

## Human Factors Design of Methadone Preparation Worksheet

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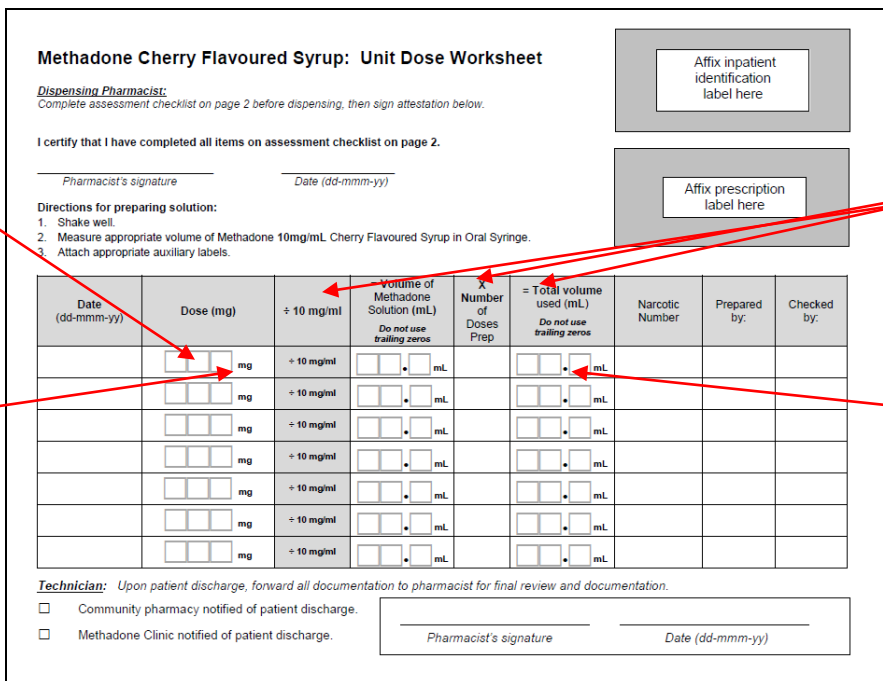
### Summary

Unit dose methadone preparation requires pharmacy staff to prepare the methadone required for each patient order based on a) the dosage and b) the volume of methadone solution used. A unit dose worksheet was required by pharmacy services staff to aid in the calculations and recording of methadone preparation. A worksheet was designed that incorporated the Human Factors principles of:

- *Information design* in the layout and formatting of the sheets
- *Readability* in the text, font, and tabular design
- Keeping *relevant information accessible* with the inclusion of units and decimal points
- Incorporation of *decision making aids* through the use of a “guided calculation” row

Through collaboration with pharmacy services staff, a final design of the worksheet was created. Design features of the sheets are outlined below. The worksheet is available on the next page.

One box per digit, mitigating confusion with interpreting numbers



“Guided calculations” built into the sheet as an aid, and used for verifying calculations

Incorporation of units as reminder for end user

Decimal place built into form so it is not missed or misinterpreted

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# Methadone Cherry Flavoured Syrup: Unit Dose Worksheet

**Dispensing Pharmacist:**

Complete assessment checklist on page 2 before dispensing, then sign attestation below.

I certify that I have completed all items on assessment checklist on page 2.

\_\_\_\_\_  
Pharmacist's signature

\_\_\_\_\_  
Date (dd-mmm-yy)

**Directions for preparing solution:**

1. Shake well.
2. Measure appropriate volume of Methadone **10mg/mL** Cherry Flavoured Syrup in Oral Syringe.
3. Attach appropriate auxiliary labels.

Affix inpatient  
identification  
label here

Affix prescription  
label here

Date (dd-mmm-yy)	Dose (mg)	÷ 10 mg/ml	= Volume of Methadone Solution (mL) <i>Do not use trailing zeros</i>	X Number of Doses Prep	= Total volume used (mL) <i>Do not use trailing zeros</i>	Narcotic Number	Prepared by:	Checked by:
	<input type="text"/> <input type="text"/> mg	÷ 10 mg/ml	<input type="text"/> <input type="text"/> mL		<input type="text"/> <input type="text"/> mL			
	<input type="text"/> <input type="text"/> mg	÷ 10 mg/ml	<input type="text"/> <input type="text"/> mL		<input type="text"/> <input type="text"/> mL			
	<input type="text"/> <input type="text"/> mg	÷ 10 mg/ml	<input type="text"/> <input type="text"/> mL		<input type="text"/> <input type="text"/> mL			
	<input type="text"/> <input type="text"/> mg	÷ 10 mg/ml	<input type="text"/> <input type="text"/> mL		<input type="text"/> <input type="text"/> mL			
	<input type="text"/> <input type="text"/> mg	÷ 10 mg/ml	<input type="text"/> <input type="text"/> mL		<input type="text"/> <input type="text"/> mL			
	<input type="text"/> <input type="text"/> mg	÷ 10 mg/ml	<input type="text"/> <input type="text"/> mL		<input type="text"/> <input type="text"/> mL			
	<input type="text"/> <input type="text"/> mg	÷ 10 mg/ml	<input type="text"/> <input type="text"/> mL		<input type="text"/> <input type="text"/> mL			

**Technician:** Upon patient discharge, forward all documentation to pharmacist for final review and documentation.

- Community pharmacy notified of patient discharge.
- Methadone Clinic notified of patient discharge.

\_\_\_\_\_  
Pharmacist's signature

\_\_\_\_\_  
Date (dd-mmm-yy)

## Methadone Assessment Checklist

*All items must be completed by the pharmacist prior to dispensing.*

*Pharmacist to sign on page 1, attesting that all items have been completed. .*

- Previous methadone dosage confirmed with: *(check all that apply)*
- Patient  Community pharmacy \_\_\_\_\_  Methadone Clinic  
*(Name of Pharmacy)*
- Previous methadone dosage is \_\_\_\_\_
- Last methadone dose given on \_\_\_\_\_  
*(Date)*
- Completed *Temporary Methadone Exemption* form faxed to Office of Controlled Substances (if physician does not already have exemption).
- Community pharmacy notified of patient admission.
- Pharmacy: \_\_\_\_\_ Phone number: \_\_\_\_\_
- Pharmacist: \_\_\_\_\_ or  Message left with answering service  
*(Name)*
- Methadone Clinic notified of patient admission. *(Do not delegate this to the community pharmacist)*
- Methadone Clinic: \_\_\_\_\_ Phone number: \_\_\_\_\_
- Physician  Nurse \_\_\_\_\_ or  Message left with answering service  
*(check one) (Name)*

### Additional Comments (optional)

\_\_\_\_\_  
*Pharmacist signature* \_\_\_\_\_ *Date (dd-mm-yy)*