

LEARNER TASKS

You are a student in the ED caring for a patient with Opioid Use Disorder (OUD) who has relapsed and overdosed. You can use the Buprenorphine “script” to talk with the patient. The patient is willing and eager to begin Buprenorphine.

Gather Data:

- Perform a screening, brief intervention and referral to treatment (SBIRT) intervention including assessment of readiness and confidence in change.
- Talk to the patient about prior overdose history and treatments used in the past including detox, rehab, MOUD (Medications for OUD).

Build Relationship:

- Counsel the patient regarding the chronic nature of substance use disorder as a disease with MAT options demonstrating empathy.
- Evaluate the presence of current depressed mood and clarify the risk of self-harm.

Engage Patient in Care Plan:

- Confirm patient’s interest in initiating MOUD and discuss subsequent appointment at the Bridging Clinic; use the SUD treatment resources list and collaborate on follow-up care.
- Describe appropriate administration of first dose of sublingual buprenorphine-naloxone.
- Educate regarding need for Naloxone kit for safety as part of treatment plan.

CASE DETAIL**Patient Profile: Patient is eager to begin Buprenorphine**

Name: Pat Sheehan, age/gender per SP, single, with cohabitating partner, 1 child (lives with another parent)

Occupation: Not working, previously mid-level manager

Setting: The patient was brought to the ED after being found unresponsive in apt by partner who called 911 and started bystander CPR. EMS run sheet is in the folder. Patient received 2 doses of intranasal naloxone and was revived. Patient was transported to the ED anxious, sweaty and having vomited. The patient’s last clear recollections of the day were 1 hour before being found.

The patient began using opioids 5 years ago when given oxycodone for 2 months after ankle surgery; patient noted it helped with pain, anxiety and general mood and started buying it from friends. Patient transitioned to heroin after about 6 months as it was cheaper and stronger. Patient is in moderate opioid withdrawal but otherwise medically stable and has expressed interest in MOUD. You were called to discuss and perform this treatment option with the patient.

SMALL GROUP FACILITATION

<i>iCELS staff will announce timing to assure the day flows correctly. Please make every effort to stay on time.</i>	Encounter Timing:	
	0 min	• Staff announce time to prep for the case: direct learners to review materials and tasks.
	5 min	• The SP knocks and enters the exam room.
	17 min	• Staff give the 2 minute warning.
	19 min	• Staff announce the end of the encounter. • The SP will not participate in feedback but exit the exam room to complete a checklist. • You will begin debriefing.
	27 min	• Staff give the 2 minute warning to finish up debriefing.
	29 min	• Staff announce the end: stop debriefing and direct learners to prepare for the next case

<p><i>Use this space to record feedback notes, or any points to support ongoing learning.</i></p>	<p style="text-align: center;">+</p> <p style="text-align: right;">Δ</p>
<p><i>Include these questions in your discussion.</i></p>	<p>Debriefing:</p> <ul style="list-style-type: none"> • How did that feel for you? What went well? Where did you feel stuck? • How can we help this patient increase her motivation to follow-up after discharge and continue with MOUD post-discharge? • How can you work with a patient and partner (or family member) to support treatment follow-up and chronic care? <p>You may not make it through all elements of the case – this is ok: use this experience to emphasize that the case is difficult and motivating patients with recent overdose to consider MOUD in the ED may require more time to meet their particular needs. You may also finish early. If so, please use that time to share your personal experiences or discuss the key points in more detail.</p>
<p><i>Ask each learner to read a key point aloud.</i></p>	<p>Key Points:</p> <ul style="list-style-type: none"> • Medication for opioid use disorders (MOUD) include buprenorphine, methadone and naltrexone, however MOUD initiation in the ED for post opioid overdose with buprenorphine is more common due to its practicality and safety profile. MOUD can act as a bridge or long-term therapy to assist patients in overcoming opioid use disorders (https://store.samhsa.gov/file/24787/download?token=IMyZLK-&filename=tip63_fulldoc_052919_508.pdf&sku=SMA19-5063FULLDOC). • Supporting engagement and facilitating next day follow-up increases motivation for treatment. • Effective treatments for opioid use disorder exist. MOUD may help approximately 60% of patients in recovery abstain from opiate misuse, but only 25% of publicly funded treatment programs offer FDA approved MOUD, and as few as 10% of patients receive it (WHO information sheet 2014: http://www.who.int/substance_abuse/information-sheet/en/). • People with a history of substance misuse may have a higher tolerance to pain medications even when they are in recovery, and thus may require higher doses for appropriate analgesia. • Opioid use disorder is a chronic disease. Patients should be counseled to seek support to maintain behavioral change, identify triggers that might promote relapse and set proactive plans should these arise. • Administering naloxone to someone who has NOT used opiates does NO harm.