The Comprehensive SUD Assessment

HPI:

- Onset, Quantity, Frequency, Route?
- Signs of addictive behavior?
- Signs of physical dependence?
- Risky behaviors? (Use alone, escalating doses, share equipment, polysubstance use, overdoses, other meds)
  - Do they have naloxone?
- Previous periods of sobriety?
- Previous treatments?
- Other drug/medication misuse?
- Triggers?
- History of Trauma? Support?
- Chronic pain?
- Assess risk factors if candidate for PrEP/PEP

Psychiatric history:
PMH: Important to assess for any history of Renal and Liver Disease. Vaccination status? TB screening?
Medications: (Don't forget about contraception!)
Allergies:
PSurgHx:
PSocialHx: At-risk sexual behavior. Living situation, insured, ID, employment, supports, transportation. Legal issues.
FamHx:

ROS:

- General: Any fevers, chills. weight loss/gain? Overall appearance? Confusion, sedation, agitation?
- HEENT: Any runny nose, sneezing, issues with dentition?
- CV: Chest pain, palpitations?
- Resp: Cough, SOB?
- GI: Any nausea, vomiting, diarrhea? Abdominal pain?
- GU: Any urinary or GU complaints? If female, LMP?
- Derm: Rashes, cellulitis, or abscesses?

PE:

- Vitals: Temp, BP, HR
- General: Signs of withdrawal or intoxication? In distress? Sedation? Cachexia? Obesity? EtOH on breath?
- HEENT: Nares, sclera, dentition/gums
- CV: Murmurs, arrhythmias
- Resp: Respiratory depression
- Abd: Stigmata of liver disease
- Ext: Edema
- Skin: Infection/cellulitis/abscesses, Puncture marks
- Neuro: Cognitive status, gait, tremor, asterixis, slurred speech
- Psych: Suicide assessment, paranoia, hallucinations, difficulty concentrating.

Labs: Toxicology, STI (HIV, Hepatitis, GC/CT, Syphilis), TB testing
Clinical Assessment: Consider ECG, COWS/CIWA scoring, PHQ-9, GAD-7
Prescription Monitoring Program reviewed:

Sample Note Template

HPI:

Onset:
Quantity, Frequency, Route:
Risky Behaviors:
Overdoses:
Sobriety in past:
Previous Treatments:
Triggers:
Other substances:
Trauma/Support:
Chronic pain:

Psychiatric History:
PMH:
Vaccines:
Meds:
Allergies:
PsurgHx:
Social Hx:
Fam Hx:
ROS: **PE:**

Labs:
Clinical Assessments:

PHQ9: GAD7: COWS, CIWA, etc:

A/P:

Sample Note (from the case in the learning module)

HPI:

Joel is a 35 y/o male with polysubstance use disorder interested in treatment.

Onset*:* Started with Percocet at age 20 after breaking his arm, stopped getting Rx from his PCP for positive cocaine in tox screen, starting buying "perc 30s" off the street. Graduated to IV use for the past 2 years.

Quantity, Frequency, Route: Uses 5 grams a day, injecting 4-5 times. Just had an overdose. Almost always uses alone, mother found him down and gave him Narcan.

Risky Behaviors**:** Has clean needles from local syringe exchange, occasionally shares, but has not for the past 3 months. Has been increasing amount of use lately. Combines fentanyl use with gabapentin and cocaine. Has naloxone.

Overdoses: 5

Sobriety in past: 8 months in jail, 3 months on methadone

Previous Treatments: Hates methadone. Never tried vivitrol, has sometimes taken a suboxone on the street, seems to work when he takes it.

Triggers*:* Seeing family, holidays, when he thinks about wife who died of an overdose

Other substances: Smokes 1 ppd, not interested in quitting, no EtOH use, sometimes uses benzo's, gabapentin, and cocaine if he can "get his hands on it" but not regularly using these. No other drug use.

Trauma/Support*:* Homeless. Family no longer talks to him. Reports history of trauma, but didn't want to share today.

Chronic Pain: Arm still bothers him from time to time.

Psychiatric History: Long term untreated depression/anxiety, No SI or plans. Not interested in treatment. Hates therapy.

PMH: Hep C – never treated

Vaccines: He isn't sure, hasn't had any since he was a kid

Meds: None

Allergies: NKDA

PsurgHx: None

Social Hx: Unemployed, homeless. Only female partners, not currently sexually active. Legal issues: none

Fam Hx: Multiple family members with SUD, Dad: suicide/depression, Mom: bipolar. Otherwise noncontributory.

ROS: General: no fevers, chills. +30lb weight loss from last 3 months of "ripping and running".
HEENT: +runny nose, no sore throat or oral lesions
CV: denies chest pain, palpitation
Resp: no cough or SOB
GI: +nausea, vomiting, and diarrhea. Usually has chronic constipation
GU: no urinary or GU complaints
Derm: some small irritated puncture marks on left arm
Neuro: mild headache, no dizziness, numbness or confusion

PE: Vitals: BP 110/70, HR 108, RR 18, Temp 98.7
General: agitated, uncomfortable appearing, intermittently pacing, cachectic
HEENT: clear rhinorrhea, pupils normal, no scleral icterus
CV: RRR nlS1S2, no m/r/g
Resp: CTAB, normal respiratory effort
Abd: soft, ND, NT, + hyperactive BS, no HSM
Ext: no swelling
Skin: left arm with multiple healing puncture marks, some with mild erythema, but no induration or fluctuance
Neuro: A+Ox3, normal gait
Psych: irritable, difficulty concentrating, but no racing thoughts, denies SI or plan

Labs: Rapid Urine Toxicology: + oxycodone, cocaine; Ordered CBC, CMP, STI screening, HCV viral load
Clinical Assessments: PHQ9: 13, COWS: 13

A/P:
35 y/o male with polysubstance use disorder, chronic untreated Hepatitis C, homelessness, and depression/anxiety here for treatment for OUD.

Opioid Use Disorder:
Patient is a good candidate for our OBAT program. Reviewed medical and psych history in detail. Reviewed treatment options in detail for OUD. Discussed risks and benefits of Buprenorphine treatment with patient. Based on my review of history, this patient has been medically cleared to start the OBAT program. Arrangements will be made for induction in office today with nursing since in withdrawal.
Discussed rules of program
No selling or sharing of medications
Use only one pharmacy
Scripts are never replaced
Counseling is recommended
Toxicology testing is mandatory
Counseled patient on harm reduction in detail:
    OD prevention - Rx naloxone given
    Use of clean needles/supplies: SSP referral
    HIV prevention: PrEP discussed, he declined today
Vaccinate for Tdap, Flu, Hep A/B
PPD today for TB screening
Prescription monitoring program reviewed and appropriate.
Sent labs above.

Cocaine Use Disorder:
Briefly reviewed today treatment options, he wants to address this at a future visit. Prefers to focus on OUD at this time

Tobacco Use:
Counseled on potential health risks, he is not interested in quitting at this time. Will address at future appts.

Benzodiazepine Use:
Reviewed the risks of using this in combination with opioids, specifically potential risk of overdose from synergistic effects. Tox screen today was negative for benzodiazepines. He agreed to no longer use them. Will need close monitoring, but this is not an absolute contraindication to Bup treatment at this time.

Depression/Anxiety: Clearly an obstacle to patient at this time. PHQ9: 13 with no SI or plan.
Encouraged therapy, gave list of local providers
Reviewed potential medications, he wants to discuss more at future appts.
Encouraged to consider NA/AA, peer recovery program for further support
He was not interested in intensive outpatient or residential programs for sobriety today
Will follow up closely

Hepatitis C: Needs further work up and likely referral to our Viral Hepatitis clinic. Briefly discussed, he is interested in treatment if needed going forward.
    -Vaccinate for Hep A and B

Homeless Person: Referral to our social work department for help with resources.