CHECKLIST: PRIOR TO NALTREXONE INITIATION

Patient Name:		Date:	
	Review and sign treatment agreement and	consents.	
	Reinforce with patient the need for frequent appointment adherence, and establish whether this is realistic. If patient states that it is not manageable, address with the team prior to initiating treatment.		
	Put counseling services in place prior to the patient starting treatment.		
	Ensure that patient has been cleared by psy health history.	chiatry if he/she has a concerning mental	
	Ensure labs are appropriate: hCG neg.; LFTs	< 5x normal.	
	Ensure patient has a UTS that is negative fo	r all illicit substances.	
	Ensure that detoxification from opioids is consistent on the construction opioids is consistent on the construction opioids for 5–7 days. If taking to buprenorphine, the patient must be off for	raneous withdrawal. The patient must be off ong-acting opioids, such as methadone or	
	Ensure that detoxification from alcohol has has a history of alcohol-related seizures, DT withdrawal signs or symptoms, or as otherw		
	opioid agonists) while in detox. Benzodiazer if naltrexone initiation occurs shortly after o	s, ensure that he/she brings discharge firm what was prescribed (benzodiazepines, pines prescribed in detox may be present in UTS discharge from detox. Ensure that opioids are sween last opioid dose and naltrexone initiation	
	Consult with OBAT provider and clinical teal schedule induction per protocol in collabora prescription, and clinic schedule.	m after initial visit. After OBAT team review, ation with patient and team: date, time,	

	Telephone patient to review medication initiation plan and order medication. E-fax oral naltrexone tablet prescription to pharmacy for patient to pick up. Extended-release injectable naltrexone often requires prior authorization from insurance and ordering through a specialty pharmacy; this process may take several days and requires thoughtful planning.				
	Patient presents to clinic for induction	/medication initiation.			
Nurse Case Manager (Print Name)		Signature	Date		
	tness (Print Name)	Signature	Date		

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