NURSE Check List, Smart Phrases, & Handouts for MAT

.SA11MATNURSEVISIT

Click on any of the following:

- **Pre-Initial**
- **Post-Initial** (Induction instructions)
- **Office Based Induction**
- **Follow up on Induction** (telephone or encounter)
- **BUP Refill**
- **BUP Bridge**
- **PO-NTX Refill**
- **XR-NTX ordered** (vivitrol)
- **XR-NTX Received**
- **XR-NTX Administered** (1st injection & every injection)
- **XR-NTX F/u** (telephone or encounter)
- **XR-BUP ordered** (Sublocade)
- **XR-BUP Received**
- **XR-BUP Administered** (1st injection & every injection)
- **XR-BUP F/u** (telephone or encounter)
- **Phone** (Call/VM/Text)
- **SSP** (Syringe Service Program Referral)
- **Referral from ER to MAT**

Pre-Initial (10-30 min visit including documentation)	✓
SUDCM will usually do MAT intake before the Pre-Induction visit. Or can be concurrent. Can run CURES report and/or order labs while SUDCM completing intake. CURES can be entered in FYI MAT flag.	
*Cures how to: Website: CURES State of California DOJ. Enter in patient full name and date of birth. Click **Generate Report.** Print report and submit to provider for review *if any abnormalities*, then have scanned into patient chart. Document CURES report in MAT **FYI** flag.	
Pre-Induction and Post-Induction can also occur separate or concurrently.	
Educate on Dangers of mixing Suboxone with Benzos, Alcohol, depressants. Can give Handout "Benzodiazepine Use and Medication-Assisted Treatment"	
Review Tx agreement if needed. (there's 2 BUP or XR-NTX) Pt should have already signed this with SUDCM.	
Assess patient to be sure that the patient meets criteria for opiate use disorder (DSM-V) OR already have a diagnosis of opiate use disorder in the problem list. Use DSM-V handout.	
Click on **Encounter. Make sure right Patient -** Check DOB, Name, Address, PCP (if need to check chart before clicking on Encounter or check patient list for right info) **Make sure right Date, Interim notes/office visit, provider you, and make sure right clinic.**	
Click on **Chief Complaint:** Medication Assisted Treatment (MAT) 1587 **comment section:** Pre-Initial	
Click on **Med Documentation** to review med list. Click **Review** to update/confirm allergies and problem list, medical history. Click on **Meds/Orders**, then enter in patient preferred pharmacy.	
Order labs, UDS, and Hcg (women only) if not already done. Click on **Order Entry**, type in "buprenorphine initial" in new order box. Find lab and click it, then click accept. Type in "drug screen" in order entry to find UDS 14 back office POCT, click on the order, then click accept. Type in "hcg" to find hcg pregnancy mckesson back office hphp test, click on the order, then click accept. Click **Associate** to associate opioid use disorder diagnosis to orders, then click **Sign**. Enter in provider as co-sign if needed.	
Go to **Notes** on right side of screen. Click on **New note**, and type in .SA11MATNURSEVISIT , then select **Pre-Initial**. Fill out note using F2 to scroll through and answer the questions.	
Collect UDS from patient and draw labs (or send pt to lab after visit).	
Enter results for UDS and/or hcg in **Order Entry**. Notify provider, *SUDCM* if Bzo or Etoh positive *10-50 only*	
Once you complete the note you can either **Sign the visit** or can also do the Post-Initial visit if appropriate.	

Chief Complaint: Medication Assisted Treatment   **Comment:** Pre-Initial

Chart Reconciliation:
Reconcile Outside Charts (Break Glass/SCHIE): {Yes No Not Applicable:12939}
Med-List: {YES NO:18689}
Problem List: {YES NO:18689}
Allergies: {YES NO:18689}

Reviewed Medical, Surgical and Family History: {YES NO:18689}
Check Cures: {YES NO:18689} **- Perform Quarterly**
OBOT Flowsheet completed: {YES NO:18689}
Updated FYI: {YES NO:18689}
Labs: {SA11 COMPLETED ORDERED:24497}
Educated patient on Medication (benzo, alcohol, pets, children, side effects): {YES NO:18689}
Updated Pharmacy: {YES NO:18689}
Verified insurance covers medication: {YES NO:18689}
Medi-Care Part if applicable: ***

Patient Withdrawal SX's: {SA11 MAT WITHDRAWL SYMPTOMS:24498}
Pended comfort medications for withdrawals for provider: {SA173 Yes No N/A:24188}
Routed Encounter to Provider: {Yes No Not Applicable:12939}
Narcan given: {YES/NO/DECLINED:11154}

Plan: {N/A:24265}

Post-Initial (10 Min visit including documentation)	✓
Click on **Encounter**	
Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on Encounter or check patient list for right info)	
Make sure right **Date**, **Interim notes/office visit**, **provider you**, and make sure **right clinic.**	
Chief Complaint: Medication Assisted Treatment **Comment section**: Post Initial	
Review **Medication Safety**, **SOWS**, and **Induction instructions** with patient. Give handouts to patient.	
Go to **Notes** and click **New Note**. Type in **.SA11MATNURSEVISIT** and select **Post-Initial** visit. Use F2 to scroll through and answer all questions. Plan f/u on Induction with patient.	
Call pharmacy to ensure the prescription will be ready for pick up or will be delivered. (Westside preferred)	
Click on **Sign Visit** to close the encounter.	

Chief Complaint: Medication Assisted Treatment   Comment: Post-Initial

Medication Education: {YES NO:18689}
Gave SOWS and induction handout: {YES NO:18689}
Went over Induction Instructions: {YES NO:18689}
Called *** Pharmacy and talked to *** to make sure Bup and withdrawal medication are there:

Plan: {SA11 MAT POST INDUCTION PLAN:24494}

Bup Office Based Induction (can take a lot of time depending on pt)	✓
Click on **Encounter.**	
Make sure right Patient - Check DOB, Name, Address, PCP (if need to check **CHART** before clicking on Encounter, or check patient list for right info)	
Make sure right **Date**, **Interim notes/office visit**, **provider you**, and make sure **right clinic**	
Chief Complaint: Medication Assisted Treatment (MAT) , In **Comment** section: Office Based Induction	
Enter all appropriate info in **Rooming** tab (vitals, primary care info,etc.)	
Complete **COWS** flowsheet (directions in nurse note).	
Go to **Notes**, click on **New note**. Enter **.SA11MATNURSEVISIT** and select **Office Based Induction**. Fill out all information using F2 to scroll through and answer all appropriate questions. Keep encounter open until Induction is complete.	
Click on **Sign Visit** to close note and encounter.	
Make follow up plan with patient for maintenance and next visit/group. Give appt card if requested.	
*** Most inductions will take place as home inductions. It is best to follow up on home inductions on Day 1-7 to assess their symptoms and dosing. Document follow up in Follow Up Induction note.	

Chief Complaint: Medication Assisted Treatment   Comment: Office Based Induction

Opioid withdrawing from: *** **Last reported Use:** ***
UDS & Breathalyzer: Pull in LASTUDS POCT and Breathalyzer from today
Initial Vital Signs Checked: Y or N

Complete COWS flow sheet: (1. go to flowsheet search COWS. 2. Complete COWS click on file. 3. Click on NOW in top right corner for next COWS assessment (repeat COWS as many times as needed) Synopsis: 1. Click on SUD tab. 2. Click on + on the right side and will show all the COWS assessments and times)
Clickable option Pt not ready
Dose 1: *** Time: *** , Dose 2: *** Time: ***, Dose 3: *** Time: ***, Dose 4: *** Time: ***, ***
Side effects: {SA11 MAT WITHDRAWL SYMPTOMS:24498}

Plan:
- Nurse will check on patient tomorrow via ***.
- Nurse gave patient medication instructions and reviewed with patient.
- Nurse advised patient to call clinic if any complications or questions arise.
- Pt not ready, return to clinic for OBI on: ***
- ***

Bup Follow Up on Induction (Encounter/Telephone, 15 min including documentation)	✓
Click on **Encounter**. Can be interim note, telephone call, or office visit. (depending on situation)	
Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)	
Chief complaint: Medication Assisted Treatment**.** In **Comment:** f/u Induction	
Click on **Notes**, then click on **New Note.** Type in **.SA11MATNURSEVISIT** then select **Follow Up on Induction**. Complete note using F2 to scroll through and answer all questions.	
Assess/ask patient regarding their dosing each day along with their symptoms and how they currently feel. Assess for any negative side effects or allergic reactions. Consult with provider if needed.	
Plan for patient to come in for next visit to see nurse or next MAT group.	
Click on **Sign Encounter** to close telephone call/interim note.	
Need to coordinate with IBH for depression/anxiety related side effects or underlying condition	

Chief Complaint: Medication Assisted Treatment   **Comment:** BUP f/u on induction

Can click on what applies:
Dose and schedule of medication taken: (multiple clickable)
Day 1: ***, Day 2: ***, Day 3: ***, Day 4: ***, Day 5: ***, Day 6: ***, Day 7: ***

Buprenorphine Symptoms/ Side Effects: 0 = Low 10 = High
Cravings: {0 - 10:13937}
Pain: {0 - 10:13937}
Constipation: {0 - 10:13937}
Depression: {0 - 10:13937}
Anxiety: {0 - 10:13937}
Sleep: {POOR FAIR GOOD VERY GOOD:23847}
How many Strips/ pills left? ***
Comments: ***

Plan:
- *******

BUP Refill Visit (10-20 Min including documentation)	✓
Click on **Encounter**. Can be interim note, telephone call, or office visit. (depending on situation)	
Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)	
Chief complaint: Medication Assisted Treatment. **Comment section**: Bup refill	
If office visit and patient present, then **order UDS** and collect from patient. (Order breathalyzer if patient reports alcohol use or if suspected.) Click **order entry** and type in drug screen, select appropriate test, then click **accept**. Enter results in **enter/edit results**.	
Click on **Notes**, then click **New note**. Type in **.SA11MATNURSEVISIT** and select **BUP Refill Visit**. Complete note using F2 to scroll through and answer all questions	
Assess/ask patient regarding their dosing each day along with their symptoms and how they currently feel. Assess for any negative side effects or allergic reactions. Consult with provider if needed.	
Click on Take Action tab, Click on Reorder (circle)	
Go to More tab and click, send message to staff, send to Prescriber, in note section put I did a refill request please approve.	
Notify provider and SUDCM if UDS positive for any substances other than BUP and THC	
Plan for patient to come in for next visit to see nurse or next MAT group.	
Click on **Sign Encounter** once everything is completed to close office visit or telephone call.	

Chief Complaint: Medication Assisted Treatment   **Comment:** Bup Refill

@NAME@ is a @AGE@ @SEX@ who presents for ***
@CHIEFCOMPLAINTN@ @PATFYIFLAGS@ @PATIENTCARETEAM@

{SA11 MAT Tx Meds:22585}

Is patient attending group/one-on-one? {YES NO:18689}
Date of last group attended: ***
Comments: {N/A:24265}

Side Effects: {SIDE EFFECTS_OPIATE RELATED:10523}
How are side effects being addressed? ***

Urine Drug Screen (POCT-LV5598):
Sent out for confirmation: {YES NO:18689}
Last Breathalyzer (LV5772):

Plan: {SA11 MAT NEXT VISITS:24457}

BUP Bridge (10-20 Min including documentation)	✓
Click on **Encounter**. Click on office visit.	
Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)	
Chief complaint: Medication Assisted Treatment. **Comment section**: Bup Bridge	
If office visit and patient present, then **order UDS** and collect from patient. Click **order entry** and type in drug screen, select appropriate test, then click **accept**. Enter results in **enter/edit results**.	
Click on **Notes**, then click **New note**. Type in **.SA11MATNURSEVISIT** and select **BUP Bridge.** Complete note using F2 to scroll through and answer all questions	
Assess/ask patient regarding their dosing each day along with their symptoms and how they currently feel. Assess for any negative side effects or allergic reactions. Consult with provider if needed.	
Click on Take Action tab, Click on Reorder (circle)	
Go to More tab and click, send message to staff, send to Prescriber, in note section put I did a Bridge BUP Rx request please approve.	
Notify provider and SUDCM if UDS positive for any substances other than BUP and THC	
Plan for patient to come in for next visit to see Provider/Nurse or next MAT group.	
Click on **Sign Encounter** once everything is completed to close office visit or telephone call.	

Chief Complaint: Medication Assisted Treatment   **Comment:** BUP Bridge

@NAME@ is a @AGE@ @SEX@ who presents for Bridge medication until they see their initial MAT provider.
@CHIEFCOMPLAINTN@ @PATFYIFLAGS@ @PATIENTCARETEAM@

Previous MAT Hx: ***
*Medication reconciliation document as historical if applicable
Urine Drug Screen (POCT-LV5598):
Sent out for confirmation: {YES NO:18689}

Medication: ***
Recommended Dose: ***
Pharmacy: ***

Plan: {SA11 MAT NEXT VISITS:24457}

PO-NTX Refill Visit (10-20 Min including documentation)	✓
Click on **Encounter**. Can be interim note, telephone call, or office visit. (depending on situation)	
Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)	
Chief complaint: Medication Assisted Treatment. **Comment section**: PO-NTX refill	
If office visit and patient present, then **order UDS** and collect from patient. (Order breathalyzer if patient reports alcohol use or if suspected.) Click **order entry** and type in drug screen, select appropriate test, then click **accept**. Enter results in **enter/edit results**.	
Click on **Notes**, then click **New note**. Type in **.SA11MATNURSEVISIT** and select **PO-NTX**. Complete note using F2 to scroll through and answer all questions	
Assess/ask patient regarding their dosing each day along with their symptoms and how they currently feel. Assess for any negative side effects or allergic reactions. Consult with provider if needed.	
Click on Take Action tab, Click on Reorder (circle)	
Go to More tab and click, send message to staff, send to Prescriber, in note section put I did a refill request please approve.	
Notify provider and SUDCM if UDS positive for any substances other than BUP and THC	
Plan for patient to come in for next visit to see nurse or next MAT group.	
Click on **Sign Encounter** once everything is completed to close office visit or telephone call.	

Chief Complaint: Medication Assisted Treatment   **Comment:** PO-NTX Refill

@NAME@ is a @AGE@ @SEX@ who presents for ***
@CHIEFCOMPLAINTN@ @PATFYIFLAGS@ @PATIENTCARETEAM@

{SA11 MAT Tx Meds:22585}

Is patient attending group/one-on-one? {YES NO:18689}
Date of last group attended: ***
Comments: {N/A:24265}

Side Effects: {SIDE EFFECTS Naltrexone Related)
How are side effects being addressed? ***

Urine Drug Screen (POCT-LV5598):
Sent out for confirmation: {YES NO:18689}
Last Breathalyzer (LV5772):

Plan:
{SA11 MAT NEXT VISITS:24457}

XR-NTX Ordered (10-20 Min including documentation)	✓
Click on **Encounter**. Can be within office visit or interim note.	
Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)	
Chief complaint: Medication Assisted Treatment. **Comment section**: XR-NTX Ordered.	
Click on Notes, then click New note. Type in **.SA11MATNURSEVISIT** and select **XR-NTX Ordered**. Complete note using F2 to scroll through and answer all questions.	
Confirm next appt with patient for vivitrol injection	
Click on **Sign Encounter** once everything is completed to close office visit or Interim note.	

Chief Complaint: Medication Assisted Treatment   **Comment:** XR-NTX Ordered
Click on which pharmacy it went to and will pre-populate note
- **CVS specialty Pharmacy**
- ***

CVS
Vivitrol Order Form and information faxed and confirmed to CVS specialty pharmacy
Phone: 800-436-7119 & **Fax:** 800-821-2529
PLAN:
- **Injection due date:** ***

XR-NTX Received (10 Min including documentation)	✓
Click on **Encounter**. Select interim note.	
Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)	
Chief complaint: Medication Assisted Treatment. **Comment section**: XR-NTX Received	
Click on **Notes**, then click **New note**. Type in **.SA11MATNURSEVISIT** and select **XR-NTX Received**.	
Vivitrol samples can be used for a walk in vivitrol MAT intake even if PD is not tried. Per providers Discretion.	

==Chief Complaint:== Medication Assisted Treatment   ==Comment:== XR-NTX Received

Vivitrol kit arrived today and was placed in the medication room refrigerator ***.

XR-NTX Administered (10 Min including documentation)	✓
Click on **Encounter**. Select office visit.	
Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)	
Chief complaint: Medication Assisted Treatment. **Comment section**: XR-NTX Injection	
Click on **Notes**, then click **New note**. Type in **.SA11MATNURSEVISIT** and select **Vivitrol Administered.** Complete note using F2 to scroll through and answer all questions.	
Remember Vivitrol must be taken out of refrigerator at least **45 minutes before administration**. Give injection.	
Observed patient after injection and keep them at least **10 minutes after injection time**.	
Plan next appt with patient and any other applicable appts such as **IBH, SUDCM 1x1, provider, and MAT group.**	

==Chief Complaint:== Medication Assisted Treatment   ==Comment:== XR-NTX Adminstered

SUBJECTIVE:
Pt presenting today for Vivitrol injection **# ***,** Vivitrol 380 mg injection given *** (location). See MAR. Patient tolerated injection.
Reviewed Medication Guide? {YES NO:18689}
Patient Given Bracelet, Necklace, Card: Yes, No, or Declined
Is patient attending group/1x1? {YES NO:18689}
Date of last group attended/ 1x1: ***
Comments: {N/A:24265}
OBJECTIVE:
Vitals pulled in
ASSESSMENT: Vivitrol Pt MAT Tier 1 (pull in FYI)
F10.11 Alcohol abuse, in remission (primary encounter diagnosis) pull it OUD/AUD ?
Is dose of Vivitrol working for patient? {YES/NO:63::"Yes"}
Vivitrol Side Effects: Yes or No drop down if yes
Depression, suicidal ideation, nausea, headache, dizziness, anxiety, nervousness, restlessness, irritability, tiredness, loss of appetite, increased thirst, muscle or joint aches, weakness, sleep problems (insomnia), decreased sex drive, impotence, or difficulty having an orgasm.
How are side effects being addressed? ***
Pt was administered Vivitrol and was observed for 10 min after injection? {YES NO:18689} Pt Declined AMA

UDS results (POCT) pull in has to be resulted
UDS sent out for confirmation: {YES NO:18689}
Breathalyzer results: ***

PLAN:
- Pt released 10 minutes after injection administered and tolerated.
- Next appt for injection with nurse at Emeline, HPHP, WHC on *** at ***.
- Pt given after hours phone numbers for medical advice if needed
-

XR-NTX Follow up (10 Min including documentation)	✓
Click on **Encounter or Telephone**. Select office visit.	
Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)	
Chief complaint: Medication Assisted Treatment. **Comment section**: XR-NTX F/U	
Click on **Notes**, then click **New note**. Type in **.SA11MATNURSEVISIT** and select **XR-NTX f/u**. Complete note using F2 to scroll through and answer all questions.	
Plan next appt with patient and any other applicable appts such as **IBH, SUDCM 1x1, provider, and MAT group.**	

Chief Complaint: Medication Assisted Treatment   **Comment:** XR-NTX f/u

Can click on what applies:
Day 1: ***, Day 2: ***, Day 3: ***, Day 4: ***, Day 5: ***, Day 6: ***, Day 7: ***

MAT Symptoms/ Side Effects: 0 = Low 10 = High
Cravings: {0 - 10:13937}
Pain: {0 - 10:13937}
Constipation: {0 - 10:13937}
Depression: {0 - 10:13937}
Anxiety: {0 - 10:13937}
Sleep: {POOR FAIR GOOD VERY GOOD:23847}
Comments: ***

Plan:
- *******

XR-BUP Ordered (10-20 Min including documentation)	✓
Click on **Encounter**. Can be within office visit or interim note.	
Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)	
Chief complaint: Medication Assisted Treatment. **Comment section**: XR-BUP Ordered.	
Click on Notes, then click New note. Type in **.SA11MATNURSEVISIT** and select **XR-BUP ordered**. Complete note using F2 to scroll through and answer all questions.	
Confirm next appt with patient for vivitrol injection	
Click on **Sign Encounter** once everything is completed to close office visit or Interim note.	

Chief Complaint: Medication Assisted Treatment   **Comment:** XR-BUP Ordered

Click on which pharmacy it went to and will pre-populate note
- **Phone in order- Avella Specialty Pharmacy**
- *******

Sublocade Called to Avella specialty pharmacy, **Phone:** 888-792-3888
Patient Currently Stabilized on buprenorphine for at least 7 days? (Yes, No, ***)
Dose? ***

Plan:
- **Injection due date:** *** OR (First Dose Order)

XR-BUP Received (10 Min including documentation)	✓
Click on **Encounter**. Select interim note.	
Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)	
Chief complaint: Medication Assisted Treatment. **Comment section**: XR-BUP Received	
Click on **Notes**, then click **New note**. Type in **.SA11MATNURSEVISIT** and select **XR-BUP Received**.	

Chief Complaint: Medication Assisted Treatment   **Comment:** XR-BUP Received

Sublocade kit arrived today and was placed in the medication room refrigerator ***.

XR-BUP Injection (10 Min including documentation)	✓
Click on **Encounter**. Select office visit.	
Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)	
Chief complaint: Medication Assisted Treatment. **Comment section**: XR-BUP Injection	
Click on **Notes**, then click **New note**. Type in **.SA11MATNURSEVISIT** and select **XR-BUP Administered. Complete note using F2 to scroll through and answer all questions.**	
Remember Sublocade must be taken out of refrigerator at least **45 minutes before administration**. Give injection.	
Observed patient after injection and keep them at least **10 minutes after injection time**.	
Plan next appt with patient and any other applicable appts such as **IBH, SUDCM 1x1, provider, and MAT group.**	

Chief Complaint: Medication Assisted Treatment   **Comment:** XR-BUP Injection

SUBJECTIVE:
Pt presenting today for Sublocade injection **# ***,** 300 mg injection given *** (location). See MAR. Patient tolerated injection.
Reviewed Medication Guide? {YES NO:18689}
Is patient attending group/1x1? {YES NO:18689}
Date of last group attended/ 1x1: ***
Comments: {N/A:24265}
OBJECTIVE:
Vitals pulled in
ASSESSMENT: MAT Tier pulled in
Dx pulls in
Is dose of Sublocade working for patient? {YES/NO:63::"Yes"} N/A
How are side effects being addressed? ***
Pt was administered Sublocade and was observed for 10 min after injection? {SA11 YES NO DECLINED AMA:26924}
UDS results (POCT) pull in has to be resulted
UDS sent out for confirmation: {YES NO:18689}
PLAN:
- Next appt for injection with nurse at Emeline, HPHP, WHC on *** at ***.
- Pt given after hours phone numbers for medical advice if needed.

XR-BUP Follow up (10 Min including documentation)	✓
Click on **Encounter or Telephone**. Select office visit.	
Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)	
Chief complaint: Medication Assisted Treatment. **Comment section**: XR-BUP F/U	
Click on **Notes**, then click **New note**. Type in **.SA11MATNURSEVISIT** and select **XR-BUP f/u**. Complete note using F2 to scroll through and answer all questions.	
Plan next appt with patient and any other applicable appts such as **IBH, SUDCM 1x1, provider, and MAT group.**	

Chief Complaint: Medication Assisted Treatment   **Comment:** XR-BUP f/u

Can click on what applies:
Day 1: ***, Day 2: ***, Day 3: ***, Day 4: ***, Day 5: ***, Day 6: ***, Day 7: ***

MAT Symptoms/ Side Effects: 0 = Low 10 = High
Cravings: {0 - 10:13937}
Pain: {0 - 10:13937}
Constipation: {0 - 10:13937}
Depression: {0 - 10:13937}
Anxiety: {0 - 10:13937}
Sleep: {POOR FAIR GOOD VERY GOOD:23847}

Comments: ***

Plan:
- ***

Phone (for any other phone encounter text, pharmacy, coordination of care, etc)	✓
Click on **Encounter**. Click on **Interim** note.	
Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)	
Chief complaint: Medication Assisted Treatment. **Comment section**: Write whatever your doing? Keep Concise 2-3 words max.	
Click on Notes, then click New note. Type in **.SA11MATNURSEVISIT** and select **Phone**. Complete note using F2 to scroll through and answer all questions.	
Click on **Sign Encounter** once everything is completed to close Interim note.	

Chief Complaint: Medication Assisted Treatment   **Comment:** what ever your doing?

Phone Call/VM/Text
Summary of the Communication: ***
Plan:
- ***

SSP (5-10 min visit depending on situation)	✓
Click on **Encounter**. Click on **office** note.	
Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info) Create New Chart if you have too.	
Chief complaint: Syringe Services Program **Comment section**: Referral	
Click on Notes, then click New note. Type in **.SA11MATNURSEVISIT** and select **SSP**. Complete note using F2 to scroll through and answer all questions.	
Click on **Sign Encounter** once everything is completed to close office note.	

Chief Complaint: Syringe Service Program   **Comment:** Referral

SSP (Syringe Services Program Referral) Pt referred from Syringe Service Program for
{SA11 SSP REFERRAL REASONS:27261}

Plan:
{SA11 SSP PLAN:27262}

ER Referral for MAT (5-10 min visit depending on situation)	✓
Click on **Encounter**. Click on **office** note.	
Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)	
Chief complaint: Medication Assisted Treatment **Comment section**: ER Referral	
Click on Notes, then click New note. Type in **.SA11MATNURSEVISIT** and select **ER Referral**. Complete note using F2 to scroll through and answer all questions.	
Click on **Sign Encounter** once everything is completed to close office note.	

Chief Complaint: Medication Assisted Treatment   **Comment:** ER Referral

Referral from ER to MAT Pt referred by {SA11 LOCAL ER:29983} ER. ***
Plan:
{SA11 MAT LOCAL ER PLAN:29984}

MAT Smart Phrases and Codes

Labs & UDS Codes orders:	**Watsonville**	**Emeline**	**HPHP**
UDS	LV5598	LV5598	LV5598
SWAB point of care			
HCG • Pregnancy Test	LV4971	LT683 in house / LV5997 POCT back office	LV5987
Send out for Confirmation if Patient contest or clinical reason	LV4969 (Pain 8)		
Breathalyzer • Only when requested by provider	LV5772		

.SA11 BUPRENORPHINE INITIAL (in Epic code 042403)
Search SA11
After visit Medications
HEROIN/OPIATE WITHDRAWAL PROTOCOL ORDER PANEL
.VASCULARLABORDER

Initial Provider Visit:

.SA11MATINITIALPROVIDERVISIT
Letters: .scconsentandagreementfortreatmentwithbuprenorphineandnalaxone or
.SCBUPRENORPHIONETREATMENTAGREEMENT
Withdrawal Medications:
AVS: .SUBOXONEINDUCTION or SUBOXONEINDUCTIONSPANISH (F2 through to adjust dose on instructions)
.SOWSSUBJECTIVEOPIATEWITHDRAWALSCALE = SOWS for home induction for patient
.ESCOWS = Clinical Opiate Withdrawal Scale (COWS)

Nurse Visit:

.SA11MATNURSEVISIT

Vivitrol:

.VIVITROLPATIENTAGREEMENTCOUNSELING
.VIVITROLTREATMENTAGREEMENT

.SA11MATSMACHECKIN= is the MAT SMA Check In Sheet
.SA11MATRECOVERYLOG = Paper for patient to show attendance of outside support groups
.SA11UDSPOCTLV5598= Last uds for POCT LV5598
.LASTUDSMAT= Last POCT UDS LV5598

FYI's:	Smart phrase for FYI	Status
Medication Assisted Treatment	.SA11MATTierInactive	Inactive
Tier 1	.SA11MATTier1	Induction - 2 weeks
Tier 2	.SA11MATTier2	Early Treatment - 12 weeks (3months)
Tier 3	.SA11MATTier3	Stabilization - 12 weeks (3 months)
Tier 4	.SA11MATTier4	Maintenance - 6 months – 1 year
Tier 5	.SA11MATTier5	Continual Maintenance -1 year or more
Tier X	.SA11MATTierX	Referred to Janus HUB or at JANUS
Tier Y	.SA11MATTierY	Patient at another Spoke receiving MAT

Clinic	Office	MAT Staff	
Homeless Person Health Project (HPHP)	831-454-2080	Nurse Jasmine Angelica Torres	831-201-2485 831-566-9347
Watsonville Health Center (WHC)	831-763-8400	Alejandro Monroy Andres Galvan	831-247-4193 831-227-9967
Santa Cruz Health Center (Emeline)	831-454-4100	Greg Goldfield Marissa Torres Adam Echols	831-331-6048 831-421-1033 831-400-6669
Health Services Manager for MAT program	831-454-4460	Danny Contreras	831-212-3498

Support for MAT Prescribers

Vanessa DeLaCruz: 831-454-4885/ 831-247-6057
Dimitri Bacos: 831-454-5017 / 323-474-4725
Sharon Gehringer: Personal Cell 831- 235-3310
UCSF warm line- Ron Goldsmith: 1-855-300-3595

Resources:
https://pcssnow.org/medication-assisted-treatment/