

MAT Case Presentation

#10

Select one	New Case
Presenter email address: *	berenice.dooley@bassett.org
Date for the presentation of this case. *	Wednesday, January 11, 2017
Clinical Site *	Site A
Age	61
Gender	Pt identifies as female
What are this patient's strengths?	has a full time job, near retirement within the next year, VA benefits, strong sense of family
Employed	Yes
Employment details:	works as an RN, has changed from 12 hour shifts in patient care to administrative 8 hour shifts; widowed. In October was at risk of loosing her job due to multiple absenses with acute on chronic pain after a fall
Partner Status	Unknown
Describe the patients living arrangements examples: stable/unstable, alone/with others, safe/unsafe, children in the home, patient is a caregiver)	widowed, tends to take in people, currently has grandchildren living with her, daughter recently with heroin overdose, patient had to administer sternal rubs to arouse her. has another daughter who has successfully weaned from supboxone. concerned about receiving help locally due to small community. feels guilt with her morphine use in the face of her daughters problems.
Who and/or what does this patient have as support for sustained abstinence from opioid use?:	unknown. she has been offered surgical intervention by the VA in the past, however always declined due to amount of time that would be lost from work, now that retirement is looming and she would have that time, would prefer to travel.
Who else in the patient's life is struggling with a substance use disorder?	2 daughters with bipolar, one currently inpatient with heroin overdose, the other successfully weaned from supboxone. spouse died from cancer, had a substance abuse problems
Legal Issues	<ul style="list-style-type: none"> Active involvement of the Department of Children and Families
Comments regarding legal Issues	CPS involved due to daughters heroin use.
What is your main question and/or challenge with this patient? *	Is she appropriate for subpoxone for pain relief? How would I approach her regarding this. she doesn't want to be dependent, yet currently she is having increasing tolerance and decreasing pain relief. declining surgery. intolerant to lyrica, gabapentin, antidepressants
What are this patient's reasons to move towards sustained abstinence from opioid use (goals for the next 6–12 months)? *	she has somewhat unrealistic expectations. no opiates no pain no surgery

travel after retirement.

we have been trying to wean clonazepam which she relapses on referred to psych ? dx bipolar? unable to see notes, no feedback. patient unaware. dx PTSD, adjustment disorder with mixed anxiety and depression.

What are the current emotional, behavioral, and /or physical symptoms most concerning to the patient?

- Pain
- Anger
- Insomnia
- Panic
- Racing thoughts

Other symptoms of concern to patient:

History of Overdose?

Unknown

Opioids used in past year:

- Prescription opioid other than buprenorphine, prescribed to patient

Routes of opioid used in past year:

- Orally

Date of last positive drug test for opioids (other than buprenorphine or prescribed methadone):

Wednesday, October 5, 2016

Estimated days of illicit opioid use in past 30 days (other than buprenorphine or prescribed methadone):

Does this patient have a history of prescribed buprenorphine NOT showing in urine/oral/fluid drug screens (Prescribed buprenorphine is absent)?

No

Other substances used in past year:

- Benzodiazepines

Other substances used in past year:

Details of substances used in past year (frequency, route, recent use, toxicology testing):

current meds ms contin 60 mg tid
klonopin 0.25mg bid, with od of daughter was taking .5mg tid

What are the patient's triggers for lapse/relapse?

- Interpersonal stressors

Other triggers for relapse:

Past drug treatment history (opioid use disorder and/or other SUDs) CHECK ALL THAT APPLY:

Details of past drug treatment history (including what was helpful and what was not helpful):

several years ago had been treated by VA for pain due to VA associated trauma to hip and back, was also being treated here , therefore getting double dosing, VA discharged her. she has been here now receiving the double dose, sometimes feels not getting pain relief. has been referred for yoga, chiropracty acupuncture, fmla, psych, surgery. poor follow through

Please check active psychiatric diagnoses:

- Unclear mood disorder
- Unclear anxiety disorder
- Post Traumatic Stress Disorder

Has this patient ever sought treatment for their co-occurring psychiatric diagnosis?	Yes
Please provide additional details regarding patient's prior mental health treatment:	was in behavioral health at the VA 'other psychiatric illness not interfering with life or requiring medication' / ? bipolar in that she can't sleep and responds poorly to ssris
Does this patient have a history of	<ul style="list-style-type: none"> Trauma as an adult and/or as a child
Details of suicide attempts, psychiatric hospitalization, and/or trauma:	Military related multiple trauma involving back, hip, burns and foot deformity not able to sleep
Medical conditions (Select All that Apply):	<ul style="list-style-type: none"> Chronic Pain
Please provide more detail about chronic pain:	see above. strong family history of early heart disease. still smokes. has seen cardiology
Current Medications (INCLUDING FORMULATION, DOSE AND FREQUENCY):	asa 81 mg klonopin 0.25 tid Flonase ibuprofen 800 tid lunesta 3 mg qhs naloxone 4mg aerosol prn
Is this patient on birth control (oral or long acting reversible) ?	No, not a candidate due to reproductive capabilities
Has patient been offered naloxone?	Yes, patient accepted
Date of most recent HIV screening	Thursday, December 6, 2012
HIV screening was	Negative
Date of most recent Hep-C screening	Thursday, December 6, 2012
Hep-C screening was	Negative

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