LEARNER TASKS

Gather Data:
- Take a substance use history.
- Perform a screening, brief intervention and referral to treatment (SBIRT) intervention including assessment of readiness and confidence in change.
- Talk to the patient about substance use treatment history, what has worked well previously and which resources are available (treatment programs, medications) using the SUD treatment resources list, exploring barriers to care and collaborating on next steps.

Build Relationship:
- Counsel the patient regarding the chronic nature of substance use disorder as a disease demonstrating empathy.
- Evaluate and discuss the risk of psychiatric comorbidity and treatment with opioid misuse.

Engage Patient in Care Plan:
- Ensure the patient and partner can identify signs of opioid overdose and dependency.
- Demonstrate use of a naloxone atomizer (intranasal naloxone) and explain when and how to use it to patient and partner.

CASE DETAIL

Patient Profile:
Name: Pat Sheehan, age/gender per SP, single, with cohabitating partner, 1 child (lives with other parent)
Occupation: Not working, previously mid-level manager

Setting: The patient was brought to the ED after being found unresponsive in her apt by her partner who called 911 and started bystander CPR. EMS run sheet is in the folder. Patient received 2 doses of intranasal naloxone after which she was revived. She was transported to the ED anxious, sweaty and having vomited. The patient’s last clear recollections of the day were 1 hour before being found.

SMALL GROUP FACILITATION

<table>
<thead>
<tr>
<th>iCELS staff will announce timing to assure the day flows correctly.</th>
<th>Encounter Timing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 min</td>
<td>A designated faculty member leads your group for a naloxone didactic.</td>
</tr>
<tr>
<td>10 min</td>
<td>You assign student roles for the encounter; Interviewer, Presenter, Patient Counselor, and Naloxone Demonstrator. Staff direct your team to join the SPs, already in the exam room.</td>
</tr>
<tr>
<td>15 min</td>
<td>Staff direct the encounter to begin: Interviewer questions the SPs.</td>
</tr>
<tr>
<td>25 min</td>
<td>Staff direct the encounter to pause. Team begins case discussion on patient plan. The SPs will be present but not participate.</td>
</tr>
<tr>
<td>35 min</td>
<td>Staff direct the encounter to resume. Patient counselor discusses plan with SPs.</td>
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<tr>
<td>40 min</td>
<td>Staff direct time for naloxone demo. Naloxone Demonstrator shows SPs how to use kit.</td>
</tr>
<tr>
<td>45 min</td>
<td>Staff direct SPs to leave the room to complete checklist, team debriefs in room.</td>
</tr>
<tr>
<td>55 min</td>
<td>Staff direct team to move to next event.</td>
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</tbody>
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Use this space to record feedback notes, or any points to support ongoing learning.
Key Points:

- Naloxone can fail for multiple reasons including: fentanyl co-ingestion or not using the medication due to concern about being ‘caught’ (this is also a reason some people do not call 911);
- Classic triad of opiate overdose: pinpoint pupils, unconsciousness, respiratory depression.
- Effective treatments for opioid dependence exist. MAT may help approximately 60% of patients in recovery abstain from opiate misuse, but only 25% of publicly funded treatment programs offer FDA approved MAT, and as few as 10% of patients receive it (WHO information sheet 2014: http://www.who.int/substance_abuse/information-sheet/en/).
- Opiate misuse disorder is a chronic disease. Patients should be counseled to seek support to maintain behavioral change, identify triggers that promote relapse and set proactive plans should these arise.
- Patients in recovery can be prescribed opiates when benefit outweighs risk (such as major surgery, trauma), but there must be careful planning, open discussion, safe dispensing and close monitoring.