

Nurse Intake

Level 1: nurse MAT 9/22/16	Level 2: Do you or have you ever used?:
<input checked="" type="checkbox"/> Reason for Visit . . .	Substance
<input checked="" type="checkbox"/> Pregnant or possibly pregnant . . .	<input type="checkbox"/> Heroin . . .
<input checked="" type="checkbox"/> Contraception . . .	<input type="checkbox"/> Suboxone . . .
<input checked="" type="checkbox"/> Do you or have you ever used?: . . .	<input type="checkbox"/> Oxycontin/Oxycodone . . .
<input type="checkbox"/> Prior treatment for substance use? . . .	<input type="checkbox"/> Methadone . . .
<input type="checkbox"/> Other addictive behaviors . . .	<input type="checkbox"/> Percocet/Vicodin . . .
<input type="checkbox"/> Self reported psychiatric history . . .	<input type="checkbox"/> Cocaine/Crack . . .
<input type="checkbox"/> Family psychiatric history . . .	<input type="checkbox"/> Benzos (Xanax, Valium, Ativan etc) . . .
<input type="checkbox"/> Pertinent Medical History . . .	<input type="checkbox"/> Alcohol . . .
<input type="checkbox"/> Previous HIV or Hepatitis testing- . . .	<input type="checkbox"/> Marijuana/Synthetic forms K2 . . .
<input type="checkbox"/> Any pending surgeries? . . .	<input type="checkbox"/> Methamphetamine . . .
	<input type="checkbox"/> Nicotine . . .
	<input type="checkbox"/> other . . .
<input type="checkbox"/> Do you have problems with pain? . . .	Add Item Delete Item Editor...
<input type="checkbox"/> Patient goals for treatment: . . .	
<input type="checkbox"/>	

Level 1: nurse MAT 9/22/16	Level 2: Other addictive behaviors
<input checked="" type="checkbox"/> Reason for Visit . . .	<input type="checkbox"/> sex
<input checked="" type="checkbox"/> Pregnant or possibly pregnant . . .	<input type="checkbox"/> shopping
<input checked="" type="checkbox"/> Contraception . . .	<input type="checkbox"/> eating disorders . . .
<input checked="" type="checkbox"/> Do you or have you ever used?: . . .	<input type="checkbox"/> none
<input checked="" type="checkbox"/> Prior treatment for substance use? . . .	<input type="checkbox"/> other
<input checked="" type="checkbox"/> Other addictive behaviors . . .	Add Item Delete Item Editor...
<input type="checkbox"/> Self reported psychiatric history . . .	
<input type="checkbox"/> Family psychiatric history . . .	
<input type="checkbox"/> Pertinent Medical History . . .	
<input type="checkbox"/> Previous HIV or Hepatitis testing- . . .	
<input type="checkbox"/> Any pending surgeries? . . .	
<input type="checkbox"/> Do you have problems with pain? . . .	
<input type="checkbox"/> Patient goals for treatment: . . .	
<input type="checkbox"/>	

MD) ◦

Level 1: nurse MAT 9/22/16	Level 2: Self reported psychiatric history
<input checked="" type="checkbox"/> Reason for Visit . . .	<input type="checkbox"/> Unremarkable
<input checked="" type="checkbox"/> Pregnant or possibly pregnant . . .	<input checked="" type="checkbox"/> psychiatric evaluation . . .
<input checked="" type="checkbox"/> Contraception . . .	<input checked="" type="checkbox"/> psychiatric hospitalization
<input checked="" type="checkbox"/> Do you or have you ever used?: . . .	<input checked="" type="checkbox"/> Prior depression . . .
<input checked="" type="checkbox"/> Prior treatment for substance use? . . .	<input checked="" type="checkbox"/> Chronic dysthymia
<input checked="" type="checkbox"/> Other addictive behaviors . . .	<input checked="" type="checkbox"/> Prior suicide attempt(s) . . .
<input checked="" type="checkbox"/> Self reported psychiatric history . . .	<input checked="" type="checkbox"/> SAD (seasonal affective disorder)
<input checked="" type="checkbox"/> Family psychiatric history . . .	<input checked="" type="checkbox"/> Generalized anxiety
<input checked="" type="checkbox"/> Pertinent Medical History . . .	<input checked="" type="checkbox"/> Panic attacks
<input type="checkbox"/> Previous HIV or Hepatitis testing- . . .	<input checked="" type="checkbox"/> Bipolar disorder
<input type="checkbox"/> Any pending surgeries? . . .	<input checked="" type="checkbox"/> h/o domestic violence . . .
<input type="checkbox"/> Do you have problems with pain? . . .	<input checked="" type="checkbox"/> h/o sexual abuse . . .
<input type="checkbox"/> Patient goals for treatment: . . .	<input checked="" type="checkbox"/> Obsessive-compulsive disorder
	<input checked="" type="checkbox"/> Hypochondriasis
	<input checked="" type="checkbox"/> Schizophrenia
	<input checked="" type="checkbox"/> Unspecified psychosis
	<input checked="" type="checkbox"/> Personality disorder . . .
	<input checked="" type="checkbox"/> OTHER (enter)

Level 1: nurse MAT 9/22/16	Level 2: Pertinent Medical History
<input checked="" type="checkbox"/> Reason for Visit . . .	<input checked="" type="checkbox"/> Diabetes
<input checked="" type="checkbox"/> Pregnant or possibly pregnant . . .	<input checked="" type="checkbox"/> heart disease
<input checked="" type="checkbox"/> Contraception . . .	<input checked="" type="checkbox"/> cancer
<input checked="" type="checkbox"/> Do you or have you ever used?: . . .	<input checked="" type="checkbox"/> asthma
<input checked="" type="checkbox"/> Prior treatment for substance use? . . .	<input checked="" type="checkbox"/> Hepatitis C . . .
<input checked="" type="checkbox"/> Other addictive behaviors . . .	<input checked="" type="checkbox"/> TB
<input checked="" type="checkbox"/> Self reported psychiatric history . . .	<input checked="" type="checkbox"/> endocarditis
<input checked="" type="checkbox"/> Family psychiatric history . . .	<input checked="" type="checkbox"/> abscesses
<input checked="" type="checkbox"/> Pertinent Medical History . . .	<input checked="" type="checkbox"/> skin infections
<input type="checkbox"/> Previous HIV or Hepatitis testing- . . .	<input checked="" type="checkbox"/> HIV . . .
<input type="checkbox"/> Any pending surgeries? . . .	<input checked="" type="checkbox"/> Hepatitis B
<input type="checkbox"/> Do you have problems with pain? . . .	<input checked="" type="checkbox"/> Hepatitis A
<input type="checkbox"/> Patient goals for treatment: . . .	<input checked="" type="checkbox"/> seizure disorder . . .
	<input checked="" type="checkbox"/> hypertension
	<input checked="" type="checkbox"/> head trauma/injuries
	<input checked="" type="checkbox"/> pancreatic problems
	<input checked="" type="checkbox"/> no history
	<input checked="" type="checkbox"/> other

Add Item Delete Item Editor..

educating the patient about different treatment options for opioid dependence, visit schedule, when start med
determining how the patient will pay for the medication and office Visits
treatment agreement reviewed
Consents for ROI signed
Consent for treatment signed
PDMP inquiry
Give Narcan kit

Send for labs and toxicology

<input type="checkbox"/>	CBC, complete w dif
<input type="checkbox"/>	comp met panel
<input type="checkbox"/>	HIV ab (screen v73.89/Z11.4)
<input type="checkbox"/>	Hep B surface AB qual
<input type="checkbox"/>	Hep B sAg
<input type="checkbox"/>	Heb C AB (Anti-HCV)
<input type="checkbox"/>	urinalysis w/o micro ...
<input type="checkbox"/>	urine pregnancy
<input type="checkbox"/>	urine drug screen
<input type="checkbox"/>	urine drug confirmation (GC/MS) ...

Meet with BH

Pt given SOCRATES, PHQ-9, GAD

assessing the patient's readiness for change with regard to his/her opioid use

assessing for co-occurring for Substance use disorders or psychiatric illness

Assess psychiatric history with attention paid to current compliance with medication.

An intake of the patient's social history and assessment of readiness for change including identification of any facilitators and barriers

Physical exam

- Complete history
- Physical examination
- Mental status examination
- Review laboratory results

Team Discussion

Assessing whether the patient is dependent on opioids and appropriate for our level of care-ASAM dimensions. Input from whole team, review of all previous encounters

If appropriate, Pt called, script for induction only given, instructions on withdrawal reviewed

Medical Visit to start program

Assess withdrawal status. Review how to use Suboxone, sign treatment agreement

Follow up Med

Efficacy of med, side effects, withdrawal

UDS

Reassess preg state

Recheck PDMP

Identify recent use of drugs of abuse

follow up MAT ...

Level 3: follow up MAT

- Symptoms ...
- Current Treatment ...
- Goals met ...
- New meds prescribed since last visit ...
- Change in employment status since last visit? ...
- Change in housing since last visit? ...
- PDMP reviewed date:

New Edit

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or:

- stable, no symptoms
- cravings ...
- opioid relapses ...
- medication adverse reactions ...
- other substance use ...
- concern for pregnancy ...
- denies ...
- no

New Edit