

History of Present Illness (HPI) Assessment and Plan Template

The following templates are for induction and follow-up appointments for medication assisted treatment (MAT) in opioid use disorder (OUD). Consider saving this document electronically to quickly cut and paste sections into your EHR.

Underlined sections are options, choose the answer that represents the current patient experience.

History of the Present Illness Template

- Patient is a x yrs. old, (fe)male who presents today for MAT, patient was recently in hospital on a hold. Patient started on opioids after surgery x years ago. Took mostly prescription medications. Then became dependent on opioids and borrowed/stole medications from family and/or friends. Occasionally purchased prescription opioids on the street. Has been using opioids for x years. Occasional heroin use.
- Patient has used opioids for 5 years_after_ACL tear. Patient stated (s)he uses around 150mg of oxy per day. Patient admits to using heroin X 2 and once is it was mixed with meth. Here with his father.
- Desires to get off opioids. Has had several friends commit suicide in the past month and really wants to get help. Has started seeing counselor at _____ last month.
- Patient applied for Medication Assisted Treatment (MAT) and the [clinic] MAT Team reviewed and approved patient for MAT. Patient has agreed to participate in all aspects of treatment plan including follow-up appointments, counseling, group visits, urine drug testing, and other requirements as noted in the treatment protocol and patient agreement.
- Last opioids x hours ago of long-acting / short acting opioid.
- Today, patient feels pretty lousy today. Anxious, slight abdominal pain.
- Patient has good / limited social supports with family, neighbors, and friends. Specifically, patient will have support from_____

- **Opioid Use Disorder Criteria: Mark all that apply to this patient. Include in HPI.**
 - Opioids are often taken in larger amounts or over a longer period of time than intended.
 - There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
 - A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
 - Craving, or a strong desire to use opioids.
 - Recurrent opioid use resulting in failure to fulfill major role obligations at work, school or home.
 - Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
 - Important social, occupational or recreational activities are given up or reduced because of opioid use.
 - Recurrent opioid use in situations in which it is physically hazardous
 - Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids.
 - *Tolerance, as defined by either of the following:
 - a need for markedly increased amounts of opioids to achieve intoxication or desired effect
 - markedly diminished effect with continued use of the same amount of an opioid
 - *Withdrawal, as manifested by either of the following: the characteristic opioid withdrawal syndrome, the same (or a closely related) substance are taken to relieve or avoid withdrawal symptoms

MAT Induction Assessment and Plan Template

- Opioid use disorder. MAT Induction. Patient desires medication assisted treatment with buprenorphine/naloxone. Discussed long-term treatment. Understands the benefits and risks. Patient has developed treatment goals and life goals.
- Stopped opioids yesterday for short-acting opioids, two days ago for long-acting.

- Patient applied for Medication Assisted Treatment (MAT) and the [\[your practice name\]](#) MAT Team reviewed and approved patient for MAT. Patient has agreed to participate in all aspects of treatment plan including follow-up appointments, counseling, group visits, urine drug testing, and other requirements as noted in the treatment protocol and patient agreement. Patient agreement/consent signed.
- Physical exam completed. [See PE, pertinent findings include:](#)
 - Labs reviewed: [HIV, HBV, HCV, LFTs, Urine toxicology, and pregnancy test.](#)
 - No opioids for [xx hours](#). In _____ withdrawal. COWS = _____
- Begin buprenorphine induction with 2mg/0.5mg or 4mg/1mg SL suboxone.
- Patient picked up prescription at the pharmacy and brought with them to this appointment. Patient instructed in proper use of medication and long-term treatment per practice protocol. Observed 1st dose in office.
- 1 hour re-check; doing much better. Less anxious and shaky. Not 100% but overall much better. Discussed treatment goals for the future, long-term nature of treatment, and how the patient will utilize the other components of treatment; counseling, group visits, drug testing, and family and community support.
- Second dose of suboxone 4mg/1mg given.
- 2 hour re-check; doing much better. Near baseline. COWS=_____
- Continue counseling and education about medication assisted treatment. MAT is most effective when combined with counseling and expanding family and social supports. Provided patient with a handout about opioid use disorder and medication assisted treatment, reviewed components of this handout, treatment and potential side-effects, how to access professional and community support systems, contingency plans for cravings and/or withdrawal symptoms.
- Enroll in Opisafe, online management for MAT. Opisafe will provide weekly and bi-weekly check on withdrawal (SOWS), depression (PHQ2/9), Generalized Anxiety, sleep, and medication side effects. We will follow these clinically and patient can check in with us, and we will check in with the patient if there are any important changes. [Patient's preferred email is _____.](#)
- Naloxone education and training provided to patient to decrease overdose risk.
- Plan for patient to use total dose of 12mg/3mg per day. [8mg in am and 4mg pm](#) for next few days. We will check in with patient tomorrow and in 3 days by phone. See patient back in clinic in 1 week for follow-up and prescription refills. Continue full MAT program through Southeast Health Group with counseling, support, random UAs. Precautions discussed. Call or return if worse symptoms, withdrawal, or cravings.

- Patient in office for 2.5 hours. Greater than 60 minutes/50% of visit spent in medical care, education, and counseling as noted above. Tolerated MAT induction well. Much improved.

Other Potential Components of Induction Note

- Plan daily dose of 12mg/3mg. Given his/her prior dose of opioid use, may need higher dose. Will follow closely over next few days.
- Patients not currently dependent on opioids but high risk for relapse and meet other criteria for OUD (has been in jail or detox and has gone through withdrawal)
- Patient desires MAT for OUD. Patient meets criteria for recurrent opioid use disorder. Not currently dependent, but very high risk for relapse.

Follow-Up Appointment

- Opioid use disorder. Patient desires medication assisted treatment with buprenorphine/naloxone. Understands the benefits and risks. Here today for follow-up appointment after suboxone induction on __/__/20__.
- Reviewed Opisafe patient reported measures. Depression score _____ / GAD/Anxiety _____ / Quality of Life _____ / Pain/function _____
- Now in stabilization / maintenance phase of treatment.
- Today, no signs of withdrawal. COWS = _____
- Patient reports side effects of: none, constipation, nausea, headaches
- Cravings: none / few / often
- Current dose: _____
- Last fill: _____
- Pill/film count: _____
- PDMP/OpiSafe Check: _____
- Last UDT date and results: _____
- Doing well / very well with treatment. Has gotten enrolled in counseling and I stressed the critical importance of counseling and behavioral health care in addition to MAT. Patient voiced understanding and willingness to participate fully in treatment. No evidence of drug diversion. No relapse / relapse with continued interest in continuing buprenorphine MAT program.

- Patient instructed in proper use of medication and long-term treatment per practice protocol.
- Naloxone education and training provided to patient to decrease overdose risk.
- We will check in with him [weekly](#). Precautions discussed. Call or return if worse symptoms, withdrawal, or cravings. Enrolled in Opisafe, online management for MAT. Opisafe will provide weekly and bi-weekly check on withdrawal (SOWS), depression (PHQ2/9), Generalized Anxiety, sleep, and medication side effects.
- Discussed potential side effects and their management. [Osmotic stool softener for constipation. \(Miralax\)](#)
- Continue suboxone SL total daily dose of [16mg/4mg, divided dose, 8mg/2mg am and 8mg/2mg](#) evening. Scripts written.
- Appointment in 3-4 weeks for recheck and refills. Continue full MAT program through the practice with counseling, support, random UAs, etc.
- UA today for buprenorphine and opioid drugs of abuse.

Suboxone Script Writing

Induction day script

- Suboxone 4mg/1mg
- Sig. 1-3 daily as directed by provider
- #30. No refill

Maintenance

- Suboxone 4mg/1mg 8mg/2mg 12mg/3mg
- Sig.
- #30

Suboxone comes in boxes of 30 and if you write for fewer, the pharmacist must waste the remainder and cannot relabel or reuse.