the clients
- 8.2.12. Ensure availability of PEP services at all MAT clinics and orient staff on post exposure management.
- 8.2.13. Adhere to environmental safety measures as per IPC guideline

### **8.3. Health Care Waste Management**

- 8.3.1. Use color coded waste bins with liners in all MAT clinics as per National IPC guidelines
- 8.3.2. Dispose immediately all cups used by clients in administering methadone in red waste bin as infectious waste to be incinerated
- 8.3.3. Replace dustbin liners for waste collection immediately by new ones of the same type after waste disposal.



# APPENDICES

## APPENDIX 1: MAT COMMUNITY REFERRAL FORM<sup>1</sup>

REFERRAL TO: \_\_\_\_\_ REFERRAL FROM: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Phone No: \_\_\_\_\_

MAT No: \_\_\_\_\_ Hospital Registration No: \_\_\_\_\_

Client Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex (Shade appropriate circle): Male  Female

Date of Referral: \_\_\_\_\_

REASONS FOR REFERRAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER KNOWN MEDICAL CONDITION OR ANY CONCERN  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CURRENT UDS RESULTS: \_\_\_\_\_

NAME OF REFERING CLINICIAN: \_\_\_\_\_

SIGNATURE OF REFERRING CLINICIAN: \_\_\_\_\_

OFFICIAL STAMP: \_\_\_\_\_

<sup>1</sup> Version October 31, 2018

**APPENDIX 2: MAT FACILITY LINKAGES REFERRAL FORM<sup>1</sup>**

**REFERRAL TO:** \_\_\_\_\_ **REFERRAL FROM:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Phone No:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**MAT No:** \_\_\_\_\_ **Hospital Registration No:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Sex (Shade appropriate circle):** Male ; Female ;

**Date of Referral:** \_\_\_\_\_

**REASONS FOR REFERRAL:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER KNOWN MEDICAL CONDITION OR ANY CONCERN**  
\_\_\_\_\_  
\_\_\_\_\_

**CURRENT METHADONE DOSE:** \_\_\_\_\_

**CURRENT UDS RESULTS:** \_\_\_\_\_

**NAME OF REFERING PHYSICIAN:** \_\_\_\_\_

**SIGNATURE OF REFERRING PHYSICIAN:** \_\_\_\_\_

**OFFICIAL STAMP:** \_\_\_\_\_

<sup>1</sup> Version October 31, 2018

## Appendix 3a: Final MAT National Baseline Assessment tool

WIZARA YA AFYA MAENDELEO YA JAMII, JINSIA, WAZEE NA WATOTO



Namba ya usajili ya MAT

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Namba ya jalada la Mgonjwa

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National Unique Identifier code

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### APPENDIX 3a: Fomu ya Awali ya Kutathmini Mteja anayejiunga na Mpango wa Taifa wa Huduma ya MAT (Baseline Form)

## SEHEMU YA KWANZA: MHIFADHI TAARIFA (MEDICAL RECORDER)

Picha ya mteja	Alama za Vidole		
<b>A. TAARIFA ZA KIDEMOGRAFIA ZA MTEJA</b>			
<b>1</b>	<b>JINA KAMILI LA MTEJA</b> ( <i>jaza majina matatu</i> )		
<b>2</b>	<b>JINSI</b> ( <i>Mme/Mke</i> )	<b>3</b>	<b>TAREHE YA KUZALIWA</b> ( <i>Siku / mwezi / mwaka</i> ) _____/_____/_____
<b>4</b>	<b>UMRI</b> ( <i>Miaka</i> )	<b>5</b>	<b>HALI YA NDOA</b>
<b>6</b>	<b>IDADI YA WATOTO</b>	<b>7</b>	<b>KIWANGO CHA ELIMU</b> _____
<b>8</b>	<b>MAKAZI</b> ( <i>jaza maelezo ya nyumba anayolala</i> )		
<b>9</b>	<b>WILAYA</b>	<b>10</b>	<b>NAMBA ZA SIMU</b>
<b>B. TAARIFA ZA NDUGU/RAFIKI WAWILI KWA MAWASILIANO YA DHARURA</b>			
<b>1</b>	<b>JINA KAMILI</b>	<b>2</b>	<b>JINA KAMILI</b>
<b>3</b>	<b>UHUSIANO</b>	<b>4</b>	<b>UHUSIANO</b>
<b>5</b>	<b>MAKAZI</b>	<b>6</b>	<b>MAKAZI</b>
<b>7</b>	<b>NAMBA YA SIMU</b>	<b>8</b>	<b>NAMBA YA SIMU</b>
<b>C. TAARIFA YA RUFAA</b>			
<b>1</b>	<b>RUFAA KUTOKA</b> 1) <b>ASASI:</b> _____ 2) <b>HOSPITALI:</b> _____ 3) <b>POLISI/MAHAKAMA:</b> _____ 4) <b>BINAFSI</b> _____ 5) <b>NYINGINE :</b> _____	<b>2</b>	<b>SABABU ZA RUFAA TAJA:</b>
<b>3</b>	<b>CASE MANAGER /OUTREACH WORKER (MTOA HUDUMA KWA MTEJA - COW)</b> <i>(jaza jina na Code yake)</i>	<b>4</b>	<b>NAMBA ZA SIMU ZA CASE MANAGER/OUTREACH WORKER (MTOA HUDUMA KWA MTEJA - COW)</b>

Imejazwa na: \_\_\_\_\_ Saini: \_\_\_\_\_ Tarehe: \_\_\_\_\_

#### D. MAKUBALIANO KATI YA MTEJA NA MPANGO WA TAIFA WA HUDUMA YA MAT

Mimi \_\_\_\_\_  
nimekubali kushiriki kwenye huduma ya MAT ilioandaliwa ili kuniwezesha mimi kushughulikia matatizo yangu ya uraibu, kisaikolojia na kijamii yanayotokana na utegemezi wa dawa za kulevya (afyuni). Lengo kuu la mpango huu ni kunisaidia kufanya mabadiliko chanya katika maisha yangu kuhusiana na matumizi ya afyuni.

Dawa inayotumika kwenye huduma ya MAT hutolewa kwa utaratibu unaoongozwa na sheria na miongozo mbalimbali. Naelewa kuwa kupewa kwangu dawa katika huduma ya MAT ninahitajika kuepokana na yafuatayo kama yalivyofafanuliwa kwa undani kwenye mkataba ambayo ni;

- Kutumia lugha chafu
- Tabia ya wizi
- Kushiriki au kujihusisha na biashara ya dawa za kulevya
- Kuja na au kubeba vifaa hatarishi eneo la MAT
- Uzururaji katika eneo la tiba ikiwa na pamoja na stendi za basi zinazozunguka eneo hili
- Kukataa kutoa sampuli ya mkojo /kufanya udanganyifu au kuharibu sampuli ya mkojo
- Kutozingatia utaratibu wa tiba mfano kutohudhuria kunywa methadone kama ulivyopangiwa
- Kuchanganya methadone na vilevi vingine (kuchakachua)
- Kugawa methadone yangu au dawa zozote kwa mtu mwingine

Sahihi yangu hapa chini inamaanisha nimejadili makubaliano ya tiba na mshauri na nimeelewa na kukubaliana na yote hapo juu. Endapo sitawajibika kama mshiriki katika mpango huu, naelewa kuwa itasababisha kutathiminiwa mkakati mpya wa mpango wangu wa tiba na kufikiria jinsi gani mimi niweze kuendelea katika huduma ya MAT.

Sahihi ya mteja \_\_\_\_\_

Jina la mtoa huduma \_\_\_\_\_

Sahihi ya mtoa huduma \_\_\_\_\_

Cheo cha mtoa huduma \_\_\_\_\_

Tarehe \_\_\_\_\_

## SEHEMU YA PILI: MUUGUZI

### A. HALI YA AFYA (weka alama ya vema/tiki kwenye jibu sahihi)

1.	Je, una maradhi/magonjwa yoyote sugu ambayo yanaingiliana na maisha yako?	Hapana
		Ndio
Kama <b>"Ndio"</b> , taja _____ (mfano Pumu, Kisukari, Shinikizo la Damu, Kiarusi, Kifua Kikuu, UKIMWI, Kupooza, n.k)		
2.	Je, kuna mhudumu wa afya alipendekeza utumie dawa zozote kwa matumizi ya mara kwa mara kwa matatizo yako ya kimwili?	Hapana
		Ndio
5.	<b>Kwa Mwanamke:</b> Je, kwa sasa wewe ni mjamzito?	Hapana
		Ndio
		Sina Hakika
6.	<b>Kwa Mwanamke:</b> Kama huna uhakika, utapenda kupata msaada wa kipimo cha ujauzito?	Hapana
		Ndio
7.	<b>Kama mjamzito,</b> je unapata huduma ya kliniki ya wajawazito?	Hapana
		Ndio
8.	Je, umeshawahi kupima kubaini kama una maambukizi ya kifua kikuu? ( <i>Dalili, makohozi, XRay ya kifua</i> ) <b>Kama "Hapana"</b> tumia dodoso la uchunguzi wa TB	Hapana
		Ndio

### B. UCHUNGUZI WA TB KWA WATU WAZIMA NA WATOTO WA UMRI WA MIAKA 5 NA ZAIDI

9.	Je, unakohoa kwa muda wa wiki mbili au zaidi?	Hapana
		Ndiyo
10.	Je, unapata makohozi yaliyochanganyika na damu?	Hapana
		Ndiyo
11.	Je, una homa kwa wiki mbili au zaidi?	Hapana
		Ndiyo
12.	Je, umepungua uzito sana au kilo 3 kwa mwezi?	Hapana
		Ndiyo
13.	Je, unatoka jasho jingi usiku kwa muda wa wiki 2 au zaidi?	Hapana
		Ndiyo

**KUMBUKA:** Tafadhali nenda ukurasa wa mwiso ujaze majibu ya vipimo vya mgonjwa na majibu ya mkojo wake

Jina la Muuguzi \_\_\_\_\_ Saini \_\_\_\_\_ Tarehe \_\_\_\_\_

**SEHEMU YA TATU: AFISA USTAWI WA JAMII (AFYA)**

**A. AJIRA/HALI YA KUJIKIMU**

**A1. Elimu Uliyomaliza (weka alama ya vema kwenye jibu sahihi)**

	KIWANGO	MIAKA	MAONI
A1.1	0	Hajasoma	
A1.2	1	Msingi miaka 1-7	
A1.3	2	Sekondari	
A1.4	3	Elimu ya juu	
A2.1	Taja elimu ya ufundi uliyopata/maliza _____		Muda wa Mafunzo (Miezi) [ ____ ____ ]
A2.2	Je unaendesha chombo cha moto ukiwa umetumia kilevi (kwa mfano gari, bodaboda, bajaji, nk) (weka alama ya vema/tiki)		Hapana
			Ndio

**A3. Hali ya Uchumi**

A3.1	Je, Ulishawahi Kuwa na Kazi inayokuingizia Kipato Halali? (weka alama ya vema)	Hapana
		Ndio
A3.2	Je, kuna mtu anachangia kwa kiasi kikubwa kujikimu kwako? (financial support)	Hapana
		Ndio
A3.3	KATIKA KIPINDI CHA MWAKA MMOJA ULIOPIITA, MUDA WAKO MWINGI ULIUJUMIA KATIKA SHUGHULI GANI? <b>TAJA</b> _____ _____ _____	
A3.4	Je, ni siku ngapi katika siku 30 zilizopita ulipata pesa kihalali?	[ ____ ____ ]

*Kwa maswali A3.5-A3.7: Taja kiasi cha pesa ulichopata kutoka vyanzo vifuatavyo katika siku 30 zilizopita?*

A3.5	Ajira?	TZS. _____
A3.6	Mwenza, familia, au marafiki?	TZS. _____
A3.7	Njia za haramu?	TZS. _____
A3.8	Ni watu wangapi wanakutegemea kwa kiasi kikubwa kwa chakula chao, malazi. n.k.?	Idadi ya watu [ ____ ____ ]
A3.9	Ni siku ngapi umepata matatizo ya kazi katika siku 30 zilizopita?	Idadi ya watu [ ____ ____ ]

- Pesa kwa ajili ya matumizi binafsi na zingine ambazo hazikutegemewa, pesa zinazotokana na mikopo na urithi. (Weka kumbukumbu ya pesa taslimu tu).
- Husisha pia kushindwa kupata kazi hasa kama alikuwa anatafuta kazi, au yuko kazini ila kazi iko mashakani.
- Kama mgonjwa alikuwa kwenye kifungo katika siku zote 30 zilizopita, kwenye siku jaza "NN"

**B. POMBE/DAWA** (Angalizo: Njia za Utumiaji (ROA) Aina)

1	Mdomoni (chochote kinachomezwa)
2	Puani (or any other sub- cutaneous membrane administration)
3	Kuvuta
4	Non-IV injection (such as IM or “skin popping”
5	Kujidunga kwenye mshipa (kudunga moja kwa moja kwenye mshipa).

• **Kama mgonjwa anatumia dawa za kulevya kwa njia mbili au Zaidi, andika njia mbaya zaidi ( is serious mean regular or risky) ya matumizi hayo ndio irekodiwe..**

Na.	Dawa inayotumika	Siku 30 zilizopita	Maishani (miaka)	Njia ya utumiaji (ROA)
B1	Pombe (kwa matumizi yoyote katika siku 30 zilizopita)			
B2	Pombe – kiwango cha kulewa sana hadi kupata madhara			
B3	Heroini/Unga			
B4	Methadone			
B5	Dawa zingine zenye afyuni (opioids)/dawa za maumivu (Tramadol, pethidine, morphine, codeine)			
B6	Dawa za usingizi kama Valium/Sedatives/hypnotics/ amitryptiline/ Tranqulizers			
B7	Kokeni			
B8	Mirungi/Miraa			
B9	Bangi			
B10	Viyeyusho ( <i>thinner, petroli, gundi nk</i> )			
B11	Zaidi ya dawa moja (pamoja na pombe)			
B12	Tumbaku/Sigara			
	Ugoro, Kuberi, Ghutka ( <i>Smokeless</i> )			
	Sigara ( <i>Cigarette</i> )			
	“Cigar”			
	Shisha			
	“Electronic cigarette”			
B13	<b>Zingine: Taja:</b> _____			
B14	Dawa mpya za kulevya ( <i>New Psychoactive Substances</i> ) (NPS) Taja _____			
B15	Taja dawa kuu inayotumika ( <i>primary drug used/abused</i> )	[ _____ ]		



### B. POMBE/DAWA (Angalizo: Njia za Utumiaji (ROA) Aina)

B16	Taja dawa ya pili kuu inayotumika ( <i>secondary drug used/abused</i> )	[ _____ ]
B17	Je, ni kwa muda mrefu kiasi gani ambapo kwa hivi karibuni ulijizuia kwa hiari kutumia dawa hizi kuu.	MIEZI [ ____ ____ ]
B18	Ni miezi mingapi imepita toka kikomo cha kujizuia kutumia dawa hizi kuu?	MIEZI [ ____ ____ ]
B19	Ni kiasi gani cha pesa umetumia kwa pombe katika kipindi cha siku 30 zilizopita?	TZS. _____
• Hesabu tu pesa halisia zilizotumika. Je ni pesa kiasi gani ilitumika kununulia pombe?		
B20	Ni kiasi gani cha pesa umetumia kwa dawa za kulevya katika kipindi cha siku 30 zilizopita?	TZS. _____
• Hesabu tu pesa halisia zilizotumika. Je ni pesa kiasi gani ilitumika kununulia dawa za kulevya?		
B19	Ni siku ngapi katika siku 30 zilizopita umetibiwa kama mgonjwa wa nje kwa ajili ya matumizi ya pombe au dawa za kulevya?	Siku [ ____ ____ ]
• Hususha siku alihuduria AA au NA, vikundi vingine vya msaada, tiba ya nje, detox, kutumia methadone, nk.		
B20	Umesumbuliwa au kukerwa kwa kiasi gani na matatizo ya matumizi ya vilevi kwa kipindi cha siku 30 zilizopita?	SIJASUMBULIWA
		NIMESUMBULIWA KIASI
		NIMESUMBULIWA SANA
B21	Ni muhimu kwako kupata tiba au unasihi kwa matatizo haya ya vilevi kwa sasa?	HAKUNA UMUHIMU
		MUHIMU KIASI
		MUHIMU SANA
B22	Je, ni mara ngapi umejaribu kuacha matumizi ya dawa za kulevya au pombe bila kutumia tiba yoyote?	Idadi [ ____ ____ ]

### D. MASWALA YA KISHERIA

Ni mara ngapi katika maisha yako umekamatwa na kuhukumiwa kwa mambo yafuatayo?

Alama	Kosa	Maishani	Siku 30 zilizopita
D1	Wizi		
D2	Kosa la jinai linalohusu madawa ya kulevya		
D3	Biashara za ngono		
D4	Mengineyo (taja)		
D7	Ni mara ngapi kutiwa kwako mbaroni kulipelekea kwenda jela?		MARA [ ____ ____ ]
D11	Je ni miezi mingapi umewekwa mbaroni? (Kama alikuwa mbaroni kwa wiki mbili au zaidi hesabu kama mwezi mmoja)		MIEZI [ ____ ____ ]
D12	Je, kwa sasa unasubiri mashtaka, kesi au kuhukumiwa?		Hapana
			Ndio
D13	Eleza sababu ya hayo mashtaka. _____		
D14	Ni siku ngapi katika siku 30 zilizopita umejishughulisha na shughuli haramu kwa faida yako?		Siku [ ____ ____ ]

### E. FAMILIA/HALI YA KIJAMII

E1.	Hali ya ndoa ( <i>tafadhali weka tiki jibu sahihi</i> )/( <i>weka alama ya vema kwenye jibu sahihi</i> )				
	Umeoa/olewa		Mjane/mgane	Mmeachana	
	Kuishi kinyumba (cohabiting)		Mmetengana	Hajawahi kuoa/olewa	
E2.	Mpangilio wa kawaida wa kuishi (mwaka 1 uliyopita) ( <i>weka alama ya vema kwenye jibu sahihi</i> )				
1.	Na mwenzi na watoto		6	Na marafiki	
2.	Na mwenzi tu		7	Pekee	
3.	Na watoto pekee		8	Jela	
4.	Na wazazi		9	Hakuna mpangilio thabiti	
5.	Ndugu wengine kama shangazi n.k		10	Nyingine (taja): _____ _____ _____	
<i>Chagua mpangilio unaonyesha kwaida ya kuishi katika miaka miwili iliyopita</i>					
E3.	Mpangilio wa kuishi katika siku 30 zilizopita? ( <i>tumia alama za hapo juu</i> ) [ ____ ____ ]				
E4.	<i>Je, unaishi au upo karibu na mtu yeyote ambaye?</i>				
E5	Ana matatizo ya unywaji wa pombe ( <i>tafadhali weka vema/tiki jibu sahihi</i> )			Hapana	
				Ndio	
E6	Ana matumizi ya ulevi mwingine au dawa za Hospital isivyo sahihi (kwa mfano: kwa ajili ya usingizi, kujiburudisha, ulevi )			Hapana	
				Ndio	
E7	Je, unatumia na nani muda wako wa mapumziko? ( <i>tafadhali weka vema/tiki jibu sahihi</i> )			Familia	
				Marafiki	
				Peke yangu	
E8	Je, unaridhika kutumia muda wako huru kwa njia hii? ( <i>tafadhali weka vema/tiki jibu sahihi</i> )			Hapana	
				Ndio	
				Hamna tofauti	
E9	Je, kuna muda mrefu ambao umekuwa na matatizo ya kuelewana na watu wengine? ( <i>tafadhali weka vema/tiki jibu sahihi</i> )				
	<b>Matatizo makubwa kimahusiano</b>		<b>Maishani mwako</b>		<b>Siku 30 zilizopita</b>
E9.1	Wazazi		Hapana		Hapana
			Ndio		Ndio
E9.2	Mwenzi/Mke/Mume		Hapana		Hapana
			Ndio		Ndio
E9.3	Wengine muhimu katika familia (taja): _____		Hapana		Hapana
			Ndio		Ndio
E9.6	Majirani		Hapana		Hapana
			Ndio		Ndio
<ul style="list-style-type: none"> <li>• <i>“Matatizo makubwa” inamaanisha yale yanayoleta athari katika mahusiano.</i></li> <li>• <i>“Tatizo” inahitaji kutokuwa na mahusiano aidha kwa simu au uso kwa uso. Kama hamna mahusiano jaza “N”</i></li> <li>• <i>Kama hana mahusiano na ndugu (kwa mfano hana mtoto) jaza “N”.</i></li> </ul>					

E10	e, kuna mtu amekwisha kukufanyia ukatili au uonevu? <i>(Weka vema jibu sahihi)</i>		
	<b>Aina ya uonevu</b>	<b>Maishani mwako</b>	<b>Siku 30 zilizopita</b>
E10.1	<b>Kimwili?</b> <i>(ilisababisha madhara ya mwili)</i>	Hapana	Hapana
		Ndio	Ndio
E10.2	<b>Kingono?</b> <i>(lazimisha aina yoyote ya kurubuni/matendo ya ngono)</i>	Hapana	Hapana
		Ndio	Ndio
E10.3	<b>Kisaikolojia</b>	Hapana	Hapana
		Ndio	Ndio
E11	<b>Ni siku ngapi katika siku 30 zilizopita umekuwa na ugomvi mzito na wanafamilia wenzako?</b>		Siku [ ____ ]
E7.1	Umesumbuliwa au kukerwa kwa kiasi gani na matatizo ya kifamilia kwa kipindi cha siku 30 zilizopita? <i>(tafadhali weka vema/tiki jibu sahihi)</i>		Sijasumbuliwa
			Nimesumbuliwa
			Kiasi
			Nimesumbuliwa sana
E7.2	Ni muhimu kwako kupata tiba au unasihi kwa matatizo haya ya kifamilia kwa sasa? <i>(tafadhali weka vema/tiki jibu sahihi)</i>		Hakuna
			Umuhimu
			Muhimu kiasi
			Muhimu sana
<b>E8</b>	<b>IDADI YA WATOTO</b>	<b>WANA OISHI NAWA</b>	<b>WANA OISHI NJE YA NYUMBANI</b>
E8.1	Je, una watoto wangapi?		
E8.2	Je, wangapi kati ya watoto wako wana miaka chini ya 18?		
<b>F. TABIA HATARISHI YA MAAMBUKIZI</b> <i>(Fomu ya MAT #7- Matumizi ya dawa na tabia za kingono)</i>			
F1	<i>Tabia Hatarishi ya Matumizi ya Dawa</i>		
F1.1	Je, umewahi kujidunga dawa angalau mara moja katika miezi 12 iliyopita?		Hapana
			Ndio
F1.2	Je, umeshirikiana sindano/bomba la sindano na watumiaji wengine katika kujidunga mara ya mwisho?		Hapana
			Ndio
F1.3	Kama ndio, je ulisafisha vipi sindano/bomba na sindano kwa kutumia nini? <i>(Unaweza kutia alama zaidi ya moja)?</i>		
a.	Sabuni na maji		
b.	Spirit		
c.	Jiki		
d.	Maji yanayochemka		
e.	Alisafisha kwa njia nyingine (taja):		
f.	Anatumia sindano mpya kila akijichoma dawa		
5.	Kama hapana, umeshaacha sindano na bomba lako mahali na hukujua kama kuna mtu ambaye ametumia sindano na bomba lako kabla hujalitumia tena?		Hapana
			Ndio
Jina la Afisa Ustawi wa Jamii: _____ Sahihi: _____ Tarehe: _____			

**SEHEMU YA NNE: DAKTARI**

**HISTORIA YA MATUMIZI YA DAWA ZA KULEVYA**

Umri alipoanza kutumia afyuni (opioid) (km. heroine, morphine, pethidine ) \_\_\_\_\_  
miaka (taja) \_\_\_\_\_

Utumiaji wa dawa za kulevya (miezi 12 iliyopita) rejea ukurasa wa \_\_\_\_\_ (listi)

Jina ya kilevi anachotumia	Umri alipoanza kutumia	Kiwango kwa siku	Mara kwa siku	Njia ya matumizi	Mwisho alitumia lini	Matumizi katika siku 30 zilizopita (Y/N)	Hali ya sasa*

\* Hali ya sasa ya matumizi ya dawa za kulevya aidha amesimama kuzitumia au anaendelea

**Kumbuka:** heroini gm1 =20 kete, heroini point1 =2 kete **Njia ya matumizi:** sindano, kuvuta, kujaza mapafu (inhalation), kupitisha mdomoni, chini ya ulimi (sublingual), kupitisha njia ya haja kubwa (rectal) nk.

**Substance use disorder severity (DSM V Table) for opioids and other currently used substances**

Shida ya mfumo wa matumizi ya afyuni unaoleta uharibifu mwilini au huzuni kama inavyoonyeshwa na dalili angalau mbili, zinazofata, ambazo zimetokea katika kipindi cha miezi 12.		Hapana	Ndio
1	Afyuni (km. heroini) hutumika kwa kiwango kikubwa au kwa muda mrefu kuliko inavyotegemewa		
2	Kuna matamano endelevu ya kutaka kupunguza au kudhibiti matumizi ya afyuni bila mafanikio		
3	Mtumiaji wa afyuni hutumia shughuli na muda mwingi kutafuta, kutumia au kupata nafuu (kupona) ili kutoka kwenye athari za afyuni		
4	Matamano makubwa kuendelea kutumia afyuni		
5	Matumizi ya mara kwa mara ya dawa ya kulevya huingilia utekelezaji wa majukuu muhimu za kikazi, shule na nyumbani		
6	Matumizi ya dawa za kulevya huendelea pamoja na kuendelea kwa matatizo ya mara kwa mara kwenye kijamii na mahusiano yanayotokana na athari za matumizi hayo		
7	Shughuli muhimu za kijamii, kikazi na burdani zinaachwa au kupunguzwa kwa sababu ya utumiaji wa dawa za kulevya		
8	Utumiaji wa dawa za kulevya huendelea hata pale ambapo kuna thari kubwa za kimwili		
9	Utumiaji wa dawa za kulevya huendelea hata pale kunapokuwa na utambuzi kuwa na uendelevu wa magonjwa ya kimwili na kisaikologia yatokanayo na matumizi hayo		
10	Anao uhimili ( <b>Tolerance</b> ) kama inayoonekana kama moja wapo ya dalili tajwa: <ul style="list-style-type: none"> <li>a. Nia ya kuendelea kuongeza kwa Kiwango kikubwa afyuni ilikulewa au kupata starehe aliyokuwa akipata mwanzo</li> <li>b. Kupunguka kwa starehe aliyokuwa akipata awali huku akiendelea kutumia kiwango hicho hicho cha afyuni alichokuwa akitumia</li> </ul>		

11	Anapata arosto ( <b>withdrawals</b> ) au kuonyesha kutokuwa na afyuni mwilini inayoonekana kama moja wapo ya dalili tajwa hapo chini: a. Anapata arosto (soma dalili za arosto ya afyuni) b. Matumizi ya afyuni ni kuzuia arosto		
<b>Kiwango cha ukali wa dalili za matumizi ya afyuni (opioid)</b>		<i>Uwepo wa dalili 2-3</i>	<b>Kiwango kidogo</b>
		<i>Uwepo wa dalili 4-5</i>	<b>Kiwango cha wastani</b>
		<i>Uwepo wa dalili 6 au zaidi</i>	<b>Kiwango kikubwa sana</b>

Tumia **kiwango cha ukali wa dalili** matumizi ya dawa za kulevya ktika miezi 12 iliyo hapo juu.

No	Aina ya dawa ya kulevya	Uwepo wa athari ya matumizi ya Dawa ya Kulevya	Kama Athari matumizi ya Dawa ya Kulevya ipo ni kwa kiwango gani cha dalili za ukali (rejea jedwali hapo juu)
1	Heroini		

#### HISTORIA YA TIBA YA URAIBU

Have you ever been treated for addiction problem in the past?		Hapana	Ndio
<b>Kama ndio</b> , je ni dawa ya kulevya gani uliyokuwa unapaiwa matibabu kwayo? (tafadhali taja)			
<b>Kama ndio</b> , taja aina ya tiba uliyokuwa unapatiwa (km. Sober nk.)			
Je, uliacha kutumia dawa ya kulevya baada ya tiba hiyo?		Hapana	Ndio
<b>Kama ndio</b> , je uliacha kutumia dawa hiyo kwa muda gani? (tafadhali taja)			
<b>Kama hapana</b> , ni sababu zipi ziliacha kuae delea kutumia dawa hiyo?			
Je, ni dawa gani maalumu? (ikiwa pamoja na heroini)			

#### HISTORIA YA FAMILIA YA UTUMIAJI WA DAWA ZA KULEVYA/KUUGUA MAGONJWA YA KIMWILI AU KIAKILI

Kuna mwanafamilia wako yeyote anatumia dawa za kulevya?	<b>Kama ndio</b> , ni nani na anatumia kilevi gani? <b>Nani:</b> _____ <b>Dawa:</b> _____	
Kuna mwanafamilia yako yeyote anayeugua ugonjwa wa akili?	If yes mention the type of illness if known	
Kuna mwanafamilia yako yeyote alikuwa na nia ya kutaka kujiua?	Hapana	Ndio
Kuna mwanafamilia yako yeyote anayeugua magonjwa sugu kama prsha, kisukari, TB au kansa ya mapafu?	<b>Kama ndio</b> , ni aina gani ya magonjwa? (tafadhali taja)	

HISTORIA YA MAGONJWA YA KIMWILI	
<b>HISTORIA YA MAGONJWA YA KIMWILI</b> (any past medical history)	<b>TATHMINI YA MIFUMO MINGINE YA MWILI</b> (Moyo na mishipa ya damu, Mapafu, Mifumo ya tumboni, Mafigo na mirija yake, ujauzito, misuli, historia ya maumivu (taja)
Dawa anazotumia kwa sasa (taja):	
Historia ya mzio (allergy) (taja):	

**NB: Refer social history and readiness to change for each currently used substance (Section 3)**

KUTATHMINI UWEPO WA MAGONJWA YA KIAKILI (1)				
WASIWASI: GAD-7				
Katika wiki mbili zilizopita, je umesumbuliwa na matatizo yapi katika yafuatayo?	1 = sina uhakika	2 = siku kadhaa	3 = zaidi ya nusu ya siku zote	4 = karibu kila siku
1. Kujisikia kuwa na hofu au wasiwasi				
2. Kushindwa kukaa bila kuwa na au kuudhibiti wasiwasi				
3. Kuwa na wasiwasi sana kwa vitu vingi (kadha wa kadha)				
4. Shida kutulia				
5. Shida ya kuweza kupumzika hadi kushindwa kukaa tuli <b><i>Being restless that it is hard to sit still</i></b>				
6. Kuwa na hasira na kukasirika kwa kirahisi				
7. Kuwa na woga kwamba jambo baya linaweza kutokea				
<b>Jumuisho la safu za jedwali</b>				
<b>Jumuisho la jedwali (GAD-7)</b>				
<b>Tafsiri ya Jumuisho la jedwali:</b>	<b>≥10</b>	<b>Labda ana ugonjwa wa wasiwasi (GAD)</b>		<b>Tathmini zaidi</b>
	<b>5</b>	Wasiwasi kidogo		
	<b>10</b>	Wasiwasi wastani		
	<b>15</b>	Wasiwasi Mkubwa		

KUTATHMINI UWEPO WA MAGONJWA YA KIAKILI (2)				
SONONA- Patient Health Questionnaire( PHQ 9)				
Katika wiki mbili zilizopita, ni mara ngapi umesumbuliwa na matatizo tajwa yafuatayo (vema/tiki kuonyesha jibu sahihi)	1=hakuna kabisa	2=siku kadhaa	3=zaidi ya nusu ya siku zote	4=karibu kila siku
1. Kuwa na mwelekeo mdogo na kukosa raha ya kufanya vitu				
2. Kujisikia huwezi kuchangamka, kuwa na huzuni au kukosa tumaini				
3. Tatizo la kupata usingizi, au kuendelea kulala baada ya kuupata au kulala kupita kiasi				
4. Kujisikia kuchoka na kuwa na nguvu kidogo				
5. Kupungua hamu ya kula chakula au kula kupita kiasi				
6. Kujisikia vibaya au kujisikia kama umeshindwa au umejishusha au kuishushia[thamani] familia yako				
7. Tatizo la kutuliza akili kwenye vitu kama kusoma magazeti au kuangalia luninga (TV)				
8. Kusogea au kuzungumza polepole sana hata ingeweza kuonekana kwa watu wengine ama kuwa na mashaka/wasiwasi au kufadhaika kiasi hata ukitembea, unatembea kuliko kawaida				
9. Fikira kwamba ni heri kufa au kuwaza kujiumiza				
<b>JUMUISHO LA KILA SAFU ZA JEDWALI</b>				
<b>JUMUISHO LA JEDWALI (PHQ-9)</b>				
10. Kama kumekuwa na tatizo lolote hapo juu, je ni kwa kiasi gani hili tatizo limeacha usiweze kufanya kazi, kushughulikia maswala ya nyumbani au katika mahusiano yako nawatu wengine?			Sio vigumu hata kidogo	
			Vigumu kidogo	
			Vigumu sana	
			Vigumu kupita kiasi	

**For initial diagnosis:**

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4√ in the shaded section (including Questions #1 and #2), consider a Depressive Disorder. Add score to determine severity (**Jumuisho la Jedwali**).

**Consider Major Depressive Disorder**

1. If there are at least 5√s in the shaded section (one of which corresponds to Question #1 or #2)

**Consider Other Depressive Disorder**

1. If there are 2-4 √s

**Consider:**

1. **If patient is suicidal (# 9, need further exploration to determine active suicidal ideation and whether intention or plan is in place – on its own indicates a severe form of depression)**

**Note:**

1. Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, Occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms



TATHMINI YA JUMUISHO LA SONONA	
Jumuisho	Ukali wa/Kiwango cha sonona
1-4	Kiwango kidogo sana cha sonona
5-9	Kati ya Kiwango kidogo cha sonona
10-14	Kiwango cha sonona cha kati
15-19	Kiwango cha juu cha sonona
20-27	Kiwango cha juu kabisa cha sonona

KUTATHMINI UWEPO WA MAGONJWA YA KIAKILI (3)			
MODIFIED PSYCHOSIS SCREENING QUESTIONNAIRE (PSQ)			
Na.	Swali la uchunguzi (mchujo)	Hapana	Ndio
1.	Katika mwaka mmoja uliopita, kumekuwa na wakati ambao umekuwa na raha sana kwa muda mrefu?		
	a. Kulikuwa na sababu yoyote kuwa na hali hii?		
	b. Ndugu au marafiki walistaabishwa na au kulalalmikia hali hiyo?		
2.	Katika mwaka mmoja uliopita, kuna wakati umehisi mawazo yako yanaingiliwa au kudhibitiwa na nguvu za nje au mtu mwingine		
	a. Kuna wakati umehisi watu wanataka kukudhuru wewe au vitu vinavyokuhusu kwa makusudi?		
	b. Kuna wakati umehisi kikundi cha watu wapanga jinsi ya kukudhuru au kukuumiza vibaya?		
3.	Katika mwaka mmoja uliopita, je kuna wakati unahisi watu wako dhidi yako?		
	a. Kuna wakati umehisi watu walikuwa wakifanya kwa makusudi vitendo vya kukudhuru wewe au vitu vinavyokuhusu?		
	b. Kuna wakati umehisi kundi la watu walikuwa wakifanya kwa makusudi vitendo vya kukudhuru wewe au vitu vinavyokuhusu?		
4.	Katika mwaka mmoja uliopita, je kuna wakati unahisi kuna kitu/vitu vya ajabu vinaendelea?		
	a. Je, vitu vilivyokuwa vinatokea vilikuwa vya ajabu kiasi watu walikuwa wana shida kuviamini?		
5.	Katika mwaka mmoja uliopita, kuna wakati umekua ukisikia sauti/kuona vitu ambazo/ambavyo watu wengine hawaviskii/hawavioni?		
	a. Je, kuna wakati wowote umesikia sauti za watu wakizungumza walau maneno machache wakati hamna mtu anayezungumza katika eneo husika?		

**REJEA:** Kama mlengwa atajibu ndio kwa dalili yeyote hapo juu, tathmini kuhakiki kama anaumwa au la ili kuhakikisha anapatiwa tiba stahili.



GENERAL EXAMINATION		
System	Parameters	Remarks
1. General Appearance	Pallor, cyanosis, dehydration status, dyspnea, pedal edema, skin scratching marks, PPE, scabies, fungal lesions,	
2. Evidence of injection drug use	Needle syringe marks, venous scarring, phlebitis etc.	
3. Vital signs	Temp _____°C Pulse _____/Min BP _____mm/Hg Wt. _____kgs Height _____cm BMI _____kg/m Note: any <b>RED FLAGS</b> and manage accordingly	

MENTAL STATUS EXAMINATION (PLEASE SHADE CIRCLE WITH APPROPRIATE RESPONSE)	
<b>OBSERVATIONS</b>	
Appearance	<input type="checkbox"/> Neat <input type="checkbox"/> Disheveled <input type="checkbox"/> Inappropriate <input type="checkbox"/> Bizarre <input type="checkbox"/> Other
Speech	<input type="checkbox"/> Normal <input type="checkbox"/> Tangential <input type="checkbox"/> Pressured <input type="checkbox"/> Impoverished <input type="checkbox"/> Other
Aye Contact	<input type="checkbox"/> Normal <input type="checkbox"/> Intense <input type="checkbox"/> Avoidant <input type="checkbox"/> Other
Motor Activity	<input type="checkbox"/> Normal <input type="checkbox"/> Restless <input type="checkbox"/> Tics <input type="checkbox"/> Slowed <input type="checkbox"/> Other
Affect	<input type="checkbox"/> Full <input type="checkbox"/> Constricted <input type="checkbox"/> Flat <input type="checkbox"/> Labile <input type="checkbox"/> Other
Comments:	
<b>MOOD</b>	
<input type="checkbox"/> Euthymic <input type="checkbox"/> Anxious <input type="checkbox"/> Angry <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input type="checkbox"/> Irritable <input type="checkbox"/> Other	
Comments:	
<b>COGNITION</b>	
Orientation impairment	<input type="checkbox"/> None <input type="checkbox"/> Place <input type="checkbox"/> Object <input type="checkbox"/> Person <input type="checkbox"/> Time
Memory Impairment	<input type="checkbox"/> None <input type="checkbox"/> Short-Term <input type="checkbox"/> Long-Term <input type="checkbox"/> Other
Attention	<input type="checkbox"/> Normal <input type="checkbox"/> Distracted <input type="checkbox"/> Other
Comments:	

<b>PERCEPTION</b>				
Hallucinations	<input type="checkbox"/> None	<input type="checkbox"/> Auditory	<input type="checkbox"/> Visual	<input type="checkbox"/> Other
Others	<input type="checkbox"/> None	<input type="checkbox"/> De-realization	<input type="checkbox"/> Depersonalization	
Comments:				
<b>THOUGHTS</b>				
Suicidality	<input type="checkbox"/> None	<input type="checkbox"/> Ideation	<input type="checkbox"/> Plan	<input type="checkbox"/> Intent <input type="checkbox"/> Self-Harm
Homicidally	<input type="checkbox"/> None	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Intent	<input type="checkbox"/> Plan
Delusions	<input type="checkbox"/> None	<input type="checkbox"/> Grandiose	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Religious <input type="checkbox"/> Other
Comments:				
<b>BEHAVIOR</b>				
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Guarded	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Agitated	<input type="checkbox"/> Paranoid
<input type="checkbox"/> Stereotyped	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Other
Comments:				
<b>INSIGHT</b>	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Comments:
<b>JUDGMENT</b>	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Comments:

<b>(PHYSICAL EXAMINATION)/SYSTEM EXAMINATION</b>		
4. Head and neck	Lymphadenopathy, Ears, nose, eyes ( <i>pin pointed pupils</i> ), mouth ( <i>oral thrushes, ulcers</i> )	
5. Cardiovascular	Precordial observation, movements, percussion and auscultation,	
6. Respiratory	Chest observation, movements, percussion and auscultation,	
7. Abdominal	Abdomen observation, palpation for organomegally, percussion and auscultation	
8. Neurological exam	Central nervous system, Peripheral nervous system, Local neurological exams	
9. Other findings		
10. Summary of findings	Provisional Diagnoses	

PHYSICAL INVESTIGATION		
Baseline Investigations	Yes/No (√ / X)	Results Summary
1. FBP		
2. ESR		
3. RBG		
4. Serum electrolytes		
5. Liver Function Tests (ALAT, ASAT, GGT, Albumin)		
6. Renal Function Test (serum creatinine and Urea)		
7. Chest X-ray		
8. Sputum for AFB		
9. Urinalysis		
10. Stool analysis		
11. Others		
12. Lipid Profile (total cholesterol and Triglyceride)		
13. Hepatitis B and C		
14. HIV testing		
15. UPT (for women if pregnant)		

CHECK LIST		
Information given to client	Yes / No (√ / X)	Remarks
1.Treatment aims		
2.Treatment plan		
3.Discharges considerations		
4.MAT effects and adverse effects		
<b>Warnings given to client</b>		
1.Overdose and intoxications		
2.Control of vehicles and machinery		
3.Continued use of substances with MAT		
4.To adhere to MAT clinic policies and safety issues		

**MANAGEMENT PLAN**

CHECK LIST		
Information given to client	Yes / No (√ / X)	Remarks
<b>Components</b>		<b>Remarks</b>
Starting dates		
Initial dose of Methadone		
Early monitoring arrangements		
Initial harm reductions actions		
Case Management arrangements		
Others ( <i>specify</i> )		

Jina la daktari \_\_\_\_\_ Sahihi \_\_\_\_\_ Tarehe \_\_\_\_\_

RESULTS FOR INITIAL INVESTIGATIONS			
Specific Investigations	(√) Positive, (X) Negative	Remarks	
1. Urine test for opioids and other drug of abuse	Morphine		
	Cannabis (THC)		
	Cocaine		
	Methadone		
	Benzodiazepines		
	Others:		
2. Alcohol screening	% BAC		
3. Hepatitis Serology	Hepatitis B	POSITIVE	NEGATIVE
	Hepatitis C	POSITIVE	NEGATIVE
	Hepatitis A	POSITIVE	NEGATIVE
4. HIV test	Positive _____ Negative _____	Client tested : Offsite _____/ MAT clinic _____ Date HIV tested: _____ If Positive, started ARV, Yes _____ or No _____ Date Started ARV: _____	
5. TB Status	Positive _____ Negative _____	Date Tested: _____ If positive. MDR positive: Yes _____ No _____ Date Started Anti TB: _____	
6. UPT (females only pregnancy test)			
7. Other Investigations			
8. Vital signs and Measurements	(PLEASE GO TO PAGE.....CLINICIAN SECTION TO FILL IN VITALS)		

## APPENDIX 4: INDIVIDUAL UDS AND ALCOHOL FORM<sup>1</sup>

Test Name \_\_\_\_\_ MAT# \_\_\_\_\_

Number of weeks	1	2	3	4	5	6	7	8
Date								
Sample collector`s name								
Results (positive/negative)								
Results transcribed by								

Test Name \_\_\_\_\_

Number of weeks	1	2	3	4	5	6	7	8
Date								
Sample collector`s name								
Results (positive/negative)								
Results transcribed by								

Test Name \_\_\_\_\_

Number of weeks	1	2	3	4	5	6	7	8
Date								
Sample collector`s name								
Results (positive/negative)								
Results transcribed by								

Test Name \_\_\_\_\_

Number of weeks	1	2	3	4	5	6	7	8
Date								
Sample collector`s name								
Results (positive/negative)								
Results transcribed by								

Test Name \_\_\_\_\_

Number of weeks	1	2	3	4	5	6	7	8
Date								
Sample collector`s name								
Results (positive/negative)								
Results transcribed by								

<sup>1</sup> Version October 31, 2018





## APPENDIX 7: MAT Pharmacy Form 1:

### Product(s) Inspection and Hand Over at Medical Store Department (MSD)

Product Name: \_\_\_\_\_

Quantity: \_\_\_\_\_ Bottles/Tins/Cartons Strength/Weight: \_\_\_\_\_ Grams per Bottle/Tin/Carton

Consignment application Number: \_\_\_\_\_ Batch Number: \_\_\_\_\_ Expired Date: \_\_\_\_\_

Consignee (Hospital/Clinic): \_\_\_\_\_

Address: \_\_\_\_\_ Region: \_\_\_\_\_ Tanzania

Product received in Good Order Yes  No

If **No**, Give Details: .....

.....

#### Product Handed Over by DCEA focal person:

_____	_____	_____	____/____/____
Name of handing over officer (pharmacist)	Photo ID Number	Signature	Date

#### Product Received

_____	_____	_____	____/____/____
Name of receiving officer (Pharmacist)	Photo ID Number	Signature	Date

#### Armed Escorting Officer (s)

_____	_____	_____	____/____/____
Name (Police/Security-1)	Force Number	Signature	Date

_____	_____	_____	____/____/____
Name (Police/Security-2)	Force Number	Signature	Date

_____	_____	_____	____/____/____
Name Driver	Photo ID Number	Signature	Date

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## APPENDIX 8: MAT Pharmacy Form 2: Product(s) Inspection and Storage at Facility

Product Name: \_\_\_\_\_

Quantity: \_\_\_\_\_, Bottles/Tins/Cartons, Strength/Weight: \_\_\_\_\_, Grams per Bottle/Tin/Carton/Kg

Consignment application Number: \_\_\_\_\_, Batch Number: \_\_\_\_\_, Expiry Date: \_\_\_\_\_,

Consignee (Hospital/Clinic): \_\_\_\_\_,

Address: \_\_\_\_\_, Region: \_\_\_\_\_, Tanzania

Product Received in Good Order Yes  No

If No, Give Details: \_\_\_\_\_,

### Product (s) Inspection:

			_/_/____
Name (Pharmacist)	Photo ID Number	Signature	Date
			_/_/____
Name (Head of Department)	Photo ID Number	Signature	Date
			_/_/____
Name (DCEA Representative)	Photo ID Number	Signature	Date

### Product Stored by Pharmacist:

			_/_/____
Name	Photo ID Number	Signature	Date

### Product (s) Storage Witnesses

			_/_/____
Name (Head of Department)	Photo ID Number	Signature	Date
			_/_/____
Name (DCEA Representative)	Photo ID Number	Signature	Date
			_/_/____
Name (Police/Security)	Force Number	Signature	Date

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**APPENDIX 9: MAT Pharmacy Form 3:  
Methadone Solution Hand Over & Accountability at the Clinic**

**Handing Over**

Date	Time	Volume (ml)	Expected duration (Days) to be used

Name (Handing Over Officer)	Designation	Signature	Date
Name (Counter Checker)	Designation	Signature	Date

**Receiving**

Date	Time	Volume (ml)

Name (Receiving Officer)	Designation	Signature	Date

**Accountability**

Date	Time	Volume (ml) Remained	Number of Patients Served	Duration (Days) Covered

Name (Accountability Officer)	Designation	Signature	Date

**Supervisor Approval**

**Comment (s):** \_\_\_\_\_

Name of Supervisor	Designation	Signature	Date

**APPENDIX 10: MAT Pharmacy Form 4:  
Methadone Weighing and Reconstitution**

**Accountability**

<i>Date</i>	<i>Time</i>	<i>Quantity (grams) Issued in the previous shipment</i>	<i>Dispensed (grams)</i>	<i>Quantity (Litres) Remained</i>	<i>Site</i>
<i>Site Pharmacist/Designee Name</i>		<i>Signature</i>	<i>MNH Pharmacist/Designee Name</i>		<i>Signature</i>

**Weighing**

<i>Date</i>	<i>Time (24hrs)</i>	<i>Weight (grams)</i>	<i>Batch Number</i>	<i>Expiry Date</i>

<i>Name (Weighing Officer)</i>	<i>Designation</i>	<i>Signature</i>	<i>Date</i>

<i>Name (Counter checker)</i>	<i>Designation</i>	<i>Signature</i>	<i>Date</i>

**Reconstitution**

<i>Date</i>	<i>Time</i>	<i>Concentration. (mg/ml)</i>	<i>Volume (ml)</i>	<i>Weight container &amp; drug (gram/kg)</i>

<i>Name (Reconstituting Officer)</i>	<i>Designation</i>	<i>Signature</i>	<i>Date</i>

<i>Name (Counter checker)</i>	<i>Designation</i>	<i>Signature</i>	<i>Date</i>

# APPENDIX 11a: MAT Pharmacy Form 5: Outpatient Treatment Chart for Methadone

Patient Names ..... Date of Birth: ..... Sex: Male  Female   
 Month.....Year..... MAT- ID No.....Hospital No..... NGO Name..... Enrollment Date:...../...../.....

Day	Time (24)	Dose (mg)	Counter checker Dispenser 2		Adjusted/ Vomited dose (mg)	Patient		Vol. (ml) (mg)	Counter checker Dispenser 2 Name	Adjusted/ Vomited dose (mg)	Patient		Dispenser 1
			Name	Signature		Alcohol mg%	Signature				Alcohol mg%	Name	
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													

Dose (mg)	Clinician	Dispenser	Start date	Duration (days)	Stop Date	Dose (mg)	Clinician	Dispenser	Start Date	Duration (days)	Stop date

## APPENDIX 11b: MAT Pharmacy Form 6: Inpatient Treatment Chart for Methadone

Patient Names ..... MAT- ID No ..... Hospital No ..... MAT Staff ..... MAT Staff ..... MAT Staff .....  
 Month ..... Year ..... Date of Birth: .../.../..... Sex: Male  Female   
 Enrollment Date: .../.../.....

Day	Time (24)	Dose (mg)	Ward Supervisor Witness		Adjusted/ Vomited dose (mg)	Patient		Time (24)	Dose (mg)	Ward Supervisor Witness		Adjusted/ Vomited dose (mg)	Patient		MAT Staff	
			Name	Signature		Signature	Name			Name	Signature		Name	Signature		
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																

Dose (mg)	Clinician	Dispenser	Start Date	Duration (days)	Stop Date	Dose (mg)	Clinician	Dispenser	Start Date	Duration (days)	Stop Date

## APPENDIX 12: MAT Pharmacy Form 7:

### Monthly Product Accountability Ledger at Facility

Name(s) of Facility/ Clinic:	Month _____ Year _____	Department: Pharmacy
<b>Original preparation:</b>	Product Name: _____ Strength _____/ml	
	Storage temperature: 20 ±5°C	Lot Number: _____ Expiration Date: _____

**Initial/Balance b/f quantity: \_\_\_\_\_ ml**

Date	Quantity Received	Quantity Issued	Volume remained from estimated day disp. Quantity (ml) "A"	Discrepancy/ Loss (ml) due to "A" consumption	Volume remained from the Stock container (ml) "B"	Total Quantity at end of day (ml) "A+B"	Dispenser Name
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Month end /Balance b/f quantity: \_\_\_\_\_ ml

Prepared by: \_\_\_\_\_ Signature \_\_\_\_\_

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## APPENDIX 13: MAT Pharmacy 8: Monthly Methadone Inventory Form at Facility

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Report Dates from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Clients Recruited in the previous Report: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Total number of Clients in the previous Report: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Number of Clients Recruited in the due period: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Total Number of Clients to date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Number of drop out clients in the due period: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Number of clients on Anti-tuberculosis in the previous Report period: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Number of clients on ARV medicines in the previous Report: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Number of clients on Anti-tuberculosis in the due period: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Number of clients on ARV medicines in the due period: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Number of clients on ALU in the due period: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Amount of Methadone Dispensed in the previous Report: \_\_\_\_\_ mg

Amount of Methadone Remained as per previous Report: \_\_\_\_\_ mg

Amount of Methadone Expired as per previous Report: \_\_\_\_\_ mg

Amount of Methadone Dispensed in the due Period: \_\_\_\_\_ mg

Amount of Methadone Remained as per this Report: \_\_\_\_\_ mg

### Prepared by:

\_\_\_\_\_  
MAT Pharmacist/Designee

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

### Counter checked by

\_\_\_\_\_  
MAT Staff in Pharmacy

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Version 1.0 .October 31, 2017

## APPENDIX 14: MAT Pharmacy Form 9: Methadone Dispensing Log

Methadone solution: Concentration 10mg/ml

Date: \_\_\_/\_\_\_/\_\_\_

S/No	Time	MAT ID #	Dose (mg)	Vol. (ml)	Solution Swallowed		Clinician	Dispenser 1		Counter Checked by		
					Yes	No		Name	Signature	Name	Signature	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
Total Methadone (mg) dispensed in this page (1000s)												
Quantity (mg) brought forward to this page (1000s)												
Cumulative Amount (mg) in this page (1000s)												
					Comment(s) on this page:		Page filled by: _____		Date: ___/___/___			
					Page Counterchecked by: _____		Designation: _____					
					Sign: _____		Date: ___/___/___					

Version 1.8 March 25, 2012 Cumulative Total Methadone (mg) Dispensed per Day: \_\_\_\_\_ New Patients: \_\_\_\_\_ Cumulative Number of Patients per Day: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



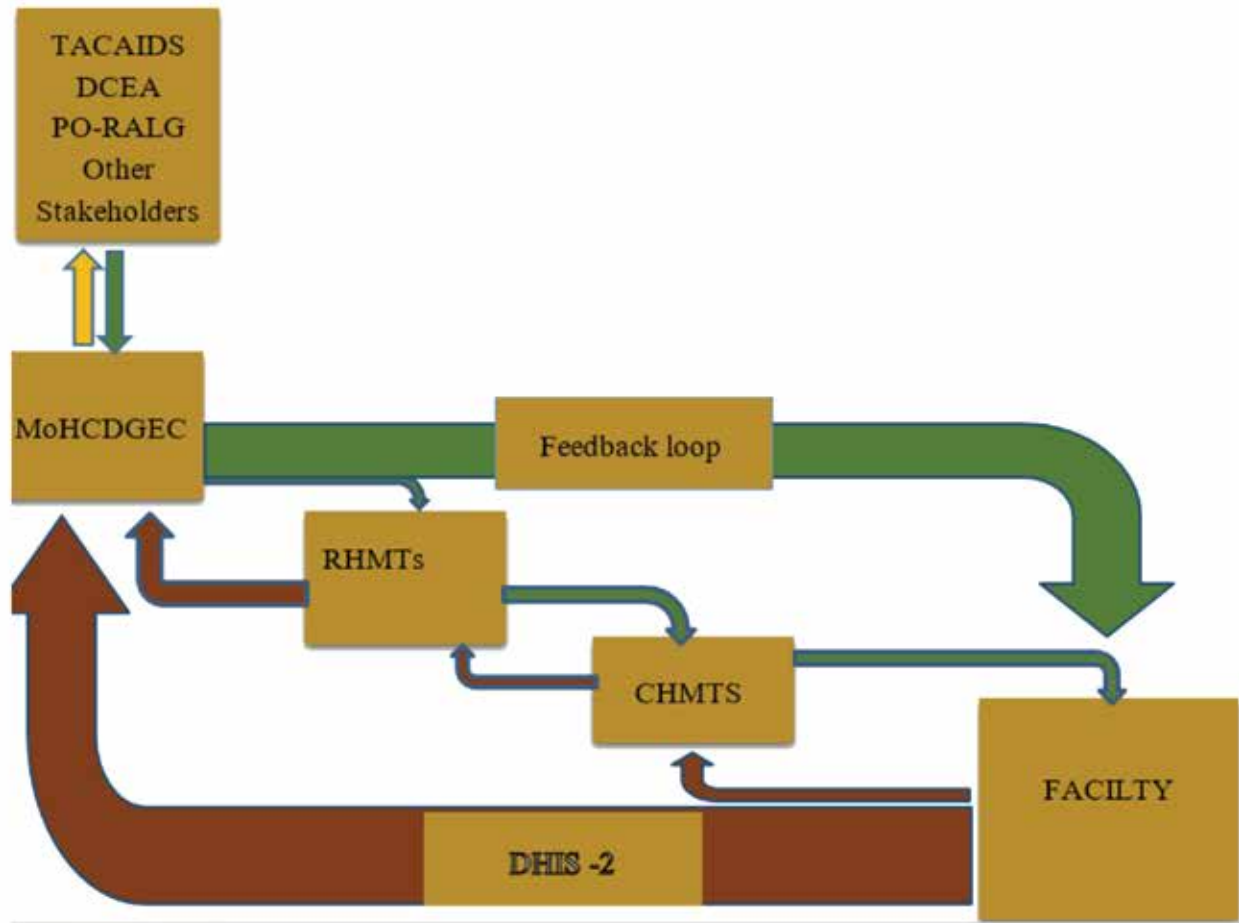
## APPENDIX 14: MAT Pharmacy Form 9: Methadone Dispensing Log

Date: \_\_\_/\_\_\_/\_\_\_ Methadone solution: Concentration 10mg/ml

S/No	Time	MAT ID #	Dose (mg)	Vol. (ml)	Solution Swallowed		Clinician	Dispenser 1		Counter Checked by	
					Yes	No		Reason, if not swallowed	Name	Signature	Name
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
Total Methadone (mg) dispensed in this page (1000s)								Page filled by: _____		Date: ___/___/___	
Quantity (mg) brought forward to this page (1000s)								Comment (s) on this page:			
Cumulative Amount (mg) in this page (1000s)								Page Counterchecked by: _____		Designation: _____	
								Sign: _____		Date: ___/___/___	

Version 1.8 March 25, 2012 Cumulative Total Methadone (mg) Dispensed per Day: \_\_\_\_\_ New Patients \_\_\_\_\_ Cumulative Number of Patients per Day: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## APPENDIX 15: Data Flow from health facility to National Level





## NEONATAL ABSTINENCE SCORING SYSTEM



Modified Finnegan Neonatal Abstinence Score Sheet <sup>1</sup>												
System	Signs and Symptoms	Score	AM				PM				Comments	
<b>Central Nervous System Disturbances</b>	Excessive high-pitched (or other) cry < 5 mins	2										
	Continuous high-pitched (or other) cry > 5 mins	3										
	Sleeps < 1 hour after feeding	3										
	Sleeps < 2 hours after feeding	2										
	Sleeps < 3 hours after feeding	1										
	Hyperactive Moro reflex	2										
	Markedly hyperactive Moro reflex	3										
	Mild tremors when disturbed	1										
	Moderate-severe tremors when disturbed	2										
	Mild tremors when undisturbed	3										
	Moderate-severe tremors when undisturbed	4										
	Increased muscle tone	1										
	Excoriation (chin, knees, elbow, toes, nose)	1										
	Myoclonic jerks (twitching/jerking of limbs)	3										
Generalised convulsions	5											
<b>Metabolic/ Vasomotor/ Respiratory Disturbances</b>	Sweating	1										
	Hyperthermia 37.2-38.3C	1										
	Hyperthermia > 38.4C	2										
	Frequent yawning (> 3-4 times/ scoring interval)	1										
	Mottling	1										
	Nasal stuffiness	1										
	Sneezing (> 3-4 times/scoring interval)	1										
	Nasal flaring	2										
	Respiratory rate > 60/min	1										
	Respiratory rate > 60/min with retractions	2										
<b>Gastrointestinal Disturbances</b>	Excessive sucking	1										
	Poor feeding (infrequent/uncoordinated suck)	2										
	Regurgitation (≥ 2 times during/post feeding)	2										
	Projectile vomiting	3										
	Loose stools (curds/seedy appearance)	2										
	Watery stools (water ring on nappy around stool)	3										
	<b>Total Score</b>											
	<b>Date/Time</b>											
<b>Initials of Scorer</b>												

1. Finnegan LP. Neonatal abstinence syndrome: assessment and pharmacotherapy. In: Nelson N, editor. Current therapy in neonatal-perinatal medicine. 2 ed. Ontario: BC Decker; 1990.



## NEONATAL ABSTINENCE SCORING SYSTEM



The NAS score sheet lists 21 symptoms that are most frequently observed in opiate-exposed infants. Each symptom and its associated degree of severity are assigned a score and the total abstinence score is determined by totalling the score assigned to each symptom over the scoring period.

### Key points

- The first abstinence score should be recorded approximately two hours after birth or admission to the nursery (baseline score). This score reflects all infant behaviour up to the first scoring interval time point.
- Following the baseline score all infants should be scored at 4-hourly intervals, except when high scores indicate more frequent scoring.
- The score sheet allows for 2-hourly scoring over the 24-hour period.
- A new sheet should be started at the beginning of each day.
- Scoring is dynamic. All signs and symptoms observed during the scoring interval are included in the point-total for that period.
- If the infant's score at any scoring interval is  $\geq 8$ , scoring is increased to 2-hourly and continued for 24 hours from the last total score of 8 or higher.
- If the 2-hourly score is  $\leq 7$  for 24 hours then 4-hourly scoring intervals may be resumed.
- If pharmacotherapy is not needed the infant is scored for the first 4 days of life at 4-hourly intervals.
- If pharmacotherapy is required the infant is scored at 2- or 4-hourly intervals, depending on whether the abstinence score is less than or greater than 8 throughout the duration of therapeutic period.
- If after cessation of pharmacotherapy the score is less than 8 for the following 3 days, then scoring may be discontinued.
- If after cessation of pharmacotherapy the score is consistently 8 or more, then scoring should be continued for the following 4 days (minimum) to ensure that the infant is not likely to develop late onset of withdrawal symptoms at home following discharge.

### Guide to assessment and scoring<sup>2,3</sup>

The neonatal abstinence syndrome scoring system was designed for term babies on four-hourly feeds and may therefore need modification for preterm infants. In a term infant scoring should be performed 30 minutes to one hour after a feed, before the baby falls asleep.

If necessary the infant should be awakened to elicit reflexes and behaviour, but if the infant is woken to be scored then diminished sleep after scoring should not be recorded. A crying infant should be soothed and quietened before assessing muscle tone, Moro reflex and respiratory rate.

High-pitched cry	Score 2 if high-pitched at its peak, 3 if high-pitched throughout. Infant is scored if crying is prolonged, even if it is not high-pitched. <sup>2</sup>
Sleep	This is a scale of increasing severity and a term infant should receive only one score from the three levels of severity. A premature infant on 3 hourly feeds can sleep for 2½ hours at most. Scoring should thus be 1 if the baby sleeps less than 2 hours, 2 if less than 1 hour and 3 if the baby does not sleep between feeds. <sup>2</sup>
Moro reflex	The Moro or startle reflex is a normal reflex of young infants and occurs when a sudden loud noise causes the child to stretch out the arms and flex the legs. Score if the infant exhibits pronounced jitteriness (rhythmic tremors that are symmetrical and involuntary) of the hands during or at the end of a Moro reflex. Score 3 if jitteriness and clonus (repetitive involuntary jerks) of the hands and/or arms are present during or after the initiation of the reflex.



## NEONATAL ABSTINENCE SCORING SYSTEM



Tremors	This is a scale of increasing severity and an infant should only receive one score from the four levels of severity. Undisturbed refers to the baby being asleep or at rest in the cot. <sup>2</sup>
Increased muscle tone	Score if excessive or above-normal muscle tone or tension is observed - muscles become "stiff" or rigid and the infant shows marked resistance to passive movements, e.g. if the infant does not experience any head lag when being pulled to the sitting position; or if there is tight flexion of the infant's arms and legs (unable to slightly extend these when an attempt is made to extend and release the supine infant's arms and legs). <sup>4</sup>
Excoriation	Excoriations (skin abrasions resulting from constant rubbing against a surface that is covered with fabric such as bed linen). Score only when excoriations first appear, increase or appear in a new area. <sup>2</sup>
Myoclonic jerks	Score if involuntary muscular contractions which are irregular and exceedingly abrupt (usually involving a single group of muscles) are observed. <sup>4</sup>
Generalised convulsions	In the newborn infant generalised seizures or convulsions are often referred to as tonic seizures. They are most commonly seen as generalised activity involving tonic extensions of all limbs, but are sometimes limited to one or both limbs on one side. Unusual limb movements may accompany a seizure. In the upper limbs these often resemble "swimming" or "rowing". In the lower limbs, they resemble "pedalling" or "bicycling." Other subtle signs may include eye staring, rapid involuntary movements of the eyes, chewing, back arching, and fist clenching. <sup>4</sup>
Sweating	Score if sweating is spontaneous and is not due to excessive clothing or high room temperature <sup>4</sup>
Hyperthermia	Temperature should be taken per axilla. Mild pyrexia (37.2-38.3°C) is an early indication of heat produced by increased muscle tone and tremors.
Yawning	Score if more than 3 yawns observed within the scoring interval. <sup>2, 4</sup>
Mottling	Score if mottling (marbled appearance of pink and pale or white areas) is present on the infant's chest, trunk, arms, or legs. <sup>4</sup>
Nasal stuffiness	Score if the infant sounds congested; mucous may be visible. <sup>4</sup>
Sneezing	Score if more than 3 sneezes observed within the scoring interval. <sup>2, 4</sup>
Nasal flaring	Score only if repeated dilation of the nostrils is observed without other evidence of lung or airways disease. <sup>4</sup>
Respiratory rate	Respirations are counted for one full minute. Score only if >60 per minute without other evidence of lung or airways disease. <sup>2</sup> Score 2 if respiration involves drawing in of the intercostal muscles (retractions).
Excessive sucking	Score if hyperactive/disorganised sucking, increased rooting reflex, or attempts to suck fists or thumbs (more than that of an average hungry infant) are observed. <sup>3, 4</sup>
Poor feeding	Score if the infant demonstrates excessive sucking prior to feeding, yet sucks infrequently during a feeding taking a small amount of breast milk or formula, and / or demonstrates an uncoordinated sucking reflex (difficulty sucking and swallowing). <sup>3</sup> Premature infants may require tube feeding and should not be scored for poor feeding if tube feeding is expected at their gestation. <sup>2</sup>
Regurgitation	Score if at least one episode of regurgitation is observed even if vomit is contained in the mouth. <sup>4</sup>
Loose/watery stools	Score if loose (curds/seedy appearance) or watery stools (water ring on nappy around stool) are observed. Check the nappy after the examination is completed if not apparent during the examination. <sup>4</sup>



## NEONATAL ABSTINENCE SCORING SYSTEM



### References

1. Finnegan LP. Neonatal abstinence syndrome: assessment and pharmacotherapy. In: Nelson N, editor. Current therapy in neonatal-perinatal medicine. 2 ed. Ontario: BC Decker; 1990.
2. Royal Women's Hospital Drug Information Centre. Newborn Emergency Transport Service (Victoria). Neonatal handbook. Carlton, Vic: Royal Women's Hospital; 2004.
3. Finnegan LP, Kaltenbach K. Neonatal abstinence syndrome. In: Hoekelman RA, Friedman SB, Nelson N, Seidel HM, editors. Primary pediatric care. 2 ed. St Louis: C V Mosby; 1992. p. 1367-78.
4. Lester BM, Tronick EZ, Brazelton TB. The Neonatal Intensive Care Unit Network Neurobehavioral Scale Procedures. Pediatrics. 2004;113(3 Pt 2):641-67.

# Clinical Opiate Withdrawal Scale

## Introduction

The Clinical Opiate Withdrawal Scale (COWS) is an 11-item scale designed to be administered by a clinician. This tool can be used in both inpatient and outpatient settings to reproducibly rate common signs and symptoms of opiate withdrawal and monitor these symptoms over time. The summed score for the complete scale can be used to help clinicians determine the stage or severity of opiate withdrawal and assess the level of physical dependence on opioids. Practitioners sometimes express concern about the objectivity of the items in the COWS; however, the symptoms of opioid withdrawal have been likened to a severe influenza infection (e.g., nausea, vomiting, sweating, joint aches, agitation, tremor), and patients should not exceed the lowest score in most categories without exhibiting some observable sign or symptom of withdrawal.

<http://www.drugabuse.gov/nidamed-medical-health-professionals>



### APPENDIX 1 Clinical Opiate Withdrawal Scale

For each item, circle the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name: _____ Date and Time ____/____/____ : ____	
<b>Reason for this assessment:</b> _____	
<b>Resting Pulse Rate:</b> _____ beats/minute <i>Measured after patient is sitting or lying for one minute</i> 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	<b>GI Upset: over last 1/2 hour</b> 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting
<b>Sweating: over past 1/2 hour not accounted for by room temperature or patient activity.</b> 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	<b>Tremor observation of outstretched hands</b> 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
<b>Restlessness Observation during assessment</b> 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	<b>Yawning Observation during assessment</b> 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
<b>Pupil size</b> 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	<b>Anxiety or Irritability</b> 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult
<b>Bone or Joint aches</b> <i>If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored</i> 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	<b>Gooseflesh skin</b> 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection
<b>Runny nose or tearing</b> <i>Not accounted for by cold symptoms or allergies</i> 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	<p style="text-align: right;">Total Score _____</p> <p style="text-align: center;">The total score is the sum of all 11 items</p> Initials of person completing assessment: _____

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

This version may be copied and used clinically.

Source: Wesson, D. R., & Ling, W. (2003). The Clinical Opiate Withdrawal Scale (COWS). *J Psychoactive Drugs*, 35(2), 253-9.





