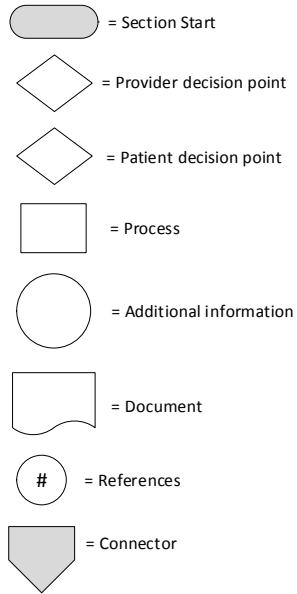


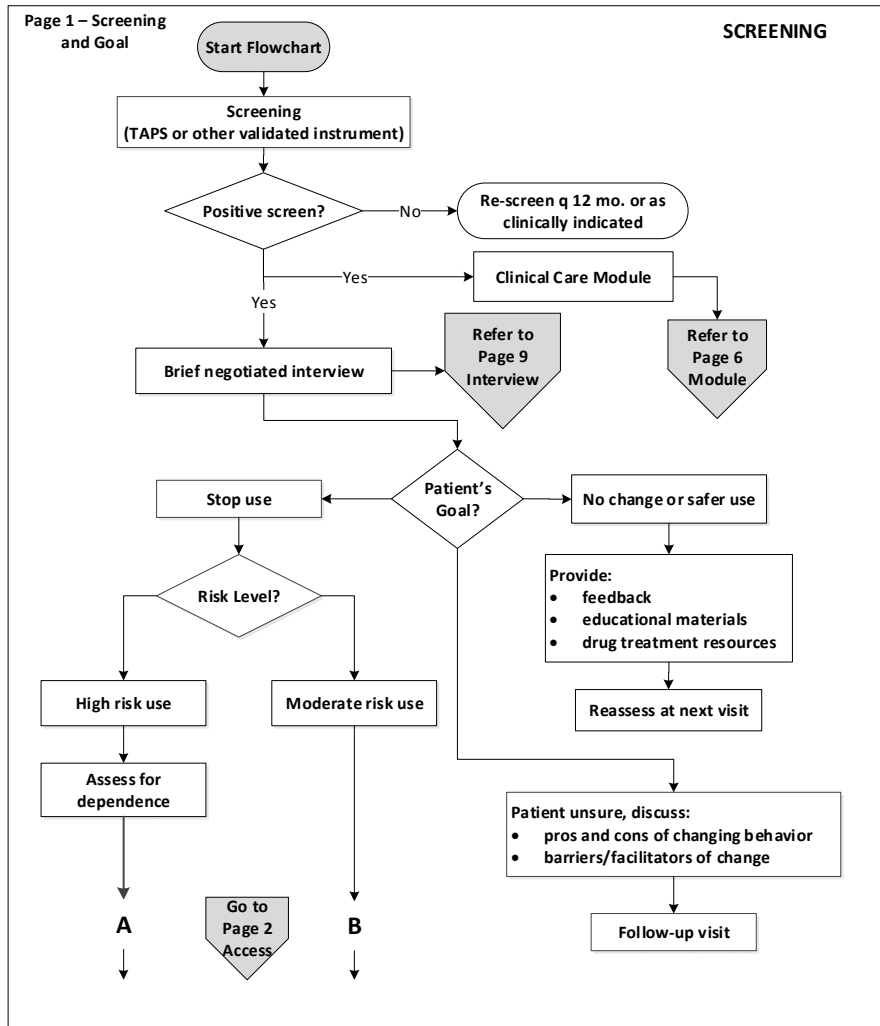
Figure 1 in Multiple Parts Denoted as Pages 1 – 9

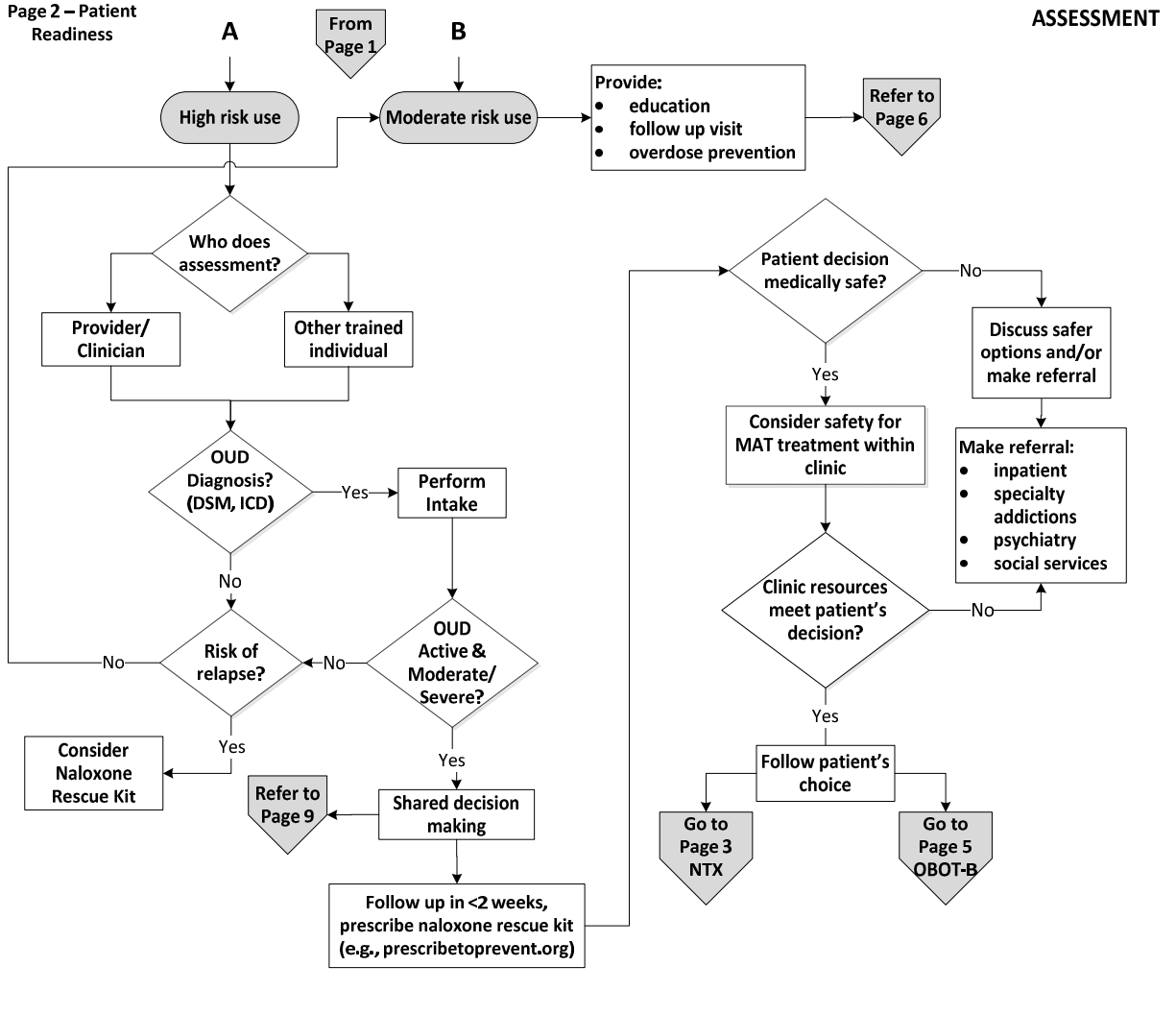
Clinical Decision Support for Opioid Use Disorders (Short Version)



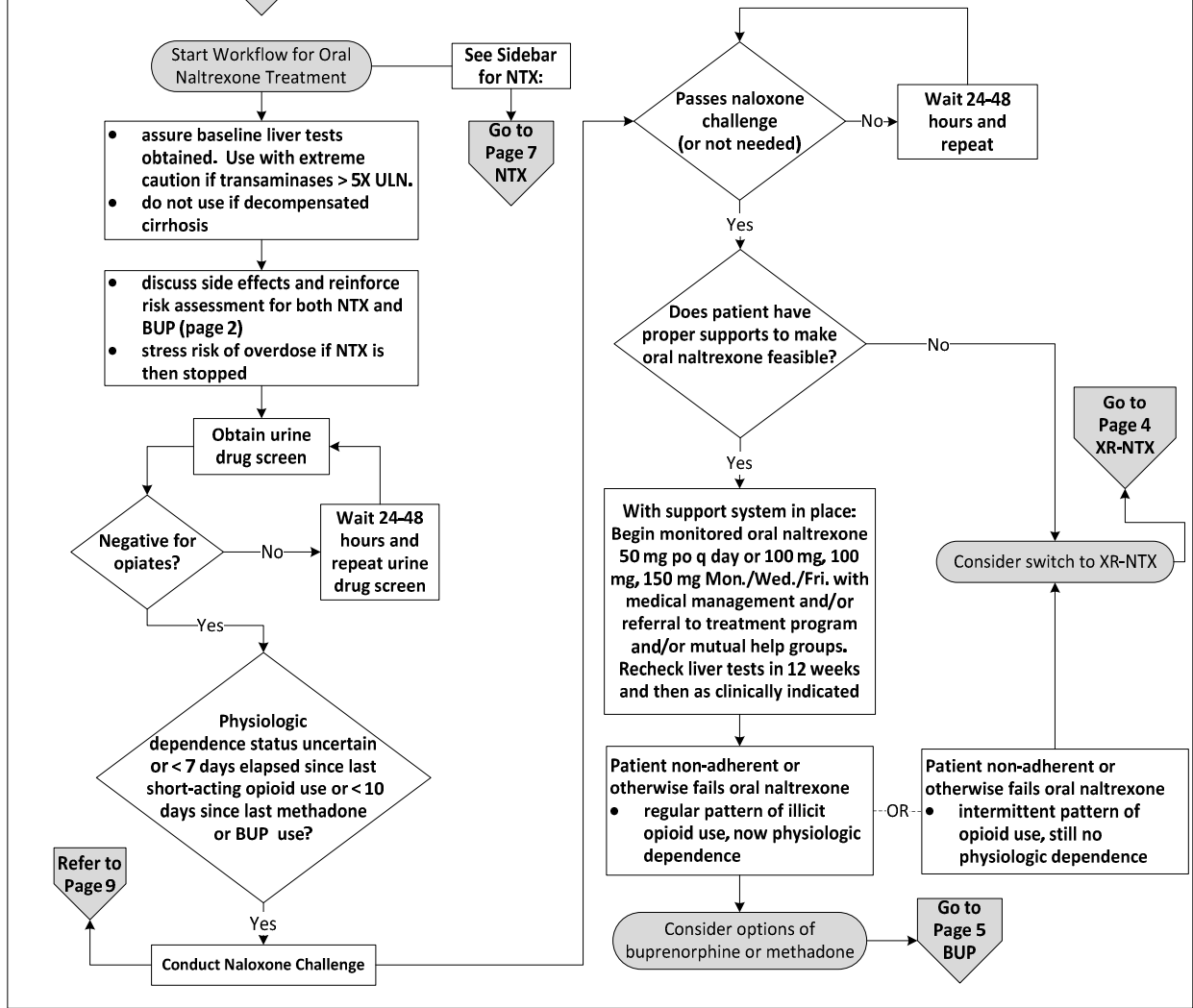
Abbreviations:

- DSM** = APA Diagnostic and Statistical Manual of Mental Disorders
- ODU** = Opioid Use Disorder
- NX** = Naloxone
- NTX** = Naltrexone
- BUP** = Buprenorphine
- OBOT-B** = Office-Based Opioid Treatment with Buprenorphine
- MOUD** = Medications for Opioid Use Disorder





From Page 2



Consider XR-NTX treatment when oral Naltrexone is infeasible or fails, but still no physiologic dependence

Does patient accept injectable NTX?

No

- Patient has inadequate supports but refuses XR-NTX and wants oral NTX. See Narrative and
- address shared decision making
 - consider BUP or methadone
 - get agreement to consider other options if oral NTX fails
 - begin oral NTX with very close clinical monitoring and frequent urine drug screens

Yes

Begin XR=NTX 380 mg I.M. in gluteal muscle with medical management and/or referral to treatment program and/or mutual help groups. Schedule appointment for next injection in 4 weeks. Recheck liver tests in 12 weeks and then as clinically indicated.

IF

Patient non-adherent or otherwise fails XR-NTX (intermittent pattern of opioid use), still no physiologic dependence

Continue XR-NTX and intensify behavioral interventions

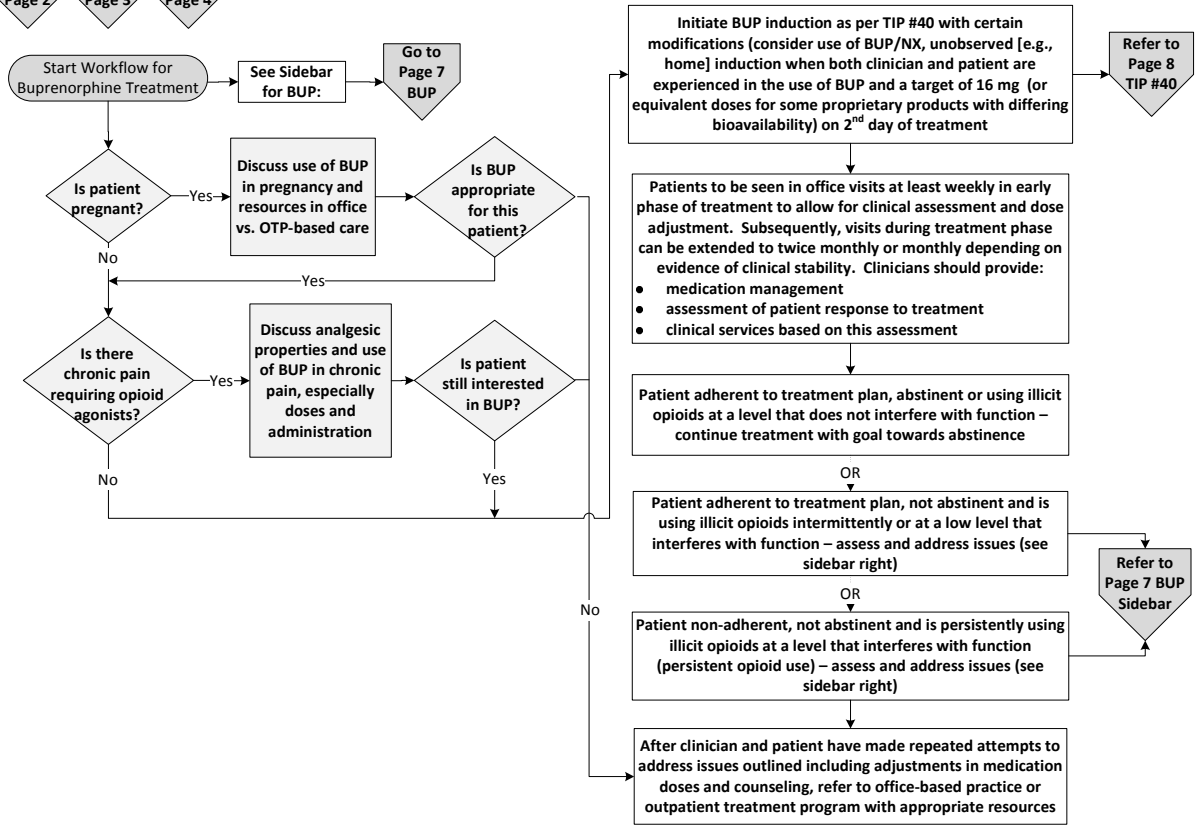
OR

Patient non-adherent (does not return for subsequent injections) or otherwise fails XR-NTX (regular pattern of illicit opioid use), now physiologic dependence

Begin BUP or refer for methadone treatment

Go to
Page 5
OBOT-B

From Page 2 From Page 3 From Page 4



Page 6 - Clinical Care Module

**From
Page 1**

**From
Page 2**

Clinical Care Module - clinical actions that are independent of the treatment decision

- review screening results for tobacco, alcohol, other drug use
- assess lifetime/current IDU, counseling on safer injection
- ask about drug treatment history
- screening for infectious diseases: HIV, HBV, HCV, STIs, TB
- screening for common health and mental health problems: chronic pain, depression, anxiety
- screening for pregnancy
- review of prescribed medications with potentially harmful interactions: sedatives, opioids
- check prescription drug monitoring program
- obtain/Review urine toxicology results
- overdose education, provision of naloxone kit
- vaccination for HAV, HBV, tetanus, influenza, pneumococcal pneumonia (as indicated)

From
Page 3

Naltrexone Sidebar:

Assure:

- adequate resources (e.g., insurance coverage for medication, visits, counseling, urine and blood testing)
- ability to safely store medication
- baseline liver tests obtained
- no contraindication to use of NTX
- confidentiality

Consider:

- comorbid substance use/disorders
- benzodiazepine use disorder
- untreated psychiatric comorbidity
- visit frequency
- history of adherence and of diversion
- comorbid chronic pain

Assess and address:

- medication adherence
- triggers
- comorbid substance use
- psychosocial counseling needs

From
Page 5

From
Page 7

Buprenorphine Sidebar:

Assure:

- adequate resources (e.g., insurance coverage for medication, visits, counseling, urine and blood testing)
- ability to safely store medication
- baseline liver tests obtained
- no contraindication to use of BUP
- confidentiality

Consider:

- comorbid substance use/disorders
- benzodiazepine use disorder
- untreated psychiatric comorbidity
- visit frequency
- history of adherence and of diversion
- comorbid chronic pain

Assess and address:

- medication adherence
- dose to assure cross tolerance and narcotic blockade
- triggers
- comorbid substance use
- psychosocial counseling needs

Page 8 – ASAM Guidelines

The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use

<http://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/national-practice-guideline.pdf>

ADDITIONAL RESOURCES

From
Page 1

- Brief Negotiated Interview**
- raise the subject
 - provide feedback on screening score
 - recommend cessation/reduction
 - assess readiness/confidence
 - ask patient why their readiness/confidence rating is not lower
 - ask patient if they are ready to set a goal for changing their use

From
Page 2

- Shared decision making**
- explain the diagnosis of OUD
 - reduced mortality
 - reduced HIV and HCV
 - reduced hospitalizations
 - improved QOL
 - distribute information (e.g., SAMHSA facts on BUP, NTX, MOUD)
 - probe for goals
 - stop or reduce use
 - work with MD or community organization
 - counseling referral
 - review risk/been on meds
 - starting, stopping
 - cost
 - side effects
 - mental health
 - sex
 - sleep
 - bone/teeth
 - weight
 - constipation
 - drug interactions
 - frequency of dosing
 - effects of pain
 - pursue treatment plan

From
Page 3

- How to conduct Naloxone Challenge**
- ask if patient has any opioid withdrawal symptoms. If symptoms are present do not proceed with challenge.
 - observe patient for signs of opioid withdrawal. If signs are present do not proceed with challenge.
 - if no signs or symptoms are present, obtain baseline vital signs.
 - a total dosage of 0.8 mg (2 ampules) naloxone must be administered in one of 3 ways:
 - 0.8 mg IM in deltoid observe 45 minutes
 - 0.8 mg sub q in ay extremity observe 45 minutes
 - 0.2 mg IV push. Wait 30 seconds and observe. If no signs or symptoms of opioid withdrawal, administer remaining 0.6 mg IV push and observe 20 minutes
 - if any elevations in pulse rate or blood pressure occur, or if any signs or symptoms of opioid withdrawal emerge, the patient has failed naloxone challenge. Repeat in 24-48 hours.
 - if no elevations in pulse rate or blood pressure occur, and if no signs or symptoms of opioid withdrawal emerge, the patient has passed the naloxone challenge and can proceed to naltrexone administration.

- Treatment Plan**
- medication adherence
 - confidentiality
 - patient and provider expectations (controlled substance agreement/contract)
 - psychosocial counseling (medical management at minimum)
 - consideration of referral to mutual help (e.g., A.A., N.A.)
 - urine toxicology monitoring
 - pregnancy monitoring
 - assessment of function
 - social
 - employment/financial
 - substance use
 - psychiatric
 - medical
 - legal