


Substance
Use Disorders



Team-Based Intakes,
Inductions, and Visits:

Key Roles and
Considerations for
Non-Prescribers

Objectives

Describe

Describe three key components of the initial patient intake visit

Apply

Apply evidence-based patient assessment tools in patient induction encounters

Identify

Identify three key considerations of comprehensive patient assessments to promote principles of trauma responsive care



American Society of Addiction Medicine

Patient Presentation

Active
Withdrawal

Post Acute
Withdrawal

Intoxicated

Incarcerated

Treatment
Program

ED After an
Overdose



Initial Screening/Intake

Admission Procedures and Initial Evaluation

Medical Assessment

Induction Assessment

Comprehensive Assessment

Treatment, C. F. (1970, January 01). Chapter 4. Initial Screening, Admission Procedures, and Assessment Techniques. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK64165/#A82825>

Initial Screening and Intake

Determine an applicant's eligibility and readiness

Establish an effective therapeutic alliance

Provide immediate, practical information that helps potential applicants make decisions about MAT

Brief exploration of applicants' expectations

Crisis intervention.

Education

Identification of treatment barriers.

Admission Procedures and Initial Evaluation

Positively engage patients

Treatment History

Orientation to MAT

Recovery Environment

Substance of abuse

Prescription and OTC medication use

Admission Procedures and Initial Evaluation

Method and level of substance use

Pattern of daily preoccupation with substance use

Other compulsive behaviors

Patient motivation and reason for seeking treatment

Patient personal recovery resources

Scheduling next appointment

Medical Assessment

Toxicology tests

Other
laboratory tests
as necessary

Psychosocial
assessment

Complete
medical history

TB, Hepatitis,
HIV, and STD's

History and
extent of all
substance use

Complete
physical exam

Induction Assessment



Assess at least daily

Overmedication

Undermedication

Dose adjustments

INDUCTIONS

Clinical Opioid Withdrawal Scale

<https://www.youtube.com/watch?v=WmRAgNbwNRE>

COWS Wesson & Ling, J Psychoactive Drugs. 2003 Apr-Jun;35(2):253-9. Clinical Opiate Withdrawal Scale

Resting Pulse Rate: _____ beats/minute <i>Measured after patient is sitting or lying for one minute</i> 0 Pulse rate 80 or below 1 Pulse rate 81-100 2 Pulse rate 101-120 4 Pulse rate greater than 120	GI Upset: <i>over last 1/2 hour</i> 0 No GI symptoms 1 Stomach cramps 2 Nausea or loose stool 3 Vomiting or diarrhea 5 Multiple episodes of diarrhea or vomiting
Sweating: <i>over past 1/2 hour not accounted for by room temperature or patient activity.</i> 0 No report of chills or flushing 1 Subjective report of chills or flushing 2 Flushed or observable moistness on face 3 Beads of sweat on brow or face 4 Sweat streaming off face	Tremor <i>observation of outstretched hands</i> 0 No tremor 1 Tremor can be felt, but not observed 2 Slight tremor observable 4 Gross tremor or muscle twitching
Restlessness <i>Observation during assessment</i> 0 Able to sit still 1 Reports difficulty sitting still, but is able to do so 3 Frequent shifting or extraneous movements of legs/arms 5 Unable to sit still for more than a few seconds	Yawning <i>Observation during assessment</i> 0 No yawning 1 Yawning once or twice during assessment 2 Yawning three or more times during assessment 4 Yawning several times/minute
Pupil size 0 Pupils pinned or normal size for room light 1 Pupils possibly larger than normal for room light 2 Pupils moderately dilated 5 Pupils so dilated that only the rim of the iris is visible	Anxiety or irritability 0 None 1 Patient reports increasing irritability or anxiousness 2 Patient obviously irritable anxious 4 Patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches <i>If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored</i> 0 Not present 1 Mild diffuse discomfort 2 Patient reports severe diffuse aching of joints/ muscles 4 Patient is rubbing joints or muscles and is unable to sit still because of discomfort	Gooseflesh skin 0 Skin is smooth 3 Piloerection of skin can be felt or hairs standing up on arms 5 Prominent piloerection
Rummy nose or tearing <i>Not accounted for by cold symptoms or allergies</i> 0 Not present 1 Nasal stuffiness or unusually moist eyes 2 Nose running or tearing 4 Nose constantly running or tears streaming down cheeks	Total Score _____ The total score is the sum of all 11 items Initials of person completing Assessment: _____

Score: 5-12 mild; 13-24 moderate; 25-36 moderately severe; more than 36 = severe withdrawal

INDUCTIONS

Subjective Opioid Withdrawal Scale

FIGURE 1

Subjective Opiate Withdrawal Scale (SOWS)³⁰

In the column below in today's date and time, and in the column underneath, write in a number from 0-4 corresponding to how you feel about each symptom RIGHT NOW. Scale: 0 = not at all, 1 = a little, 2 = moderately, 3 = quite a bit, 4 = extremely.

DATE: _____

TIME: _____ : _____

	Symptom	Score	Score	Score	Score	Score	Score
1	I feel anxious						
2	I feel like yawning						
3	I am perspiring						
4	My eyes are teary						
5	My nose is running						
6	I have goosebumps						
7	I am shaking						
8	I have hot flushes						
9	I have cold flushes						
10	My bones and muscles ache						
11	I feel restless						
12	I feel nauseated						
13	I feel like vomiting						
14	My muscles twitch						
15	I have stomach cramps						
16	I feel like using now						
	TOTAL						

SOURCE: Reprinted with permission of the World Health Organization, from: Annex 10: Opioid withdrawal scales. In: *Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence*. Geneva, Switzerland: World Health Organization; page 86. Copyright © 2009. www.ncbi.nlm.nih.gov/books/NBK143185/pdf/Bookshelf_NBK143185.pdf. Accessed June 4, 2019.

Comprehensive Assessment

Patient recollections of and attitudes about previous substance abuse treatment

Expectations and motivation for treatment

Level of support for a substance-free lifestyle

History of physical or sexual abuse

Military or combat history

Traumatic life events

Cultural, religious, and spiritual basis for any values and assumptions that might affect treatment

Take Aways.

- ▶ The question really is, what key role can a pharmacist not play?
- ▶ Today you start helping patients treat their opioid withdrawal symptoms.

