



## Appendix 13

### TEMPLATE: Medical provider note template

The following clinical information related to alcohol or drug abuse is CONFIDENTIAL and protected by Federal Law. ACCESS TO THIS INFORMATION IS ON A NEED-TO-KNOW BASIS ONLY AND IS PROVIDED FOR THE PURPOSE OF ASSURING APPROPRIATE MEDICAL CARE. Federal regulations (42 CFR, Part 2) prohibit the release of this information without specific written consent of the patient. A general authorization for the release of medical information is NOT sufficient for the purpose of releasing the following information.

### INPATIENT INITIAL ADDICTION (IMPACT) CONSULT

Author:

Primary Team Attending:

PCP:

Hospital Day:

REASON FOR CONSULTATION: \*\*\*

HPI:

Addiction History:

Signs of substance use disorder in the last 12 months:

[DSM-5 flowsheet]

1	Use in larger amounts or for longer periods of time than intended
2	Unsuccessful efforts to cut down or quit
3	Excessive time spent using the drug
4	Intense desire/urge for drug (craving)
5	Failure to fulfill major obligations
6	Continued use despite social/interpersonal problems
7	Activities/hobbies reduced given use
8	Recurrent use in physically hazardous situations
9	Recurrent use despite physical or psychological problem caused by or worsened by use
10	Tolerance
11	Withdrawal

### OTHER SUBSTANCE USE HISTORY:

Tobacco

Alcohol

Benzodiazepines

Cocaine

Methamphetamine

Gambling

Family History

Active SUD in household

History of SUD treatment

DUI

Hx of incarceration/probation?

If so, Probation Officer:

Prescription Drug Monitoring checked:



**Mental Health history:**

**Trauma history:**

**ROS:**

Withdrawal symptoms currently:

Concern for abscess or induration:

Concern for STI or s/s of STI:

**PMH:**

**OUTPATIENT MEDS:**

**INPATIENT MEDS:**

**Other SOCIAL HX:**

**PHYSICAL EXAM:**

**DATA:**

Last UDS

HIV

Hep C

RPR

LFTs

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**IMPRESSION:**

[Patient name] is a [age] year old [man/ woman] with a history of \*\*\* who presents with \*\*\*

The patient meets \*\*\* out of 11 DSM-V criteria, consistent with \*\*\* \*\*\* Use Disorder.

The patient meets \*\*\* out of 11 DSM-V criteria, consistent with \*\*\* \*\*\* Use Disorder.

Level of motivation is assessed to be:

Social Issues Addressed/Barriers to Care:

**RECOMMENDATIONS:**

**-Obtain urine drug test if not already obtained**

**-Recommend checking random urine drug test at least once weekly during hospitalization to support safe medication prescribing**

**-Change all opioids to liquid formulation to prevent diversion**

**-Avoid benzodiazepines and IV formulations of medications with strong reward value (opioids, phenergan, benadryl, etc)**



**-Obtain ECG at baseline and then every week thereafter**

**-Check RPR, HIV, Hep C tests**

**- Please place a TB skin test (PPD) and a nursing order to read in 48-72 hours. If patient is going to discharge before 48 hours please have nurses provide documentation of when PPD was placed and when it should be read.**

**-Naloxone kit at discharge (and if patient leaves AMA)**

**-If not yet done, please place EPIC consult for addiction medicine**

For questions related to this patient's addiction care, please page the IMPACT/Addiction Medicine pager at 17273 which is available M-F 8-5pm only. Weekend coverage is not available.

I spent \*\* minutes in the care of this patient. Greater than 50% of the time was spent counseling and coordination of care, including record review, coordination of care with primary team and family, and counseling to the patient about substance use disorder and its treatment.

Thank you for this interesting consult and the opportunity to partner with you on this patient's care.

@SIGNATURE@

Pager