

Buprenorphine/naloxone (Suboxone) sample note templates

Nextgen by Matt Perez, MD

Here for suboxone (buprenorphine) consult. would like to quit using illicit opioids.

Substance history:

Opioids:

Ever IV use?:

Methamphetamine:

Cocaine:

Benzos:

Alcohol:

Tobacco:

Marijuana:

Hallucinogens/party drugs/Rx meds/gambling:

Prior Medication Assisted Treatment (methadone, buprenorphine, naltrexone):

Prior Abstinence-based Treatment:

Prior Mental Health hosp/Diagnoses:

Social situation(where living, who living with, children/dependents, associates using drugs):

Assessment

We discussed treatment options for opioid addiction in detail (methadone, buprenorphine, naltrexone, abstinence only). Would like to start suboxone.

We discussed treatment requirements, the induction, insurance issues and benefits of counseling. Handouts on the above, suboxone consent and WA Recovery helpline card given.

Utox today consistent with reported use.

Wrote Prescriptions for withdrawal meds & bup-nal 8/2mg tablet #14. We discussed specifics of the induction and how to call us with questions.

Follow up 1 week (ideally 3-4 days into starting suboxone).

Induction patient instructions

I wrote a prescription for suboxone 8/2mg #14.

When you are having moderately severe withdrawal (verge of having diarrhea), then take 1/2 a suboxone under the tongue.

IF YOU ARE FEELING BETTER (not worse) in 2-4 hours, then you can take another 1/2.

On day 2, take 1 full tablet. In 2-4 hours afterwards, you can take another 1/2 tablet, then another 1/2 if needed in a few hours.

On day 3, take 2 tablets or films.

Continue that dose until you see me next. Call us with any questions

Follow up 1 week (ideally 3-4 days into starting suboxone).

Stable Refills

Refilled suboxone 8/2mg to use 2 once daily. Disp #56

Follow up in 4 weeks.

Stable, utox appropriate. (additional counseling: smoking, birth control, etc)

Epic by Paul Gianutsos, MD

1. Suboxone meet & greet 15 min
2. Suboxone H&P 30 min
3. Suboxone follow up

Buprenorphine Initial Visit

CC: @NAME@ is a @AGE@ y.o. @SEX@ who presents for discussion of opiate dependence.

History:

Drug of Choice:

Opiate history: Started using

Last use: ***

Previous Attempts to Quit: { Yes/No:694}

Longest period of abstinence:

How was abstinence obtained:

Medical or Legal Problems resulting from use: { Yes/No:694}

Typical Withdrawal Symptoms: {Drug Withdrawal Hx:7873}

Inpatient treatment history:

Outpatient treatment history:

Opiate Substitution Therapy

MMT: {NONE/YES(FT):3079}

Reason discontinued:

Buprenorphine: {NONE/YES(FT):3079}

Reason discontinued:

Other drug history:

Alcohol: {Alcohol use:15542}

Tobacco: see history

Cocaine:

Methamphetamine:

Benzodiazepines:

Hallucinogens:

Inhalants:

Marijuana:

Social History:

Stable housing? {HOUSING:7661}

Employment? {EMPLOYMENT STATUS:9484}

Family History:

Updated in chart

PMH:

PMH updated in chart

Psychiatric History:

Suicide attempt: never

Hospitalization: none

Bipolar disorder:

Depression:

Anxiety:

Current counseling:

NA/AA

Case manager:

Current medications:

@encmeds@

@VSP@

Gen: NAD

Mental status: {MENTAL STATUS EXAM:10650}

Psych: {PSYCH:16943}

UTox:

POS: {DRUG SCREEN:1938}

NEG: {DRUG SCREEN:1938}

Assessment/Plan:

@DIAG@

Patient meets the criteria for opiate dependence with the following in the last 12 months:
{ARS DX DEPENDENCE:7863}

Patient appears highly motivated*** to change. @HE@ is stable from a psychosocial perspective and has no uncontrolled use of sedative-hypnotics and no uncompensated mental health disorder. @HE@ will follow up for a complete H&P and instructions for induction.

@ME@ MD
@NOW@; @TD@

These problems updated on the problem list
@PROBEDITCOMM@

Suboxone H&P 30 min

CC: @NAME@ is a @AGE@ y.o. @SEX@ who presents for discussion of opiate dependence.

History:

Drug of Choice:

Opiate history:

Last use: ***

Treatment history:

Methadone

Location:

Dates:

Maximum dose:

Reason discontinued:

Buprenorphine

Location:

Dates:

Maximum dose:

Reason discontinued:

Inpatient treatment:

Outpatient treatment:

Other drug history:

Alcohol: {Alcohol use:15542}

Tobacco: see history

Cocaine:

Methamphetamine:

Benzodiazepines:

Hallucinogens:

Inhalants:

Marijuana:

Social History:

Lives with

Employment:

Legal issues:

Family History:

Updated in chart

PMH:

PMH updated in chart

Hepatitis C: {POSITIVE/NEGATIVE/COMMENTS:2999}

HIV: {POSITIVE/NEGATIVE/COMMENTS:2999}

DVT: never

Psychiatric History:

Suicide attempt: never

Hospitalization: none

Bipolar disorder:

Depression:

Anxiety:

Current counseling:

NA/AA

Case manager:

Current medications:

@encmeds@

Contraception:

{PGCONTRACEPTION:1720}

Exam:

@VS@

Gen: appears well

HEENT: normal appearance, pupils 3-4 mm, dentition {DENTITION/ ORAL HYG:16570}

Neck: supple, no masses, no thyromegaly

Lungs: lungs clear to auscultation

CV: RRR no murmur

Abd: protuberant, positive BS, soft, no tenderness, no masses, no HSM

Ext: no abscesses or erythema, sclerosed veins {ABSENT:3850}

Skin: no rash, no concerning lesions

Assessment/Plan:

@DIAG@

We discussed buprenorphine maintenance. I explained that buprenorphine is an opiate and that abrupt discontinuation will result in withdrawal symptoms, injection of Suboxone will result in intense opiate withdrawal symptoms, most patients will do well in the 8 - 16 mg daily dose range, the clinic policy of seeing patients weekly for the first 6 - 8 weeks then bimonthly then monthly if stable, the importance of counseling in addition to medication therapy and the importance of keeping visits. The patient is told that failure to keep appointments may result in dismissal from the clinic.

The patient is offered the choice of a clinic or home induction.

The patient elects an unobserved induction and understands the risk of precipitated withdrawal if @HE@ fails to follow instructions. Printed instructions are given to the patient and reviewed with @HIM@. @HE@ is able to teach back the instructions.

@ME@ MD

@NOW@; @TD@

These problems updated on the problem list

@PROBEDITCOMM@

1. Suboxone follow up

CC: @NAME@ is a @AGE@ @SEX@ who presents for follow up for opiate dependence.

Interval History:

Interval substance use:

{DRUG USE:1849}

Tobacco: see History

Alcohol:

{Alcohol use:1763}

Current counseling:

{pgbupcdp:1860} {PGCDPFREQ:1859}

Mood: ***

Employment: ***

Current medications:

@MED@

Contraception:

{PGCONTRACEPTION:1720}

Exam:

@VS@

GEN: alert, cooperative, well groomed, pleasant and appropriate

PUPILS: 3-4 mm

SKIN: No piloerection, no diaphoresis

LABS:

UTox:

POS: {DRUG SCREEN:1938}

NEG: {DRUG SCREEN:1938}

Pregnancy: {POSITIVE:1933}

Assessment:

@NAME@ is a @AGE@ @SEX@ in the office @TD@ for follow up

{pgbupdiagnosis:1872}.

Plan:

{pgbupplan:1862} {pgbupsig:1863}, # , RF 0

F/U: {Number 0-5:11707} weeks.

@ME@ MD

@NOW@; @TD@

These problems updated on the problem list

@PROBEDITCOMM@