

NURSING FOLLOW-UP: BUPRENORPHINE/NALOXONE

Provider Name: _____

Provider Signature: _____ Date: _____

BUPRENORPHINE/NALOXONE CLINIC VISITS

Once stable, schedule clinic visits every 2 to 4 weeks, with refills that coincide with visits.

Goal: Monthly visits for a few months; ultimately, random visits as needed, if appropriate for patient; random is more effective in assisting patients in their recovery and should be the goal instead of monthly.

- Many patients will remain on more frequent visits than monthly, as patients find these visits important to their recovery process.
- Each decrease in visit frequency requires treatment team review.

Clinic visits to include:

- Collect urine sample/swab for toxicology.
- Lab testing: If LFTs were elevated at induction, they must be re-checked within 1–2 months or sooner, depending on degree of elevation, and must continue to be regularly monitored thereafter. Elevations are more common in patients with hepatitis C and HIV infection.
- If history of risky alcohol use, conduct a breathalyzer at each visit; if patient is struggling with alcohol use, team must address.
- Offer acamprosate (Campral), disulfiram (Antabuse), or topiramate (Topamax) to patients with alcohol dependence, with provider input and agreement.
- Patients managed on buprenorphine/naloxone cannot be treated with any naltrexone formulation, as these medications are contraindicated.
- Assess patient status: recovery, relapse, medical issues; and address as indicated. Contact other OBAT team members as needed, including OBAT provider and PCP if different and warranted.
- Review current buprenorphine/naloxone dose, adherence, and correct administration techniques.
- Review treatment plan: counseling, meetings, need for further psychiatric treatment, difficulties with obtaining or using buprenorphine/naloxone, incidence of side effects, presence of cravings or withdrawal, instances of drug use.

- Provide medical case management, with brief counseling support.
- Review contact information, including pharmacy, at each visit.
- Provide refills for up to 6 months, **once stable**, and fax these to a pharmacy (with pharmacy information kept on file).
- Ensure visits with waived OBAT provider at least every 3–4 months, with review of medical record, lab test results, recovery status, and UTS results.
- Perform telephone contact for support, monitor medical issues, check pregnancy status, ask about medication changes, any pending needs for surgery, acute/chronic pain management, and determine need for psychiatric assessment.

BUPRENORPHINE/NALOXONE NURSING FOLLOW-UP VISIT

Visit type:

- Scheduled
- Walk-in
- Call-back
- Random call-back

Reason for visit: _____

Current dose of buprenorphine/naloxone (Suboxone, Zubsolv):

- | | | |
|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> 1 = 2mg | <input type="checkbox"/> 5 = 10mg | <input type="checkbox"/> 9 = 24mg |
| <input type="checkbox"/> 2 = 4mg | <input type="checkbox"/> 6 = 12mg | <input type="checkbox"/> 10 = 28mg |
| <input type="checkbox"/> 3 = 6mg | <input type="checkbox"/> 7 = 16mg | <input type="checkbox"/> 11 = 32mg |
| <input type="checkbox"/> 4 = 8mg | <input type="checkbox"/> 8 = 20mg | <input type="checkbox"/> 12 = Other: _____ |

Is patient taking buprenorphine/naloxone as directed?

- 1 = Yes
- 2 = No

The patient's dose is:

- Stable
- Titrating up
- Tapering down

How often is patient taking buprenorphine/naloxone?

- 1 = Daily
- 2 = Twice daily
- 3 = 3-4 x daily
- 4 = Other: _____

If taking more than once a day, what is the reason?

- 1 = Sleep
- 2 = Habit
- 3 = Mentally feels better
- 4 = Energy
- 5 = Pain

Is patient experiencing:

- Cravings
- Withdrawal symptoms
- Side effects
- Other: _____
- Patient denies cravings/withdrawal symptoms

Comments:

Have there been any changes to your medications since your last visit?

- 1 = Yes
- 2 = No

If yes, please list:

Do you have any active medical issues?

- 1 = Yes
- 2 = No

If yes, please list:

Have you experienced any overdoses?

- 1 = Yes
- 2 = No

If yes? Please describe how many, when each occurred, if medical attention was received and/or naloxone administered.

PCP Name: _____

OBAT Provider Name: _____

Was the last OBAT provider visit within 4 months? _____

When were the patient's last labs drawn? _____

Female Patients: Any chance that you are pregnant at this time?

- | | |
|---|--|
| <input type="checkbox"/> 1 = Yes | <input type="checkbox"/> 5 = Menopause |
| <input type="checkbox"/> 2 = No | <input type="checkbox"/> 6 = History of hysterectomy |
| <input type="checkbox"/> 3 = Don't know | <input type="checkbox"/> 7 = Other: _____ |
| <input type="checkbox"/> 4 = Tubal ligation | |

If no, are you on birth control?

- 1 = Yes
- 2 = No

If yes, which method of birth control are you currently on? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Relying on male condoms | <input type="checkbox"/> Patch |
| <input type="checkbox"/> Oral contraceptives | <input type="checkbox"/> Female barrier method (e.g., diaphragm, female condom) |
| <input type="checkbox"/> Injection (e.g., Depo-Provera) | <input type="checkbox"/> Rhythm/Fertility Awareness Methods/Withdrawal |
| <input type="checkbox"/> Hormonal implant | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Intrauterine device/contraception (IUD or IUC) | |
| <input type="checkbox"/> Vaginal ring | |

Has patient used any substances?

- | | |
|---|--|
| <input type="checkbox"/> Opioids | <input type="checkbox"/> Gabapentin |
| <input type="checkbox"/> Fentanyl | <input type="checkbox"/> Prescribed controlled substance |
| <input type="checkbox"/> Cocaine | Reason for prescription:
_____ |
| <input type="checkbox"/> THC | <input type="checkbox"/> Patient denies all drug use |
| <input type="checkbox"/> ETOH | <input type="checkbox"/> None |
| <input type="checkbox"/> Benzodiazepines | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Amphetamines | |
| <input type="checkbox"/> Methamphetamines | |

Comments:

Is patient engaged in counseling?

- 1 = Yes
 2 = No

What is the location of counseling? _____

What is the name of patient's counselor? _____

How often is the patient going to counseling?

- 1 = Once a week
 2 = Every other week
 3 = Once a month
 4 = Every 2–3 months
 5 = Other: _____

Has the patient missed any counseling appointments?

- 1 = Yes
- 2 = No

What is the reason for the missed appointments?

Is the patient seeing a psychiatrist?

- 1 = Yes
- 2 = No

Name of psychiatrist: _____

Medications prescribed by psychiatrist: _____

How often is the patient seeing a psychiatrist?

- 1 = Once a week
- 2 = Every other week
- 3 = Once a month
- 4 = Every 2–3 months
- 5 = Other: _____

Are you attending peer-support meetings?

- 1 = Yes
- 2 = No

If yes, which meetings do you attend? (check all that apply)

- 1 = AA
- 2 = NA
- 3 = Smart Recovery
- 4 = Other: _____

If yes, how many meetings do you attend each week?

- 1 = 1–2 week
- 2 = 3–4 week
- 3 = 5–6 week
- 4 = Daily
- 5 = Other: _____

Are there any changes in your housing status?

- 1 = Yes
- 2 = No

The following portions of the patient's history were reviewed and updated as appropriate:

- Medication List
- Recent Lab Results
- Allergies
- Problem List
- Hospitalizations
- Emergency Department Visits
- Other: _____

Recovery education/support conducted during this session?

- 1 = Yes
- 2 = No

Educated/supported the patient in:

- | | |
|---|---|
| <input type="checkbox"/> 1 = Attending meetings | <input type="checkbox"/> 6 = Relationship/family issues |
| <input type="checkbox"/> 2 = Attending counseling | <input type="checkbox"/> 7 = Obtaining a sponsor |
| <input type="checkbox"/> 3 = Addiction behavior | <input type="checkbox"/> 8 = Job training |
| <input type="checkbox"/> 4 = Recovery issues | <input type="checkbox"/> 9 = School/vocational training |
| <input type="checkbox"/> 5 = Relapse prevention | <input type="checkbox"/> 10 = Other: _____ |

Treatment plan reviewed?

- 1 = Yes
- 2 = No

For females, qualitative pregnancy test conducted on urine?

- 1 = Yes
- 2 = No

Result of pregnancy test

- 1 = Positive
- 2 = Negative
- 3 = Indeterminate

Urine toxicology screen sent?

- 1 = Yes
- 2 = No

Urine sample sent for confirmatory testing?

- 1 = Yes
- 2 = No

RTC:

- 1 = Scheduled
- 2 = Random call-back

Comments: