



Survey

Accidental or intentional methadone exposure in children and young infants

In adults, methadone is a widely used treatment for opioid dependency within a methadone maintenance treatment (MMT) program, and it may also be prescribed as an analgesic for chronic pain (CP). Methadone daily doses in an MMT program are usually dispensed to the patient at a designated pharmacy or clinic, where ingestion must be witnessed; however, doses for at-home use (carry doses) may also be dispensed.

Methadone may therefore be present in the home of young children and infants and can be harmful and potentially life-threatening if ingested. This survey aims to gain a better understanding of the scope of paediatric methadone ingestion that is a result of either accidental means or intentional exposure by a caregiver. Please do not include any potentially identifying information in your responses.

Consent to participate is implied by return of this survey. Your contribution is greatly appreciated.

	Yes	No	Unknown
1. During the past 12 months, have you cared for a child with suspected or confirmed methadone exposure? (Exclude in utero methadone exposure or exposures related to a medical prescription for the child, e.g., neonatal abstinence syndrome, chronic pain) If no, skip to question 5. If yes, specify how many: 0 ___ 1-2 ___ 3-4 ___ 5-10 ___ 11-20 ___ >20 ___	___	___	___
2. Did any cases require a notification to child welfare authorities? If yes, specify number: _____	___	___	___
3. Were any cases reported to poison control? If yes, specify number: _____	___	___	___
4. Have you seen any serious clinical outcomes related to methadone exposure in children? If yes, specify the number of all that apply: Hospitalization ___ ICU admission ___ Death ___ Life-threatening or long-term sequelae ____, specify: _____	___	___	___
5. I am aware that methadone: <ul style="list-style-type: none"> • Can be given to a child intentionally by a caregiver as a sedative • Is potentially lethal to children even in a small dose (i.e., 0.5 mg/kg) 	___	___	___
6. If methadone is known to be in the home of my patients: <ul style="list-style-type: none"> • I counsel caregivers on its safe storage • I expect counseling on safe storage to be done by: pharmacist ___ MMT program ___ prescribing MD ___ 	___	___	___
7. My province/territory has an MMT program that dispenses "carry" doses.	___	___	___
8. I agree that eligibility for at-home (carry) methadone doses should include consideration of potential exposure to children. If yes, suggest tools or strategies needed to counsel families: _____ _____	___	___	___

**Please return this survey with your monthly reporting form.
Thank you for your participation.**

10/2011