Documentation Example

Subjective

Patient presented requesting buprenorphine/naloxone, has trialed it before and stabilized on it, but stopped after moving and other stressors, reports his opioid use is “out of control.”

Medical history

- Patient reports past car accident (2011) with humerus fracture
- Reports no other medical issues
- No recent sexual activity
- Last HIV test 1 year ago

Current medications

- Patient reports no current medications

Allergies

- No known drug allergies

Mental health history

- Patient reports no prior diagnoses, but describes “trouble sleeping from stress and family.”
- No suicidal ideation or past attempts.
- No hospitalizations related to mental health including drug-induced psychosis.

Substance use history and current consumption

Opioids

- First used at 28 years of age after motor vehicle accident; progressed to purchasing morphine, initially snorted.
- Began using heroin by injection at 32 years of age.
- First tried buprenorphine/naloxone at 34 years of age.
    - Stable dose of 12mg/3mg at 35–37 years of age with recent relapse.
- Currently using “a point of down” (i.e., 100mg) a day, spread between 2 injections.

Documentation Example

Alcohol

- First use 15 years of age, binge consumption until started using opioids daily, at which point alcohol use decreased significantly.
- Reports occasional alcohol use, generally 1–3 drinks per occasion, last use 3 months ago but confirms no binge pattern drinking since 28 years of age.
- Patient is unsure of longest period of non-use.

Cocaine

- First use 17 years of age, snorts, last use 1 month ago, uses up to 1 gram at a time.
- Reports it is “too expensive.”
- Patient is unsure of longest period of non-use.

Tobacco

- First use 17 years of age, has smoked 15 cigarettes per day since 24 years of age (13 years).
- No quit attempts.

Other substances

- No history of GHB, benzodiazepines, crystal meth, hallucinogens, or any other substances.

Treatment

- Has not attended any treatment centres; has attended counselling a “few times”; tried NA once and “didn’t like it.”

Harm reduction

- Patient mostly uses alone, as no supervised consumption services in area.
- Always uses sterile equipment.
- Is “not sure” if he has experienced overdoses in past 6 months, but has “come to” (i.e., lost consciousness) after using a few times.
- He has access to a take-home naloxone kit.

Documentation Example

Psychosocial

- Renting a room with a friend
- Has employment as a call center operator
- Some alcohol use by housemate.
- Connected to mom; she lives at a distance but they talk on the phone once every few weeks.
- Does not have drug coverage—will complete Plan G forms.
- Patient does not have children.
- Patient reports he uses the bus and walking for transportation, he does not drive.

Objective

Patient looks tired but is alert, wakeful throughout encounter, responding to questions appropriately, and shows no signs of sedation. Not able to locate past medical records, will request.

- PharmaNet check indicates last buprenorphine/naloxone dose 6 months ago (12mg/3mg once daily). Patient reports he was maintained on this dose for 2 years and had no cravings or use.
- Only other medication on PharmaNet: doxycycline in July; patient reports this was to treat chlamydia.
- Point-of-care urine drug test (UDT) completed:
    - +fentanyl
    - +opiates

Assessment

- DSM-5 diagnosis of severe opioid use disorder with a score of 6.
- At risk of overdose

Documentation Example

Plan

- Plan for buprenorphine/naloxone re-start:
  - Patient prefers to do this at home.
  - Reviewed secure storage of medication and not using with alcohol or other CNS depressants.
  - Reviewed Subjective Opiate Withdrawal Scale (SOWS) and induction dosing plan.
  - Prescription provided: 2mg/0.5mg buprenorphine/naloxone sublingual (SL) tablets x 8 provided for induction day 1 (carries); 16mg/4mg SL once daily for 7 days daily-witnessed ingestion (DWI).
  - Patient encouraged to return to clinic earlier than a week or call if experiencing any cravings or withdrawal on 16mg.
- Dispensed from clinic ward stock for induction period:
  - 325–975mg acetaminophen and 200–400mg ibuprofen QID for muscle or joint pains (2 days)
  - 25mg dimenhydrinate QID for nausea (2 days)
- Plans to try induction in two days, when not working.
- Discussed when he might be able to have carries as it is easier for work. Patient agreed to DWI for first week after induction followed by re-assessment.
- Declined referral to primary care provider for further assessment of sleep difficulty—will continue to monitor or set-up appointment for when Dr. Jeffries is in.
- Lab requisition provided for hepatitis A, hepatitis B, hepatitis C, HIV (pre-test counselling provided), kidney/liver function.

Harm reduction

- Naloxone kit and training provided; discussed training housemate; discussed letting housemate know when using or using Lifeguard App.

Follow-up

- Will drop-in in one week when needing renewal or earlier if 16mg is not sufficient.

Mark Griffin, RN

November 25, 2020