SUD Screening Notification Templates

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For additional information, refer to https://michigan-open.org/initiatives/SUD-care-coordination

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Contents

About the Templates

OPEN's substance use disorder (SUD) screening notification templates can be used to inform a Surgeon and Surgical Care Teams of a patient's high risk SUD screening. While OPEN developed these templates using the TAPS tool for SUD screening, the templates can be adapted for use with other screening tools.

For each substance category, there is a corresponding message template. If a patient screens high risk in multiple categories, both categories' resources can be cohesively combined and sent in one notification message. Prescription and non-prescription opioids have the same templates. Prescription and non-prescription stimulants have the same templates.

Investigate Resources

To build a successful screening program, including next step recommendations is a key component. Consider talking with key stakeholders to understand current SUD screening practices and resources available within your hospital and community. Some ideas include:

- Smoke cessation program
- Inpatient addiction consult team
- Outpatient addiction medicine
- Acute pain service
- Inpatient alcohol withdrawal policies
- Alcohol management programs
- Medication for Opioid Use Disorder policies

Customize Templates

Once you have an understanding of available resources, customize each template with this information which will be most impactful for the end user. Within some of the templates, there are areas highlighted yellow indicating the need for customized information. From our research at OPEN, Surgeons and Surgical Care Teams highly value detailed next steps to assist in care planning.

Message Templates

General Positive Screen

To:	Surgeon and/or Surgical Care Team
Subject Line:	Please review: Your Surgical Patient's TAPS screening

___Surgeon name___,

Your patient (___MRN___; DOS [date of surgery]) is at risk for adverse outcomes related to [substance] and may meet criteria for a ___category___. Hearing from their surgeon can be helpful to manage this risk.

[Insert all screened positive category content]

Your patient completed the Tobacco, Alcohol, Prescription medications and other Substance Tools (TAPS) screener on ___***date***___

Tobacco

[insert Tobacco Use Disorder into category]

Suggested Action
1. CONFIRM diagnosis through clinical interview and review of tobacco use

2. EXPRESS CONCERN using empathy. Discuss any perioperative risks and determine if patient desires tobacco cessation resources

3. CREATE A PERIOPERATIVE PLAN proactively
- Offer and provide tobacco cessation resources to patient, if patient agrees
- Refer to (insert any specific programs for tobacco cessation) if patient agrees
- Communicate plan with the patient, patient's primary care provider, surgical team, anesthesia team

4. EDUCATE/ADVISE patient on:
- Educate patient on holding tobacco products minimally, 2 weeks prior to surgery

Additional Resources:
- Tobacco Cessation resources
- Nicotine Replacement Therapy

Alcohol

[insert Alcohol Use Disorder into category]

Suggested Action
1. CONFIRM diagnosis through clinical interview, review alcohol use, and assess for other co-occurring problems that may be impacting alcohol use (e.g. pain, anxiety, depression)

2. EXPRESS CONCERN using empathy. Recommend reducing alcohol consumption and discuss associated increased risk of perioperative complications

3. CREATE A PERIOPERATIVE PLAN proactively

- Outpatient: Consult (ambulatory addiction medicine team) possible tapering plan and/or withdrawal management
    - (Insert instruction of how to contact)
- Inpatient: Consult (hospital-based addiction medicine team) for possible tapering plan and/or withdrawal management
    - (Insert instruction of how to contact)
    - Link to hospital policies for alcohol withdrawal screening
- Recommend participation in an alcohol management program (consider including hospital or community resources)
- Communicate plan with the patient, patient's primary care provider, surgical team, anesthesia team, and other disciplines (e.g. pain service, addiction service, psych consult team)

4. EDUCATE/ADVISE patient on:

- Benefits of reduced alcohol consumption
- Risks associated with combining alcohol with other drugs (especially opioids, benzodiazepines)
- Against alcohol use and driving
- Following up with Primary Care Physician for counseling and/or support group to complement FDA medication treatment, when warranted

Additional Resources

- AAFP: Outpatient Management of Alcohol Withdrawal Syndrome
- Michigan Opioid Collaborative consult services

Sedatives

[insert Sedative Use Disorder into category]

Suggested Action
1. CONFIRM diagnosis through clinical interview, review prescription and non-prescription sedative use, and assess for other co-occurring problems (e.g. pain, anxiety, depression)

2. EXPRESS CONCERN using empathy. Recommend cessation of non-prescribed sedative use and discuss associated increased risk of perioperative complications

3. CREATE A PERIOPERATIVE PLAN proactively

- Outpatient: Consult (ambulatory addiction medicine team) for possible tapering plan and/or withdrawal management
    - (Insert instruction of how to contact)
- Inpatient: Consult (hospital-based addiction medicine team) for possible tapering plan and/or withdrawal management
    - (Insert instruction of how to contact)
- Order a Point of Care Urine Drug Screen during the preoperative clinic visit and on the Day of Surgery, if patient endorses recent illicit sedative use
- Communicate plan with the patient, patient's usual prescriber, surgical team, anesthesia team, and other disciplines (e.g. pain service, addiction service, psych consult team)

4. EDUCATE/ADVISE patient on:

- Danger of abrupt discontinuation of benzodiazepines
- Increased risk when mixing sedatives with opioids and/or alcohol
- Against sedative use and driving
- Following up with Primary Care Physician to discuss tapering the use of prescribed sedative, possible switching sedative, and referral to counseling or treatment program for substance use disorder and any co-occurring problems, such as depression, that may be driving sedative use.

Additional Resources

- SAMHSA: Behavioral Health Treatment Services Locator
- SAMHSA: Detoxification and Substance Abuse Treatment
- Michigan Opioid Collaborative consult services

Cannabis

[insert Cannabis Use Disorder into category]

Suggested Action
1. CONFIRM diagnosis through clinical interview, and assess for other co-occurring problems (e.g. pain, anxiety, depression).

2. EXPRESS CONCERN using empathy. Recommend reduction and/or cessation of cannabis and discuss associated increased risk of perioperative complications.

3. CREATE A PERIOPERATIVE PLAN proactively:

- Review any prescribed medications to identify those that may increase the risk of sedation and impairment (opioids, benzodiazepines).

4. EDUCATE/ADVISE patient on:

- Educate patient on holding cannabis minimally 1 week prior to surgery
- Risks associated with combining cannabis with alcohol or other drugs.
- Against cannabis use and driving.
- Following up with a Primary Care Physician for a referral to counseling or a treatment program for SUD and any co-occurring problems, such as depression, that may be impacting cannabis use.

Stimulants

[insert Stimulant Use Disorder into category]

Suggested Action
1. CONFIRM diagnosis through clinical interview, review prescription and non-prescription stimulant use and assess for other co-occurring problems (e.g. pain, anxiety, depression)

2. EXPRESS CONCERN using empathy and discuss associated increased risk of perioperative complications

3. CREATE A PERIOPERATIVE PLAN proactively

- Outpatient: Consult (ambulatory addiction medicine team) for possible tapering plan and/or withdrawal management
    - (Insert instruction of how to contact)
- Inpatient: Consult (hospital-based addiction medicine team) for possible tapering plan and/or withdrawal management
    - (Insert instruction of how to contact)
- Order a Point of Care Urine Drug Screen during the patient's preoperative clinic visit and on the Day of Surgery, if patient admits to recent illicit stimulant use
- Communicate plan with the patient, patient's outpatient prescriber, surgical team, anesthesia team, and other disciplines (e.g. pain service, addiction service, psych consult team)

4. EDUCATE/ADVISE patient on:

- Educate patient on reducing or stopping stimulant use before surgery
- On risks associated with injecting stimulants with heroin or otherwise combining stimulants with alcohol or other drugs.
- Against stimulant use and driving
- Following up with a Primary Care Physician for behavioral health counseling referral coupled with pharmacotherapy for most effective treatment.
- Harm Reduction

Additional Resources

- SAMHSA: Behavioral Health Treatment Services Locator
- NIDA: Principles of Drug Addiction Treatment: A Research-Based Guide (3rd ed.) - Behavioral Therapies
- Michigan Opioid Collaborative consult services

Opioids

[insert Opioid Use Disorder into category]

Suggested Action
1. CONFIRM diagnosis through clinical interview, review prescription and non-prescription opioid use and assess for other co-occurring problems (e.g. pain, anxiety, depression)

2. EXPRESS CONCERN using empathy and discuss the perioperative period risks

3. CREATE A PERIOPERATIVE PLAN proactively

- Consider inpatient postoperative admission for pain management which is challenging in this population
- Outpatient: Consult (ambulatory addiction medicine team) for possible treatment
    - (Insert instruction of how to contact)
- Inpatient: Consult (hospital-based addiction medicine team) for possible treatment
    - (Insert instruction of how to contact)
- Consult in-house preoperative anesthesia if patient takes >100mme/day to determine pain management plan
- Refer to hospital MOUD protocol and policies (link if available) if the patient is currently taking any Medications for Opioid Use Disorder (buprenorphine, suboxone, methadone, naltrexone)
- Consider prescribing naloxone
- Use evidence-based postoperative opioid prescribing recommendations and non-opioid recommendations
- Communicate plan with the patient, patient's outpatient prescriber, surgical team, anesthesia team, and other disciplines (e.g. pain service, addiction service, psych consult team)

4. EDUCATE/ADVISE patient on:

- Postoperative pain expectations
- Postoperative over the counter pain management
- Legislatively mandated opioid pain management education
- Overdose prevention
- Harm Reduction
- Following up with Primary Care Physician for Medications for Opioid Use Disorder (MOUD) and behavioral health counseling referral

Additional Resources

- SAMHSA Behavioral Health Treatment Services Locator
- Michigan Opioid Collaborative consult services

Other Substances

[insert Problem Substance Use into category]

Suggested Action
1. CONFIRM use of illicit/recreational drugs through clinical interview. Review illicit drug use, prescribed medications, and assess for other co-occurring problems (e.g. pain, anxiety, and depression)

2. EXPRESS CONCERN using empathy. Recommend cessation, and discuss associated increased risk of perioperative complications

3. CREATE A PERIOPERATIVE PLAN proactively
- If patient admits to recent use of Molly or LSD, order a Point Of Care Urine Drug Screen during the preoperative clinic visit and on the Date Of Surgery
- Discuss with in-house Preoperative Anesthesia as needed
- Communicate with the patient, surgical team, anesthesia team, and other disciplines (e.g. pain service, addiction service, psych consult team)

4. EDUCATE/ADVISE patient on:
- Against illicit/recreational drug use and driving
- Mixing illicit/recreational drugs with their postoperative opioid prescription (if applicable)
- Following up with Primary Care Physician for behavioral health/counseling referral