

Opioid Use Disorder (OUD) Subregistry – Version 1.2

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 (inpatient or outpatient treatment)?

- Yes No Unknown

Is the patient PRESCRIBED OR TAKING buprenorphine, methadone, or naltrexone 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

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 given, which route of administration was used? (check all that apply)

- Dermal patch (Butrans) Sublingual/buccal film (Belbuca without naloxone)
 Intramuscular (Buprenex) Sublingual/buccal film (Suboxone with naloxone)
 Intravenous (Buprenex) Sublingual tablet (Subutex without naloxone)
 Subcutaneous (Brixadi) Sublingual tablet (Zubsolv with naloxone)
 Subcutaneous extended release (Sublocade) Other (Specify: _____)

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 Tramadol
 Hydromorphone Other (Specify: _____)
 Morphine

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

- Physician comfort with administering
 Hospital or toxicology group protocols
 Concurrent pain management issues (e.g., acute/chronic painful condition)
 The degree of withdrawal symptoms influenced the initial dosing
 Other (Specify: _____)

If buprenorphine initiation, did the patient complete the induction successfully (e.g., was the patient stabilized on an initial dose or doses in the ED or during early hospitalization)?

Yes No Unknown

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

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

- Physician comfort with administering
- Hospital or toxicology group protocols
- Concurrent pain management issues (e.g., acute/chronic painful condition)
- The degree of withdrawal symptoms influenced the initial dosing
- Other (Specify: _____)

If methadone initiation, did the patient complete the induction successfully (e.g., was the patient stabilized on an initial dose or doses in the ED or during early hospitalization)?

Yes No Unknown

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

<p>Urine Drug Screen</p> <p>(Note: Fentanyl drug screen is included here even if it is separate from UDS panel)</p>	<p><input type="checkbox"/> Known <input type="checkbox"/> Not Available <input type="checkbox"/> Not Performed</p>	<p>If known, Select all drugs that were TESTED FOR:</p> <ul style="list-style-type: none"> <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 <p>If known, Indicate result:</p> <ul style="list-style-type: none"> <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
<p>Advanced toxicology testing</p>	<p><input type="checkbox"/> Known <input type="checkbox"/> Not Available <input type="checkbox"/> Not Performed</p>	<p>Please list advanced toxicology testing method and results</p> <p>_____</p>

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