

Opioid Use Disorder (OUD) Subregistry – Version 1.1

BRANCHING FROM MAIN FORM CI SECTION TO OPEN THE SUBREGISTRY FORM

Does your case involve an ED/hospital consult related to opioids (overdose, withdrawal, or opioid use disorder evaluation)?

☐ Yes ☐ No ☐ Unknown

If yes, please complete the Opioid Supplemental data entry screen at the end of the Core Registry

NEW OPIOID FORM (only opens for those >12 years old)

Which of the following best describes the case: *(check all that apply)*

- ☐ Opioid overdose
- ☐ Opioid withdrawal
- ☐ Opioid use disorder evaluation (e.g. MOUD treatment initiation or maintenance)
- ☐ Other (Specify: _____)

OPIOID USE HISTORY

Before the current presentation, what best describes the patient's history of opioid use:

- ☐ Never used
- ☐ Current use (any use \leq 30 days ago)
- ☐ Former use (any use > 30 days ago)
- ☐ Unknown use history

If patient has current or former opioid use history, indicate type of opioid use:
(check all that apply)

- ☐ Prescription opioids ☐ Other opioids (Specify): _____
- ☐ Illicit opioids ☐ Unknown

Has the patient previously experienced an opioid overdose?

☐ Yes ☐ No ☐ Unknown

If yes, how many opioid overdoses have they had in the last 12-months?

☐ 1 ☐ 2-3 ☐ 4-5 ☐ >5 ☐ Unknown

If yes, how many opioid overdoses have they had in their lifetime?

☐ 1 ☐ 2-3 ☐ 4-5 ☐ >5 ☐ Unknown

MEDICATION FOR OPIOID USE DISORDER (MOUD) TREATMENT

MOUD Treatment Prior To ED/Hospital Visit

Prior to this visit, has the patient ever received buprenorphine, methadone, or naltrexone in a hospital setting?

☐ Yes ☐ No ☐ Unknown

Has the patient EVER BEEN PRESCRIBED OR STARTED AS AN OUTPATIENT on buprenorphine, methadone, or naltrexone for opioid use disorder?

☐ Yes ☐ No ☐ Unknown

If yes, are they currently PRESCRIBED OR TAKING any of these medications prior to this visit?

☐ Yes ☐ No ☐ Unknown

If yes, which of these medications are they currently PRESCRIBED OR TAKING prior to this visit?

☐ Buprenorphine ☐ Methadone ☐ Naltrexone
☐ Other (Specify: _____) ☐ Unknown

If yes, do they report TAKING any of these medications within the last 30 days?

☐ Yes ☐ No ☐ Unknown

If yes, which of these medications do they report TAKING prior to this visit?
(check all that apply)

☐ Buprenorphine ☐ Methadone ☐ Naltrexone
☐ Other (Specify: _____) ☐ Unknown

If yes, how many days before this visit did they last take the medication?

☐ < 1 day ☐ 1-3 days ☐ 4-6 days
☐ 7-14 days ☐ 15-30 days ☐ Unknown

If yes, how many days in the last 30 days have they taken the medication?

☐ < 1 day ☐ 1-3 days ☐ 4-6 days
☐ 7-14 days ☐ 15-30 days ☐ Unknown

Has the patient EVER USED NON-PRESCRIBED (illicit or obtained from a non-medical source) buprenorphine, methadone, or naltrexone for opioid use disorder?

☐ Yes ☐ No ☐ Unknown

MOUD Current ED/Hospital Visit

Was the patient administered buprenorphine, methadone, or naltrexone during current ED/hospital visit?

☐ Yes ☐ No ☐ Unknown

If yes, where was the medication first administered?

☐ ED ☐ Hospital Floor ☐ ICU
☐ Other (Specify: _____) ☐ Unknown

If yes, which of these medications were administered? (*check all that apply*)

☐ Buprenorphine ☐ Methadone ☐ Naltrexone
☐ Other (Specify: _____) ☐ Unknown

If buprenorphine, methadone, or naltrexone, why was this particular medication chosen? (*check all that apply*)

☐ Patient preference
☐ Continuation of current MOUD medication
☐ Physician comfort with administering
☐ Hospital availability of medication
☐ Availability of outpatient continuation (e.g., methadone clinic)
☐ Cost or insurance coverage of medication
☐ Pregnancy
☐ Pain management issues (e.g., acute/chronic painful condition)
☐ Other (Specify: _____)

If buprenorphine, why was the buprenorphine administered during this ED/hospital visit?

☐ Initiation ☐ Maintenance ☐ Unknown

If buprenorphine was initiated, was the patient experiencing withdrawal symptoms prior to 1st dose?

☐ Yes ☐ No ☐ Unknown

What was the first dose of buprenorphine? _____ mg

Did the patient experience any increased withdrawal symptoms after buprenorphine (precipitated withdrawal after any of the initiation doses were administered)?

☐ Yes ☐ No ☐ Unknown

What was the cumulative buprenorphine dose within the first 24 hours? _____ mg

If buprenorphine, was an opioid agonist also administered during the induction (e.g., fentanyl, hydromorphone, morphine, tramadol)?

☐ Yes ☐ No ☐ Unknown

If yes, which of the following were used: (*check all that apply*)

☐ Fentanyl
☐ Hydromorphone
☐ Morphine
☐ Tramadol
☐ Other specify: _____

If methadone, why was the methadone administered during this ED/hospital visit?

☐ Initiation ☐ Maintenance ☐ Unknown

If methadone was initiated, was the patient experiencing withdrawal symptoms prior to 1st dose?

☐ Yes ☐ No ☐ Unknown

What was the first dose of methadone? _____ mg

What was the cumulative methadone dose within the first 24 hours? _____ mg

MOUD - Discharge & Follow-up

Was the patient prescribed buprenorphine or naltrexone on discharge?

☐ Yes ☐ No ☐ Unknown

If yes, which drug were they prescribed?

☐ Buprenorphine ☐ Naltrexone ☐ Unknown

Was the patient provided substance use disorder (SUD) treatment resources on discharge (e.g. pamphlets, list of providers or clinics in the area)?

☐ Yes ☐ No ☐ Unknown

Was there a warm handoff to a SUD treatment facility for a follow up appointment prior to discharge (direct contact of SUD treatment center, or referral arranged)?

☐ Yes ☐ No ☐ Unknown

If yes, what type of facility?

☐ Bridge clinic ☐ Addiction medicine clinic ☐ Methadone clinic
☐ Other (Specify: _____)

Was the patient transferred to an inpatient addiction treatment facility (e.g. rehab facility)?

☐ Yes ☐ No ☐ Unknown

OPIOID ANTAGONIST HISTORY (NALOXONE AND NALMEFENE)

Prior to this visit, has the patient ever been administered NALOXONE for an overdose?

☐ Yes ☐ No ☐ Unknown

During current visit did the patient receive NALOXONE (either prehospital or in-hospital)?

☐ Yes ☐ No ☐ Unknown

Prior to this visit, has the patient ever been administered NALMEFENE for an overdose?

☐ Yes ☐ No ☐ Unknown

During current visit did the patient receive NALMEFENE (either prehospital or in-hospital)?

☐ Yes ☐ No ☐ Unknown

Prior to this visit, has the patient ever been given a NALOXONE kit or NALOXONE prescription?

☐ Yes ☐ No ☐ Unknown

Did this patient get a NALOXONE kit or NALOXONE prescription on discharge?

This information may be available in the discharge summary, discharge medications, or social work note.

☐ Yes ☐ No ☐ Unknown

If yes, which one did they get?

☐ Naloxone prescription ☐ Naloxone kit ☐ Unknown

If no, why didn't they receive these on discharge?

☐ Patient refused ☐ Already had one ☐ Patient left prior to receiving it
☐ Not prescribed or given ☐ Other (Specify: _____) ☐ Unknown

Prior to this visit, has the patient ever been given a NALMEFENE kit or NALMEFENE prescription?

☐ Yes ☐ No ☐ Unknown

Did this patient get a NALMEFENE kit or NALMEFENE prescription on discharge?

This information may be available in the discharge summary, discharge medications, or social work note.

☐ Yes ☐ No ☐ Unknown

If yes, which one did they get?

☐ Nalmefene prescription ☐ Nalmefene kit ☐ Unknown

If no, why didn't they receive these on discharge?

☐ Patient refused ☐ Already had one ☐ Patient left prior to receiving it
☐ Not prescribed or given ☐ Other (Specify: _____) ☐ Unknown

PRIOR OPIOID TREATMENT PROGRAMS

Is the patient currently or have they ever been in an addiction treatment program?

☐ Yes ☐ No ☐ Unknown

If yes, which type of program? (*check all that apply*)

- ☐ 12 step programs (e.g. Narcotics Anonymous, Alcoholics Anonymous)
- ☐ Outpatient therapy
- ☐ Inpatient therapy (e.g. overnight stays at a detox or rehabilitation facility)
- ☐ Individual counseling
- ☐ Group therapy
- ☐ Peer counseling/Peer support
- ☐ Other (Specify: _____)
- ☐ Unknown

If yes, have they participated within the last 30 days?

☐ Yes ☐ No ☐ Unknown

TOXICOLOGY TESTING

Urine Drug Screen (Note: Fentanyl drug screen is included here even if it is separate from UDS panel)	<input type="checkbox"/> Known <input type="checkbox"/> Not Available <input type="checkbox"/> Not Performed	If known, Select all drugs that were TESTED FOR: <input type="checkbox"/> Amphetamine <input type="checkbox"/> Barbiturates <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Cannabinoids <input type="checkbox"/> Cocaine <input type="checkbox"/> Fentanyl <input type="checkbox"/> Hydrocodone <input type="checkbox"/> MDMA <input type="checkbox"/> Methadone <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Opiates (morphine) <input type="checkbox"/> Oxycodone <input type="checkbox"/> Phencyclidine If known, Indicate result: <input type="checkbox"/> Amphetamine <input type="checkbox"/> Barbiturates <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Cannabinoids <input type="checkbox"/> Cocaine <input type="checkbox"/> Fentanyl <input type="checkbox"/> Hydrocodone <input type="checkbox"/> MDMA <input type="checkbox"/> Methadone <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Opiates (morphine) <input type="checkbox"/> Oxycodone <input type="checkbox"/> Phencyclidine
Advanced toxicology testing	<input type="checkbox"/> Known <input type="checkbox"/> Not Available <input type="checkbox"/> Not Performed	Please list advanced toxicology testing method and results _____

OUTCOME

How many days was the patient in the hospital (total length of stay)?

☐ < 1 day ☐ 1-2 days ☐ 3-6 days ☐ 7-14 days ☐ > 14 days ☐ Unknown