

SBAR example of a new case:



Situation:

Bobby Johnson is a 38-year old male.

Patient Identification-New patient requesting opioids. Screened using the NIDA-Modified ASSIST. Diagnosed with severe substance use disorder by Dr. Jones on 8/3/21.

Team review and enrollment: 8/4/21. Office Induction (buprenorphine): 8/6/21; day one dose = 20 mg.

Today: Day 7 (8/12/21) current dosage 16 mg; he is "doing ok" but is experiencing nausea with several incidents of vomiting and tiredness. He tried using cannabis last night to help – it did not

have much effect beyond helping him sleep.

Background:

Substance use History:

History of dirt bike accident 2011. Prescribed opioids. Continued use after healing from accident. Continued to request opioids from family physician who eventually discharged patient from the practice-indicating patient was abusing the medication, no longer suffered from pain, and was "harassing" the office staff for refills.

Patient indicates he has been using oxycodone since the accident as well as heroin when he is unable to obtain oxycodone.

At enrollment using oxycodone daily, heroin weekly, and cannabis weekly.

Denies additional addictive behaviors

Prior SUD Treatment History: none

Mental Health History:

Depression: Diagnosed 2019. Most recent PHQ = 12 (8/4/21). Prescribed and taking Celexa 20 mg/day

Health status:

Asthma diagnosed 2000

PMH:

Bike accident= 2011. Fractured right femur, pelvis and 5 ribs

Current medications:

Citalopram 20 mg once daily

Albuterol MDI 2 puffs every 4-6 hours as needed

Fluticasone 88 mcg inhale twice daily

Allergies: NKA

HIV: neg Hep C: neg

Pending surgeries: neg

Pain: none

Assessment:

- Patient is motivated "not feeling great but wants this to work".
- Using cannabis to self-treat.

Recommendations: Review buprenorphine dosage and consider supportive strategies related to nausea. Continue to encourage importance of hydration with Bobby. Will contact him after meeting re: any changes. Discuss again next week.

RRS 8-9-21