Addiction Nursing Competencies

A Comprehensive Toolkit for the Addictions Nurse

Corresponding Manuscript:

Wason, K., Potter, A., Alves, J., Loukas, V. L., Lastimoso, C., Sodder, S., Caputo, A., & LaBelle, C. T. (2021). Addiction Nursing Competencies: A Comprehensive Toolkit for the Addictions Nurse. *The Journal of Nursing Administration*.

Acknowledgements

Sponsorship:

Boston Medical Center, Grayken Center for Addiction, Massachusetts Department of Public Health, Bureau of Substance Addiction Services

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Additional thanks to the following reviewers *(alpha order):*

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Disclosure:

Boston Medical Center (BMC) is pleased to share its Office Based Addiction Treatment clinical guidelines with other providers. Although Boston Medical Center has attempted to confirm the accuracy of the information contained in these documents, this information is not a substitute for informed medical decision making by an appropriate, licensed provider. Clinicians must confirm the appropriateness of all treatment that they provide to a patient and are responsible for the health care decisions they make when caring for patients. If clinicians believe that any information included in these guidelines should be revised or clarified, please contact Boston Medical Center at OBAT@bmc.org.

The contents of these guidelines are solely the responsibility of the authors and do not necessarily represent the official views of BSAS or any other part of the Massachusetts Department of Public Health.

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Introduction

The nursing scope of practice includes extensive training in chronic disease management and patient education, making nurses ideally suited to deliver care to persons with substance use disorders across the spectrum of disease severity and remission. The entirety of the nursing workforce is needed to address the continuum of substance use, prevent the progression of disease, and address the harms associated with substance use (1).

Healthcare consumers expect and deserve proficiency from the nurses who care for them. Competency frameworks provide clear expectations of clinicians and organizations and are utilized to train nurses and assess their ability to provide patient care (2). The Addiction Nursing Competencies are intended to inform and guide nursing practice in the provision of comprehensive, evidence-based care to persons with substance use disorders. These competencies aim to support a holistic approach to patient care, focusing on an individual's strengths, motivation, and personal definition of recovery. Paired with tools such as medications for addiction treatment and harm reduction strategies, this toolkit strives to enable nurses to safely and effectively deliver care to persons across the spectrum of the substance addiction from active use to sustained recovery.

How to Use the Addiction Nursing Competencies Toolkit

The Addiction Nursing Competencies consist of three documents: *Foundation, Assessment,* and the *Skills Checklist.* This stratified approach captures the expansive principles of nursing theory that form critical knowledge and skills. The combined use of these tools aims to promote a standard of care in addiction nursing practice by providing groundwork for both administrative and front-line nurses to assess knowledge, provide education, and build concrete skills in addiction nursing care.

Document 1: Foundations

This higher-level document outlines the theoretical framework of quality addiction nursing care, including essential nursing knowledge, attitudes, and behaviors. Foundation sets the stage for the non-judgmental, empathetic and comprehensive approach to patient care and harm reduction philosophy.

Foundation is based on and adapted from the *Massachusetts Nurse of the Future: Nursing Core Competencies* (March 2016) by the Massachusetts Department of Higher Education Nursing Initiative (3). The Nurse of the Future: Nursing Core Competencies was chosen as a guiding document as it synthesized competencies from other states, current practice standards, education accreditation criteria, national initiatives, and projected patient demographic and health care profiles.

Document 2: Assessment

Assessment is a bridge document that may be used at the both the management and individual nurse level, to structure the assessment of nursing knowledge and skills when caring for persons with substance addiction. This document includes learning objectives paired with nationally recognized supportive education to promote evidence-based knowledge.

Document 3: Skills Checklist

This final document outlines concrete steps of the nursing process for specific skills to determine the proficiency of an individual nurse. This tool can be used for nurses' self-assessment and training, as well as by administrators to determine nurse proficiency in each skill.

Definitions of Commonly Used Acronyms

OBAT: Office-Based Addiction Treatment

SUD: Substance use disorder

OUD: Opioid Use Disorder

AUD: Alcohol Use Disorder

COWS: Clinical Opiate Withdrawal Scale

SMART: Self-Management and Recovery Training

ATS: Acute Treatment Services also referred to as Withdrawal Management Services

OTP: Opioid Treatment Program also referred to as a Methadone Maintenance Treatment Program

OEND: Overdose Education and Naloxone Distribution

HRC: Harm Reduction Coalition

nPEP: Non-occupational post-exposure prophylaxis for HIV

PrEP : pre-exposure prophylaxis for HIV

SSP: syringe service program

SCOPE: Safer/Competent Opioid Prescribing Education

ORN: Opioid Response Network

TTA: Training and Technical Assistance

CIWA: Clinical Institute Withdrawal Assessment for Alcohol

MOUD: Medications for Opioid Use Disorder

INH: Inhaled

IN: Insufflation

IV: Intravenous

IR: Intrarectal

NRT: Nicotine Replacement Therapy

REMS: Risk Evaluation and Mitigation Strategies

MTD: Methadone

PEG scale: Pain, Enjoyment, General Activity

Foundations

Safety

Safety		
Knowledge	*Attitudes/Behaviors*	*Skills*
K1 Identifies factors contributing to patient and staff safety.	**A1** Recognizes the limitations inherent in the current healthcare system based on human error.	**S1** Effectively utilizes standard protocols to support safe care of patients.
K2 Describes factors involved in creating a culture of safety.	**A2** Recognizes the importance of transparency and the importance of avoiding "blame" among team members in situations related to safety and adverse events.	**S2** ● Helps gather and review safety data. ● Uses safety reporting for "near miss" and adverse event reporting. ● Communicates concerns regarding adverse events and errors to the health care team. ● Promotes safety through the use of "warm-handoffs" to other levels of care. ● Assists with the review of errors and designs strategies to improve patient safety.
K3 Describes processes used in understanding the cause of adverse events and how to utilize current patient safety resources and regulations in practice.	**A3** Values the system's ability to evaluate processes to prevent errors and promote patient safety and effective healthcare delivery.	**S3** ● Participates in processes to evaluate system safety methods and concerns. ● Uses established safety protocols from evidence-based addiction guidelines and institutional policy and procedures to assure safe nursing practice.
K4 Describes how psychosocial issues related to substance use disorder could negatively impact a patient's safety in the community.	**A4** Appreciates the multifactorial safety concerns that diverse patient populations may face and the nurse's role in mitigating harm.	**S4** ● Assesses psychosocial factors that may impact patient safety including: risk for community violence, intimate partner violence, sexual assault, and risks for self-injury and suicidality. ● Refers patients to appropriate resources to assist in long term safety planning and violence mitigation. ● Offers harm reduction education related to the psychosocial stressors that could impact the patient's overall safety.

K5 Relates the relative risk for overdose in correlation with the patient's current state of recovery and tolerance.	**A5** Recognizes that a patient's risk for overdose does not go away at the start of treatment and that overdose prevention is a necessary part of treatment.	**S5** ● Educates patients on their risk for overdose and overdose prevention strategies. ● Assists patients in obtaining nasal naloxone and ensuring regular prescriptions for the patient as necessary. ● Actively outreaches to patients who have missed appointments for medications, particularly those with decreased tolerance, recently tapered, post-release to reconnect them with care.
K6 Describes how substances may impact a person's normal perceptions and increase their risk for violent outbursts toward staff or others.	**A6** Recognizes some behaviors as symptoms of the patient's disease or directly related to the consumption of substances.	**S6** ● Provides a safe and de-stimulating environment for patients to engage in care. ● Seeks appropriate supervision and assistance with patients unable to control their behaviors. ● Appropriately refers patients for behavioral health assessment and treatment. ● Set limits in a respectful but direct manner ● Identify when it is unsafe to see a patient alone or in a closed door environment

Quality Improvement

Quality Improvement		
Knowledge	*Attitudes/Behaviors*	*Skills*
K1 Identifies that nursing contributes to the care team and that nursing processes affect patient outcomes.	**A1** Recognizes the importance of team collaboration and values input from other to improve the quality of care.	**S1** Participates in quality improvement initiatives to help improve the quality of care.
K2 Describes the OBAT nursing process for improving care.	**A2** Recognizes that quality improvement is an essential part of the nursing process.	**S2** ● Seeks information about quality initiatives in the OBAT setting. ● Actively seeks information about ways to improve nursing practice in the care of patients with SUD.
K3 Describes the importance of varying perspectives to provide quality nursing care to diverse populations of patients.	**A3** Appreciates that diversity in caregivers and clinicians facilitates engagement of diverse patient populations.	**S3** Participates in quality improvement processes to identify gaps between current practices, evolving health care needs, and diverse patient populations.
K4 Describes strategies for improving processes and outcomes of patient care.	**A4** ● Recognizes the value that team quality improvement initiatives can have in the improvement of patient care. ● Appreciates the varying perspectives from different disciplines regarding processes related to patient safety and best practices.	**S4** ● Participates in quality improvement practices and effectively integrates practice changes into clinical practice. ● Implements new patient care strategies based on evidence to reduce patient harm and improve outcomes. ● Works within the hospital system to advocate for changes to align processes to improve patient care and outcomes (e.g. pharmacy, emergency department, surgery, etc.).

K5 ● Depicts the dynamic nature of substance use disorder and the need to incorporate new information regarding synthetic and non-synthetic substances with addiction potential. ● Depicts the dynamic landscape of the continuum of substance use disorder care in relation to changing federal and state regulations regarding the care of patients with substance use disorder.	**A5** Appreciates the impact different addictive substances have on the patients and the nursing practice.	**S5** ● Incorporates assessments for non-traditional substances use ● Inquires naturally to the nature and fluidity of patient's addiction and incorporates patients concerns into the care plan. ● Reevaluates care plans when patients continue to struggle with varying substances and makes substantial changes as necessary. ● Attends continuing education programs related to current needs of the population. ● Incorporates referrals to new components of the substance use disorder treatment landscape as clinically appropriate. ● Incorporates the patient's needs, wants, and readiness for change before actualizing a referral

Evidence-Based Practices

Evidence-Based Practice		
Knowledge	*Attitudes/Behaviors*	*Skills*
K1 ● Explains the need for care of patients with substance use disorders to be based in scientific research and inquiry. ● Differentiates clinical opinion from research and evidence-based recommendations .	**A1** Values robust scientific research to drive clinical decision making.	**S1** ● Educates patients on the most recent research related to care of patients with substance use disorders and potentially harmful substance use. ● Uses best practice and evidence at the patient level, clinical level, population level, and across the system of care.
K2 ● Describes the importance of opioid agonist and partial-agonist medications in preventing relapse and opioid related overdose. ● Describes the utility of opioid antagonist medications in the treatment of opioid use disorder.	**A2** ● Emphasizes the value of medication treatment in the long term chronic management of opioid use disorder. ● Values the importance of all three medications used to treat opioid use disorder.	**S2** ● Educates patients on the available medications to treat opioid use disorder. ● Appropriately uses a COWS scale to assess opioid withdrawal and determine optimal timing of induction dose of partial agonist medication. ● Coordinates prescriptions for partial-agonist medications. ● Interprets and monitors toxicology data to determine patient treatment needs. ● Educates patients on how to ensure the safety of their home medications in relation to their current living environment. ● Uses warm handoffs to coordinate care between different treatment levels of care to prevent lapses in life-saving medication treatment. ● Assesses patients for continuing signs of opioid withdrawal and cravings for opioids that may indicate the need for an increased dose of medication. ● Administers injectable medication after a trial of oral/transmucosal medication per institutional protocol.
K3 Describes the role of inpatient acute treatment services in the initiation of addiction care in the appropriate patient population.	**A3** Appreciates the importance of inpatient treatment for supervised withdrawal management and stabilization of appropriate patients with substance use disorder.	**S3** ● Assesses patients for acute or life threatening signs of withdrawal from substances and refers patients to the appropriate level of care for management. ● Refers patients to the appropriate level of care or to programs to assist patients in placement in the appropriate level of addiction care.

Evidence-Based Practice		
Knowledge	*Attitudes/Behaviors*	*Skills*
		• Coordinates with inpatient acute treatment services and other inpatient addiction service programs to seamlessly transition patients into outpatient care.
K4 Describes where to locate reliable sources of evidence and clinical practice guidelines.	**A4** Appreciates the importance of obtaining high quality evidence to drive clinical decision making.	**S4** • Uses search engines known to provide clinically robust data sources. • Discerns quality evidence that should inform clinical practice from poorly structured or out-of-date clinical guidelines.
K5 Describes the role of behavioral health treatment in combination with medications for addiction treatment.	**A5** Appreciates the adjuvant qualities of behavioral health treatments to the medication treatment options.	**S5** • Recommends, but does require, counseling and behavioral health support for all patients in the office based addiction treatment setting. • Assesses the impact of 12-step and self-help groups on patient's recovery and promotes organizations that are helpful to the patient's recovery plan. • Collaborates closely with behavioral health providers to improve patient care with the appropriate patient authorization for information exchange. • Assesses connection to harm reduction programs such as syringe service programs and community support centers.

Patient-Centered Care

Patient-Centered Care		
Knowledge	*Attitudes/Behaviors*	*Skills*
K1 ● Demonstrates understanding of the diversity of the patient population being served. ● Describes how cultural, ethnic, gender identity, sexual orientation, spiritual beliefs, age, and socioeconomic differences affect the patient's values, perceptions and priorities. ● Identifies the effects that public policy can have on patients from diverse backgrounds.	**A1** ● Supports patient-centered care for patients and families with values different from their own. ● Recognizes the impact of personal values and beliefs on the care of diverse patient populations. ● Values differences in individuals and is willing to learn and engage with diverse patient populations about their unique needs.	**S1** ● Assesses patients for unique cultural needs that may impact their plan of care or ability to interact with the care team. ● Provides culturally sensitive care for patients across the recovery continuum. ● Implements nursing care plans designed to meet the unique cultural needs of the patient population.
K2 ● Describes the importance of involving the patient in the development of an individualized plan of care for their recovery with consideration for periods of both wellness and illness. ● Depicts medication for addiction treatment selection as a joint process between care team and patient.	**A2** ● Recognizes that unique circumstances and backgrounds contribute to the development of substance use disorder and should be considered in creating a comprehensive treatment plan for a patient. ● Identifies that patients' extensive knowledge of their own life and choices makes them the most important individual to involve in decision-making process regarding addiction treatment. ● Supports patients in various stages of recovery and active use through non-judgmental and compassionate care.	**S2** ● Assesses the unique constraints related to a patient's ability to remain adherent to the developed treatment plan including concerns related to transportation to the clinic or to alternative forms of treatment. ● Educates patients regarding medication options for treatment of their substance use disorder and provide patients with the agency to make choices for themselves. ● Respects patients' decisions regarding their personal choice to initiate or defer medications for addiction treatment. ● Educates patients regarding harm reduction principles of safer drug use. ● Instructs patients regarding safer injection techniques and provides harm reduction resources for those who continue to use despite engagement in treatment. ● Integrates relapse prevention strategies into the patient's regular clinical care and into the care plan.

K3 Describes the importance of trauma-informed care in patients with substance use disorders.	**A3** ● Recognizes the role that trauma plays in the development of substance use disorders. ● Recognizes the role that substance use disorders have in continuing to expose patients to traumatic experiences. ● Values the importance of the patient-nurse relationship regardless of the patient's willingness to disclose about trauma.	**S3** ● Conducts assessments with the basic understanding that the majority of patients with substance use disorder have been exposed to some form of trauma. ● Obtains all specimens, including urine specimens, in a trauma- informed way to respect the dignity and privacy of all patients. ● Offers all patients resources for further behavioral health intervention for traumatic experiences. ● Assesses for sequelae of traumatic experiences including damaging effects of violence, sexual assault, or verbal/emotional abuse.
K4 Expresses the importance of particular phenomena including pain, diminished quality of life, function and palliative care and how they may affect a particular treatment plan for a patient.	**A4** ● Appreciates the role the nurse plays in alleviating pain and suffering to improve quality of life. ● Recognizes the impact of that personal values and beliefs of the patients and nurse may affect the management of pain, suffering, and end of life.	**S4** ● Assesses the patient's physical and emotional pain and suffering. ● Collaborates with the patient regarding expectations for relief from pain and suffering throughout their course of treatment. ● Initiates treatments and adjuvant strategies to manage and limit patient pain and discomfort and improve functioning and quality of life.
K5 Describes how the competing psychosocial priorities of patients in recovery may impact their ability to adhere to individualized care plans.	**A5** Acknowledges that the patient's substance use disorder inherently affects the patient's behaviors and should not personalize negative feelings or impressions from the patient.	**S5** ● Warmly welcomes patients that return to the office for reengagement in care. ● Modifies treatment plans to have flexibility to meet the varying needs of patients in active use and recovery. ● Refers patients to additional services that may be open when the patient is available to engage in recovery.

Professionalism

Professionalism		
Knowledge	*Attitudes/Behaviors*	*Skills*
K1 ● Understands the concept of accountability for personal nursing practice. ● Justifies all clinical decision making with facts and knowledge.	**A1** ● Accepts responsibility for behavior and clinical decisions. ● Commits to providing high quality, safe, and effective care.	**S1** ● Demonstrates accountability for nursing practice. ● Uses critical thinking and clinical reasoning to work within the standards of nursing practice. ● Appropriately defers decision making outside of the nursing scope of practice to appropriate level provider.
K2 ● Describes professional standards of practice and is able to explain the OBAT clinical guidelines and their application in practice. ● Defines the scope and standards of practice of addiction nurses.	**A2** ● Values and upholds professional standards of practice. ● Recognizes the responsibility to function to the full scope of addiction nursing practice.	**S2** ● Designs and implements nursing care plans within the legal, ethical, and regulatory framework of addiction nursing practice. ● Promotes and maintains a positive image of nursing. ● Recognizes and uses the appropriate safety reporting mechanisms to identify breaches of a nurse's professional code of conduct.
K3 Understands the role and responsibilities of being a patient advocate.	**A3** ● Recognizes the importance of the patient's lived experience. ● Values the role as patient advocate to improve patient care throughout the continuum of care.	**S3** ● Advocates for the patient to receive parity in healthcare including inpatient care, specialty care, mental health and substance use treatment. ● Advocates for the patient to receive adequate pain management. ● Advocates respectfully as part of a care team, valuing input from each individual care team member.
K4 Describes the importance of autonomy in nursing practice.	**A4** Values responsibilities of being an independent nurse care manager that works as part of a team of nurses.	**S4** Practices to the full scope of nursing practices and appropriately asks for help from colleagues/peers when necessary.

K5 Describes the ethical and moral principles that should drive patient care and inter-professional collaboration.	**A5** ● Values the use of ethical and moral principles in the care of patients. ● Appreciates the importance of acting with honesty and integrity with patients, families, and other team members across the continuum of care. ● Values the application of harm reduction principles to the chronic disease model of addiction.	**S5** ● Identifies and responds to ethical concerns and dilemmas that affect patient care. ● Educates patients that harm reduction principles are congruous with continued care. ● Maintains patients in addiction care to reduce harm from chronic substance use despite continued use or missed appointments.
K6 ● Describes the importance of self-care in cultivating resilience in caring for a vulnerable patient population. ● Contributes to building a healthy, respectful, and safe work environment. ● Describes the importance of appropriate appearance for respectful care of patients.	**A6** ● Values the importance of maintaining a positive outlook and hopeful demeanor in the care of patients. ● Values the importance of professional and personal boundaries. ● Values the importance of a work environment that is safe for a diverse care team and patient population.	**S6** ● Identifies situations in which the therapeutic alliance with the patient is in jeopardy and appropriately collaborates with peers to care for the patient. ● Actively works with staff to acknowledge and address behaviors that are unwarranted or promote an unsafe work environment. ● Develops goals for health, self-renewal, and resilience. ● Maintains a well-kempt and appropriate appearance for job duties.

Leadership

Leadership		
Knowledge	*Attitudes/Behaviors*	*Skills*
K1 Identifies leadership skills necessary for addiction nursing practice.	**A1** Recognizes that the role of the nurse care manager is inherently a leader in patient care.	**S1** Integrates leadership skills into thinking and communication to meet the needs of patient care.
K2 ● Describes how individual behavior can impact the care provided by the team. ● Identifies the roles and responsibilities of the nurse as a leader on the care team.	**A2** ● Values the nurse as the "glue person" in the nurse care manager model of OBAT. ● Appreciates the inclusion of a diverse team's perspectives as valuable to the care of an individual patient.	**S2** ● Models effective communication and collaboration between all team members. ● Models tolerance and compromise for different clinical opinions by varying disciplines. ● Collaborates with all members of the care team to lead the coordination of patient care.
K3 ● Describes the effect that one's personal feeling and values have on a clinical situation. ● Identifies ways to discriminate between personal values and emotions to guide thinking and clinical actions.	**A3** ● Recognizes that personal beliefs and experiences influence a nurse's leadership style. ● Recognize the limits of one's abilities and the importance of collaborations with other disciplines to meet the needs of the patients. ● Values fairness and an open, non-judgmental clinical environment.	**S3** ● Seeks appropriate mentors and guidance when necessary. ● Acts as an effective role model for other staff and observers. ● Identifies and mitigates biases that may affect clinical care through collaboration with other members of the team and through self-reflection.
K4 Describes the principles of accountability and delegation to both clinical and non-clinical staff.	**A4** Recognizes the value and the responsibility of delegation to both clinical and non-clinical staff.	**S4** ● Delegates clinical and non-clinical tasks to the appropriately licensed or unlicensed personnel. ● Evaluates completion of delegated tasks and remediates concerns with task completion with the appropriate staff. ● Addresses concerns with delegated tasks in a respectful and educative way.

K5 Explains the importance of the change process as well as the nursing role in supporting patients through the transitional phases of change.	**A5** ● Recognizes self-identified resistance to change and strives to remain open to new ideas and innovation. ● Values new ideas that are aimed at improving patient care.	**S5** ● Identifies and implements changes to clinical practice to improve patient care. ● Fosters new ideas that aim to improve patient care and encourages other clinical and non-clinical staff to participate in the change process.
K6 Describes the nurse's role in problem solving for systems level issues.	**A6** Values the nursing perspective and critical thinking process to problem solve for systems level issues.	**S6** ● Uses systematic approaches to problem solving and critical thinking. ● Considers the complexity of the healthcare system in problem solving particular clinical issues.

Systems-Based Practices

Systems-Based Practices		
Knowledge	*Attitudes/Behaviors*	*Skills*
K1 Recognizes the larger context of the healthcare system.	**A1** ● Appreciates the role of the nurse in the overall effectiveness of the OBAT team. ● Appreciates how the elements of the OBAT clinic can impact an individual nurse's practice.	**S1** Plans organizes, and delivers patient care in the context of the OBAT clinic.
K2 ● Interprets the effect that hospital system changes can have on the OBAT care unit. ● Describes the effect that hospital and healthcare system changes can have on the patients in the OBAT clinic.	**A2** ● Appreciates the wide ranging effects that systems changes can have on patients and the OBAT clinic team. ● Acknowledges the tension that exists between the goal-driven model of patient care and the resource-driven care delivery model of the hospital system. ● Values the need to identify OBAT clinic based inefficiencies based on hospital level policies.	**S2** ● Solves problems at the point of care with patients. ● Identifies and anticipates patient concerns and issues related to policy changes by the hospital system. ● Practices cost- effective care and minimizes resource utilization without compromising patient care. ● Identifies inefficiencies in providing patient care and addresses them through appropriate management and care delivery channels.
K3 Summarizes the importance of the nurse as a patient advocate to help the patient navigate the healthcare system.	**A3** ● Values the scope and importance of being a patient advocate. ● Recognizes the power of educating involved support persons, family, and friends to decrease stigma related to addiction care and improving health outcomes. ● Values respectful and effective communication across disciplines and healthcare settings.	**S3** ● Serves as a patient advocate throughout in health care setting. ● Educates patients and support persons about evidence-based treatment and the need for continued medication adherence. ● Advocates for patient access to life saving addiction medication in practice settings across the recovery continuum of care. ● Advocates for safe, responsible opioid prescribing particularly for patients on MOUD. ● Assists patients in accessing medications at the pharmacy. ● Assists patients in navigating health insurance systems to have access to care providers and to MOUD.

Informatics and Technology

Informatics and Technology		
Knowledge	*Attitudes/Behaviors*	*Skills*
K1 Describes the basic components of using a computer.	**A1** Values basic computer competence and its role in nursing practice.	**S1** ● Demonstrates proficiency in the use of basic computer software and functions (e.g. Microsoft Word, Excel, PowerPoint, and necessary specialty platforms such as SMART). ● Utilizes basic computer programs to meet competency and institutional requirements (e.g. Workday, HealthStream, Zoom, etc.).
K2 Applies electronic communication strategies among providers on the addiction treatment team and within the institutional system.	**A2** Appreciates the use and efficiency of electronic communication in the delivery of quality patient care.	**S2** ● Utilizes electronic communication within the electronic health record to communicate with providers regarding aberrant results, patient care plans, and other concerns as needed. ● Utilizes patient flags to alert providers to concerning results and prescriptions. ● Responds in a timely manner to email related to the care of a patient.
K3 Explains the importance of information and technology skills to the profession of nursing.	**A3** Appreciates the value of technology for quality patient care and patient safety outcomes.	**S3** ● Uses embedded tools and scales in the electronic health record to help guide patient care and safety. ● Demonstrates proficient use of technology and the electronic health record in providing quality safe care to OBAT clinic patients.
K4 ● Defines skills needed to use and navigate the electronic medical record system. ● Explains the importance of prompt and regular documentation in the electronic medical record system.	**A4** ● Appreciates the value of technology in improving patient care. ● Values the accuracy of documentation within the electronic health record.	**S4** ● Demonstrates skills in using the patient care technology and in documenting the electronic health record. ● Demonstrates proficiency in accessing and managing information within the electronic health record.

Informatics and Technology		
Knowledge	*Attitudes/Behaviors*	*Skills*
● Describe the importance of accurate and timely use of the electronic medical record ● Recalls the patient's right to privacy and right to their own protected health information within the electronic health record.	● Appreciates the importance of patient engagement through the electronic health record. ● Values the importance of patient privacy regarding health information available in the electronic health record.	● Documents interventions and changes in patient outcomes in a timely manner in the electronic health record. ● Monitors and interprets lab results within the electronic health record. ● Notifies patients regarding privacy concerns using the electronic health record and gives patient's autonomy over their own protected health information. ● Demonstrates knowledge of how and when 42 CFR Part 2 privacy regulations impact communication. ● Completes and closes documentation in the electronic health record in a timely fashion.

Communication

Communication		
Knowledge	*Attitudes/Behaviors*	*Skills*
K1 ● Describes strategies for effective communication. ● Knows grammar, spelling, and applicable healthcare terminology. ● Identifies the differences between effective and ineffective visual, auditory, and non-verbal communication. ● Recognizes that differences in development, spirituality, and culture can affect both verbal and non-verbal communication.	**A1** ● Accepts responsibility for communicating effectively with patients and colleagues. ● Values the impact that diversity and culture may have on effective verbal and non-verbal communication. ● Appreciates the value of different methods of communication. ● Appreciates that one's own personality and patterns of communication may affect communication with patients and staff.	**S1** ● Uses clear, concise, non-stigmatizing and medically appropriate language when communicating with patients, providers, and in the electronic medical record. ● Assesses patient's readiness for change and willingness to communicate. ● Assesses and mitigates barriers to effective communication. ● Appropriately adapts communication methods for patients with significant impairments or disabilities affecting one form of communication. ● Changes communication style based on the preferences of the patient with considerations for the diversity and culture of the particular patient.
K2 ● Describes the nurse's role in utilizing active listening as a therapeutic tool. ● Recalls the importance of an effective therapeutic relationship to increase effective communication between patients and nurses.	**A2** ● Appreciates the importance of physical and emotional presence in effective therapeutic communication. ● Values a respectful dialogue with patients of varying backgrounds and stages of disease process.	**S2** ● Establishes a rapport with patients of varying backgrounds. ● Actively listens to patients and responds with questions that demonstrate engagement. ● Assesses verbal and non-verbal cues and adjusts communication style appropriately. ● Validates the patient's feelings and experiences to enhance the therapeutic relationship between the patient and their care team.

K3 Identifies communication techniques to de-escalate patient and prevent violent behavior.	**A3** Recognizes the importance of de-escalation communication techniques in keeping both patients and staff safe.	**S3** ● Uses verbal and non-verbal skills to reduce and manage violent behavior. ● Assesses sources of frustration or anger for the patient and offers solutions to mitigate the issues. ● Continues to reassess the patient for signs that behavior may be escalating and addresses the behavior in a timely manner.
K4 ● Describes the value of input from various health care team members. ● Identifies the various communication styles and preferences of individual providers and professions. ● Explains the process for group negotiation and health care team decision making. ● Describes effective strategies to resolve conflict between health care team members. ● Recognizes the importance of quick communication with members of the team regarding critical results.	**A4** ● Appreciates the important role that each member of the healthcare team has in providing care to patients. ● Appreciates the limitations of some forms of communication in discussions with specific providers or provider role groups. ● Values negotiation as an effective strategy to create patient care plans and help patients reach their goals. ● Appreciates that nurses may act as the glue person in communicating between the patient and the care team.	**S4** ● Uses standard communication modalities to discuss patient care with all members of the team. ● Represents their views and opinions regarding patient care in a straightforward way. ● Contributes to the resolution of conflict through negotiation rather than confrontation. ● Appropriately expresses concerns regarding a patient care plan when not in agreement with other members of the team. ● Discloses information regarding a particular patient case only with those providers who need to know.
K5 ● Recognizes that communication for teaching/learning is different between patients, nurses, and other care team members. ● Describes the effect of health literacy on effective patient teaching. ● Discusses the effect that a patient's stage of change may have on their ability to learn or communicate about their disease process.	**A5** ● Recognizes the importance of identifying learning styles to effectively communicate new information. ● Appreciates that varying levels of literacy should be considered when providing written education with patients. ● Values the patients' ability to demonstrate understanding in a way that is acceptable and safe for the patient and health care team.	**S5** ● Assess factors that limit the ability to learn including health literacy. ● Make accommodations in communication style for patient preferences and for patient health literacy. ● Assess effectiveness of education in varying ways including demonstration, verbalized talk backs, or simple acknowledgment of understanding. ● Use visual or hearing aids to assist in education when appropriate.

Teamwork and Collaboration

Teamwork and Collaboration		
Knowledge	*Attitudes/Behaviors*	*Skills*
K1 Recognizes how personal strengths, values, and limitations can affect team function.	**A1** ● Places importance on the self-inventory process to determine factors affecting teamwork. ● Recognizes personal responsibility for contributing to effective teamwork.	**S1** ● Initiates self-reflection when creating a care plan that includes considerations of self-acknowledged biases and beliefs. ● Acts with integrity and respect for diverse team members with differing views.
K2 ● Defines nursing scope of practice. ● Describes the mission of the team and the healthcare organization. ● Describes the roles and responsibilities of varying members of the OBAT team including the nurse.	**A2** ● Values the perspectives and expertise of all OBAT team members. ● Values the role of the OBAT nurse functioning to the fullest extent of their nursing license.	**S2** ● Functions within the nursing scope of practice and is a helpful member of the OBAT care team. ● Assesses the needs of the patient appropriately and addresses the issues within the nurses' scope of practice ● Proactively connects the patient with others who may better serve specific needs. ● Actively becomes a team member or team leader based on the situation. ● Requests assistance for help with patient care for issues outside of the nursing scope of practice.
K3 ● Describes the impact of effective team work on the quality and safety of patient care. ● Identifies the importance of concise and timely communication with all team members.	**A3** Respects the patient-centered approach to care as the primary end point of health care team functioning.	**S3** ● Adapts communication style and preferences to meet the needs of other team members. ● Develops care plans that emphasize the importance of a patient-centered approach to care.
K4 ● Describes the impact of team members from various backgrounds helping to achieve the same patient goals. ● Defines strategies to manage role sharing among team members.	**A4** ● Values teamwork and the collaboration across disciplines to care for patients. ● Appreciates the risks and benefits of hand offs to other providers on the care team. ● Values the importance of patient-centered care and	**S4** ● Contributes to effective team functioning. ● Provides 'warm hand-offs' to various levels of care including Acute treatment services (ATS), opioid treatment program (OTP), and harm reduction services. ● Reports concerns regarding lateral violence of team members

Teamwork and Collaboration		
Knowledge	*Attitudes/Behaviors*	*Skills*
● Describes civility and respect as key components of effective team functioning. ● Explains the role that lateral violence plays in undermining team functioning. ● Recalls the importance of debriefing and quality improvement measures related to team productivity and support.	goals around the patients' desires. ● Discourages behaviors and practices that promote lateral or vertical violence among members of the care team. ● Appreciates the practice improvement process related to team performance enhancement.	to appropriate supervising authority. ● Participates and advocates in team training and improvement projects that result in more efficacious team work.

Assessment

Safety

Safety		
Knowledge	*Skills*	*Supportive Education*
Apply Substance Use Disorder specific guidelines and organization-specific policies related to buprenorphine and naltrexone utilization.	☐ Organization protocol review	☐ Supervisor/on-boarding nurse review of site-specific protocols and procedures.
	☐ Confidentiality protocol/regulation review	☐ Up to date information of 42 CFR Part 2: • FOCUS: PHI[1] • Legal Action Center[2]
Identify Opioid Treatment Program/Methadone treatment specific federal and state guidelines and organization specific policies.	☐ Federal and State regulation review	☐ Federal Guidelines for Opioid Treatment Programs, SAMHSA Department of Health and Human Services (HHS), January 2015.[3] ☐ Drug Enforcement Agency final rule to mobile unit opioid treatment programs[4] ☐ Supervisor/on-boarding RN review of state-specific and institutional protocols and procedures.
	☐ Organization protocol review	*See your supervisor for organization protocols.*
Safely and effectively address errors and incidents in workplace.	☐ Describe the process for Incident Reporting per institutional policy	☐ Supervisor/on-boarding RN review of site-specific protocols and procedures.
Identify overdose risks, treatment, and follow-up.	☐ Identify high-risk populations. ☐ Identify high-risk substances.	☐ Review current regional public health data.[5] ☐ Review current national public health data related to overdose.[6]
	☐ Describe how to access nasal naloxone. ☐ Describe and recognize signs of substance overdose and over-sedation. ☐ Demonstrate how to correctly administer naloxone. ☐ Provide nasal naloxone education to patients and responding populations.	☐ Review PCSS Video: Naloxone for Opioid Safety[7]

Safety		
Knowledge	*Skills*	*Supportive Education*
	☐ Provide overdose prevention education to patients and support persons.	☐ Review resources targeting persons with active substance use such as: • National Harm Reduction Coalition[8] • Drug Policy Alliance[9] • Never Use Alone[10] **Skills Checklist:** ☐ Opioid Overdose Prevention, Education, and Reversal
Develop and apply comprehensive knowledge of collecting a substance use history and safer consumption for patient education needs.	☐ Ability to complete a comprehensive substance use history. ☐ Assess recurrent use and describe safer consumption techniques based on current practices. ☐ Summarize patterns of unsafe substance administration within given patient populations.	☐ SAMHSA National Helpline[11] ☐ ASAM National Practice Guidelines[12] ☐ Boston Medical Center Comprehensive Resources: Clinical Algorithms, OBAT Clinical Guidelines, Stimulant Resources, Videos[13] ☐ UCSF Substance Use Management Clinical Consultation Online Resource and Warm Line[14] **Skills Checklist:** ☐ Substance Use History Collection ☐ Safer Consumption Education ☐ Addressing Recurrent Use
	☐ Recognize state laws regarding patient education surrounding harm reduction education and provision of harm reduction supplies and educate patients accordingly.	☐ Harm Reduction Coalition Safety Manual for Injection Drug Users[15] ☐ CATIE Safer Crack Cocaine Smoking Equipment Distribution: Comprehensive Best Practice Guidelines[16] **Skills Checklist:** ☐ Safer Consumption Education
	☐ Per state regulations and institutional policies, identify locations of syringe service programs and safe disposal.	☐ North American Syringe Exchange Network[17]
	☐ Identify interventions for HIV post and pre-exposure prophylaxis (nPEP/PrEP).	☐ CDC PrEP resources[18] ☐ CDC PrEP Payment resources[19]

Skills Checklists included in this section:

- Substance Use History Collection
- Addressing Recurrent Use
- Opioid Overdose Prevention, Education, and Reversal
- Safer Consumption Education

Quality Improvement

Quality Improvement		
Knowledge	*Skills*	*Supportive Education*
Implement current best practice nursing care in the addiction setting.	☐ Complete continuing education activities related to addiction and co-morbid disease states. ☐ Recognize the importance of quality improvement within the practice setting. ☐ Demonstrate current knowledge of best practices regarding medications for opioid use disorder.	☐ Addiction nursing education courses • AMERSA Specialty Interest Group: Nursing[20] • Provider Clinical Support System (PCSS)[21] • Boston Medical Center OBAT TTA[22] • SCOPE of Pain[23] • Opioid Response Network[24]
	☐ Complete continuing education that supports culturally and developmentally appropriate care.	☐ SAMHSA Tip 59: Improving Cultural Competence[25] ☐ SAMHSA Culturally Responsive Recovery Support Services[26] ☐ Adolescent Care: • NIDA for Teen[27] • Adolescent SBIRT[28]

Evidence-Based Practice

Evidence-Based Practice		
Knowledge	*Skills*	*Supportive Education*
Outline medications for substance use disorder and available formulations.	Describe treatment with: ☐ Buprenorphine (transmucosal, subcutaneous, injectable). ☐ Methadone (oral) ☐ Naltrexone (oral, intramuscular) ☐ Acamprosate (oral) ☐ Disulfiram (oral)	☐ APNA Treatments for Opioid Use Disorders[29] ☐ SAMHSA Summary of Medication Assisted Treatment[30] ☐ SAMHSA Tip 63 Medications for Opioid Use Disorder[31] ☐ Boston Medical Center Live and Pre-Recorded trainings[32] ☐ Boston Medical Center OBAT TTA+ video: Injectable Buprenorphine: An Instructional Guide[33] ☐ CA Bridge: Tools[34]
	☐ Describe the use of Naloxone (intranasal)	☐ American Medical Association Naloxone video[35] ☐ Boston Medical Center educational video on overdose response[36]
	☐ Describe FDA-approved treatments for nicotine use disorder: bupropion, varenicline, nicotine nasal spray, nicotine inhaler, nicotine patches, nicotine gum, nicotine lozenges.	☐ AAFP Pharmacologic Product Guide: FDA-Approved Medications for Smoking Cessation[37] ☐ AAFP Treating Tobacco Dependence Practice Manual[38] ☐ CDC Smoking & Tobacco Use Clinical Tools[39]
▪ Employ the COWS and CIWA scales to determine severity of withdrawal and provide appropriate treatment ▪ Identify indication for MOUD treatment, make dose adjustments and addressing recurrent use.	☐ Administer the Clinical Opiate Withdrawal Scale (COWS) appropriately. ☐ Administer the Clinical Institute Withdrawal Assessment of Alcohol (CIWA) appropriately. ☐ Demonstrate proficiency in initiating buprenorphine and managing opioid withdrawal. ☐ Demonstrate proficiency in initiating methadone and adjusting dosage for withdrawal management. ☐ Address recurrent use assessing MOUD efficacy.	☐ SAMHSA Tip 45 Detoxification and Substance Abuse Treatment[40] **Skills Checklist:** ☐ Acute Withdrawal Management ☐ Buprenorphine Initiation ☐ Buprenorphine Dose Adjustment ☐ Methadone Initiation ☐ Methadone Dose Adjustment ☐ Addressing Recurrent Use

Evidence-Based Practice		
Knowledge	*Skills*	*Supportive Education*
Collect, interpret, and monitor toxicology data for patient treatment needs.	☐ Interpret toxicology results. ☐ Assess urine sample quality.	☐ ASAM Appropriate Use of Drug Testing in Clinical Addiction Medicine[41] **Skills Checklist:** ☐ Urine Collection
Interpret laboratory information related to quality addiction care.	Per state and institutional policies, appropriately order, conduct and interpret screens for: ☐ HIV ☐ Hepatitis A/B/C ☐ Syphilis ☐ Tuberculosis screening ☐ Gonorrhea/Chlamydia (urine or three-site testing) ☐ Hepatic and renal function testing ☐ Pregnancy testing	☐ CDC HIV Resource Library[42] ☐ CDC – Hepatitis Facts and serology training[43] ☐ CDC- Sexually Transmitted Infection (STI) Treatment Guidelines[44] ☐ CDC- Sexually Transmitted Diseases: Syphilis[45] ☐ CDC Tuberculosis Testing and Diagnosis[46] **Skills Checklist:** ☐Safer Sex Education & Testing
Coordinate care between local treatment levels (transfer to acute treatment services, outpatient treatment programs)	☐ Describe levels of care for substance use disorders. ☐ Describe methadone initiation in an inpatient setting	☐ ASAM Levels of Care[47] **Skills Checklist:** ☐ Warm Hand Off ☐ Methadone Initiation Inpatient
Implement recommended storage, handling, and administration of IM/SQ medications for substance use disorder.	☐ Administer Injectable Naltrexone	☐ PCSS Video: Preparation and Injection of Extended-Release Naltrexone (Vivitrol)[48] **Skills Checklist:** ☐ Injectable Naltrexone
	☐ Administer Injectable Buprenorphine	☐ Boston Medical Center OBAT Clinical Guidelines[49] ☐ Boston Medical Center OBAT TTA+ video: Injectable Buprenorphine: An Instructional Guide[33] **Skills Checklist:** ☐ Injectable Buprenorphine
Apply basic principles of sexual health and family planning.	☐ Deliver patient education regarding safer sex practices.	☐ CDC- STI Treatment Guidelines[44]

Evidence-Based Practice		
Knowledge	*Skills*	*Supportive Education*
	☐ Deliver patient education regarding family planning methods (e.g. contraception). ☐ Recall current guidelines regarding MOUD in pregnancy. ☐ Identify pregnant patients and refer to prenatal or family planning care as necessary.	☐ CDC Contraception[50] ☐ Bedsider: Method Explorer[51] ☐ ACOG Birth Control[52] ☐ ACOG Clinical Guidance: Opioid Use and Opioid Use Disorder in Pregnancy[53] ☐ SAMHSA Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder[54] ☐ AAP Clinical Report: Sexual and Reproductive Health Care Services in the Pediatric Setting[55]
Outline appropriate pain management strategies for patients with opioid use disorder.	☐ Counsel patients about non-opioid pain management strategies. ☐ Apply stepped approach to pain management	☐ Boston Medical Center Clinical Guidelines for Pain Management[56] ☐ SCOPE of Pain[23] ☐ CDC Guideline for Prescribing Opioids for Chronic Pain[57] **Skills Checklist:** ☐ Pain Management for Patients with Substance Use Disorders

Skills Checklists included in this section

- Acute Withdrawal Management
- Addressing Recurrent Use
- Buprenorphine Initiation
- Buprenorphine Dose Adjustment
- Methadone Initiation: Inpatient Setting
- Methadone Dose Adjustment
- Safer Sex Education and Testing
- Warm Hand Off
- Urine Collection
- Injectable Buprenorphine Administration
- Injectable Naltrexone Administration
- Pain Management for Patients with Substance Use Disorders

Patient-Centered Care

Patient-Centered Care		
Knowledge	*Skills*	*Supportive Education*
Identify local resources for peer support.	☐ Identify and understand local community supports available in your area including but not limited to AA, NA, Smart Recovery, Refuge Recovery, Al-Anon, Methadone Anonymous. (Reference 53-58, not including MA) ☐ Describe primary guiding principles and practices of relevant peer support programs. ☐ Explain the primary guiding role among major peer support persons (e.g. sponsor, recovery coach, community support specialist).	☐ SAMHSA: Peers[58] ☐ Careers of Substance[59]
Identify local resources for collateral services.	☐ Locate and recommend housing/resource insecurity services (e.g., shelters, food pantry, transportation assistance). ☐ Locate and recommend vocational support (e.g., education, job training). ☐ Locate and recommend legal services as applicable ☐ Assess and recommend resources to ensure patient safety (e.g, IPV, trafficking, injury prevention) ☐ Per state and institutional policies, appropriately locate and recommend harm reduction services (e.g. syringe service programs, safer consumption sites, safe supply)	☐ U.S. Department of Housing and Urban Development Homeless Assistance[60] ☐ North American Syringe Exchange Network[61] ☐ National Harm Reduction Coalition[8] ☐ Drug Policy Alliance[9] ☐ Never Use Alone[10]
▪ Identify local resources for psychiatric support ▪ Assess patients for sequelae of traumatic experiences, assess patients for depressive symptoms/SI, and transfer patients to behavioral health clinician based on site protocol	☐ Complete screening tools for depression (e.g., Patient Health Questionnaire-9 and Patient Health Questionnaire-2). ☐ Use screening tools for anxiety (e.g., General Anxiety Disorder-7). ☐ Identify emergency resources through local emergency departments. ☐ Apply protocol for management of patient in need of urgent psychiatric support within organization.	☐ SAMHSA Tip 48 Managing Depressive Symptoms in Substance Use[62] ☐ Supervisor/ collaborative RN review of site-specific protocols and procedures. ☐ National Alliance on Mental Illness[63] ☐ National Institute of Mental Health Suicide Prevention Lifeline[64] ☐ SAMHSA Concept of Trauma and Guidance for a Trauma-Informed Approach[65]

Patient-Centered Care		
Knowledge	*Skills*	*Supportive Education*
		Skills Checklist: ☐ De-escalation of Agitated Patient
Assess for serious harm due to patient impairment from substance use.	☐ Recognize the role and implications of mandated treatment, including processes involved in initiating such mandates. ☐ Apply knowledge around state and institutional policies regarding involuntary commitment, including working knowledge of outcome measures.	☐ SAMHSA TIP 42: Substance Use Treatment for Persons with Co-Occurring Disorders[66] ☐ Civil Commitment for Opioid and Other Substance Use Disorders: Does it work?[67]
Outline safety interventions required as a mandatory reporter if individual is at risk for harm.	☐ Recognize statutes as mandatory reporters	☐ Children's Bureau for mandatory reporting[68] ☐ U.S. Administration on Aging: Elder Rights[69] ☐ Child Welfare Information Gateway: State Child Abuse & Neglect Reporting[70] ☐ Mandatory Reporting Laws[71]

Skills Checklists included in this section

- De-escalation of Agitated Patient

Professionalism

Professionalism		
Knowledge	*Skills*	*Supportive Education*
▪ Discuss the scopes and standards of practice of an addiction nurse. ▪ Describe the ethical and moral principles that should drive patient care and inter-professional collaboration.	☐ Provide care within the scopes and standards of practice. ☐ Identify and respond to ethical concerns and dilemmas that affect patient care.	☐ ANCB Certified Addictions Registered Nurse[85] ☐ ANA and IntNSA Scope and Standards of Practice of Addictions Nursing *(revision in process)*[86] ☐ ANA Code of Ethics for Nurse[87]

Leadership

Leadership		
Knowledge	*Skills*	*Supportive Education*
Identify the inherent leadership role of an addictions nurse within a multidisciplinary care team and the community.	☐ Delegate both clinical and non-clinical tasks to appropriate support staff. ☐ Advocate for the rights and care of patients with addiction within society. ☐ Provide mentorship and role-modeling.	☐ ANA Principles of Delegation 2012[88] ☐ NAADAC – Advocacy for Addiction Professionals[89]

Systems-Based Practice

Systems-Based Practice		
Knowledge	*Skills*	*Supportive Education*
Recognize safe prescribing practices of providers. State the federal restrictions for methadone prescribing	☐ Use and check the Prescription Drug Monitoring Program as appropriate per institutional and state guidelines. ☐ Ability to translate limitations for methadone treatment (i.e. methadone cannot be prescribed, it can only be dispensed for treatment of OUD in a certified opioid treatment program setting)	☐ SAMHSA In Brief: Prescription Drug Monitoring Programs: A Guide for Healthcare Providers[72] ☐ Federal Guidelines for Opioid Treatment Programs, SAMHSA Department of Health and Human Services (HHS), January 2015.[73] ☐ Drug Enforcement Agency final rule to mobile unit opioid treatment programs[74] **Skills Checklist:** ☐ Buprenorphine Prescription Preparation
Outline pharmacy requirements for providers to effectively prescribe buprenorphine and for patients to pick up prescriptions.	☐ Prepare or initiate prescriptions for provider per organization guidelines via medical record. ☐ Collaborate with local pharmacies to ensure access to medication treatments. ☐ Employ state specific procedural guidelines for patient obtaining controlled substances (e.g. government issued ID). ☐ Identify federal, state and/or local patient assistance programs or grants to offset medication costs for those who may be uninsured or underinsured.	☐ Supervisor/collaborative RN review of site-specific protocols and procedures. **Skills Competencies:** ☐ Buprenorphine Prescription Preparation
Recognize the role of payers in accessing appropriate patient care.	☐ Identify covered formularies for major insurance carriers. ☐ Navigate prior authorization procedures as needed. ☐ Refer and/or connect to available patient financial services. ☐ Access patient assistance program as indicated including co pays	☐ Prior authorization resources[75] ☐ NAMI Prescription Assistance Resource list[76]

Skills Checklists included in this section

- Buprenorphine Prescription Preparation

Informatics and Technology

Informatics and Technology		
Knowledge	*Skills*	*Supportive Education*
▪ Employ chart review and tools in medical record to effectively document and monitor patients engaged in addiction care. ▪ Comprehend the importance of nursing standing orders at organization for laboratory assessment, medication refills, and interventions.	☐ Applies medical record training within site ☐ Reviews and compiles relevant information from available medical records. ☐ Utilizes electronic medical record (EMR) generated templates for accurate documentation, when available. ☐ Implements nursing standing orders appropriately.	☐ Supervisor/collaborative RN review of site-specific protocols and procedures.

Communication

Communication		
Knowledge	*Skills*	*Supportive Education*
Identify the importance of therapeutic language.	☐ Uses person first non-stigmatizing language when speaking or writing about patients with addiction. ☐ Convey relevant updates and concerns to providers and other care team members regarding patient care plans in a timely manner.	☐ Words Matter: Pledge and Flyer[77] ☐ AHRQ SBAR Tool[78]
Recognize patient confidentiality pertaining to disclosure of substance use disorder diagnosis.	☐ Appropriately use 42 CFR Part 2 as related to release of information. ☐ Educate patients regarding barriers to communication related to confidentiality laws ☐ Obtain necessary releases of information related to 42 CFR Part 2.	☐ SAMHSA Substance Abuse Confidentiality Regulations[79] ☐ Legal Action Center: Fundamentals of 42CFR Part 2[80]

Teamwork and Collaboration

Teamwork & Collaboration		
Knowledge	*Skills*	*Supportive Education*
▪ Outline the important aspects of collaborative approach in addiction care. ▪ Define comprehensive care within a patient-centered framework to provide whole-person care.	☐ Identify patient's care team and their supportive network outside of clinic setting. ☐ Identify and interact with external agencies and individuals to provide coordinated care. ☐ Advocate for patient among care team and outside agencies to achieve patient-centered goals through evidence based treatment. ☐ Effectively utilize the parts of a "warm handoff" to ensure that patients seamlessly transition through different levels of care.	☐ SAMHSA-HRSA Center for Integrated Health Solutions [81] ☐ University of Washington – AIMS Collaborative Care Toolkit [82] ☐ AHRQ: Warm Hand Offs a Guide for Clinicians[83] ☐ The Joint Commission: Sentinel Event Alert Inadequate hand-off communication[84] **Skills Checklist:** ☐ Warm Hand Off

Skills Checklists included in this section:

- Warm Hand Off

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Supplemental Materials

Peer Support Organization Contacts:

- Alcoholics Anonymous https://www.aa.org/
- Al-Anon https://al-anon.org/
- Narcotics Anonymous https://www.na.org/
- Refuge Recovery https://refugerecovery.org/
- SMART Recovery https://www.smartrecovery.org/

Safer Smoking

- North Carolina Harm Reduction Coalition. Safer Crack Use http://www.nchrc.org/harm-reduction/crack-use/
- Catie - Safer Crack Smoking https://www.catie.ca/client-publication/safer-crack-smoking
- Catie - Hepatitis C: An In-Depth Guide. Safer Crack Smoking https://www.catie.ca/client-publication/safer-crack-smoking#equipment
- Smoke Works – Harm Reduction Tools for Safer Smoking. https://smokeworksboston.wordpress.com/

Using Alone Resources

- Never Use Alone https://neverusealone.com/
- Canary App – Prevent overdose. Available through Apple Store free of charge.

Safer Vaping

- John Hopkins Medicine – 5 Vaping Facts You Need to Know https://www.hopkinsmedicine.org/health/wellness-and-prevention/5-truths-you-need-to-know-about-vaping
- Center for Disease Control – Quick Facts on the Risks of E-cigarettes for Kids, Teens, and Young Adults https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html?s_cid=OSH_emg_GL0001
- Healthline – How to Quit Vaping https://www.healthline.com/health/how-to-quit-vaping

Sniffing

- National Harm Reduction Coalition – Safe(r) Drug Use 101 https://harmreduction.org/issues/safer-drug-use/facts/
- Catie – Hepatitis C: An In-Depth Guide. Safer Snorting http://librarypdf.catie.ca/ATI-70000s/70220.pdf
- EMHC – Safer Snorting https://ourhealthyeg.ca/safer-snorting

Alcohol Consumption

- Here to Help – Alcohol and Other Drugs. Harm Reduction Strategies. https://www.heretohelp.bc.ca/workbook/you-and-substance-use-harm-reduction-strategies
- Single E. (1996). Harm Reduction as an Alcohol-Prevention Strategy. *Alcohol health and research world*, *20*(4), 239–243. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6876518/

Skills Checklists

Substance Use History Collection

Assess current substance use	YES	NO
Assess the patient's presenting state of intoxication/withdrawal.		
Assess the current (e.g. within the past 24hrs) substance use of the patient including, substance, amount, frequency, route, and duration of use.		
Assess recent substance use (e.g. within the past week). • Assess for opioids, stimulants, benzodiazepines, non-prescribed medications, alcohol, cannabis, nicotine products • Assess route, frequency, quantify of use, and date of most recent use.		
At initial visit, assess historical substance use. If patient is in moderate-severe withdrawal or experiencing acute intoxication, this history may be deferred to a later encounter. • Assess age of first use for opioids, stimulants, benzodiazepines, non-prescribed medications, alcohol, cannabis, nicotine products, and any other substances significant to patient history. • Assess route, frequency and quantify of use.		
Explore periods of recovery including: duration of recovery as well as activities that supported or threatened recovery.		
Assess substance use disorder treatment history including: medically supervised withdrawal, residential programming, medications for opioid disorder treatment, behavioral health programming, peer support.		
Assess safety: • Overdose history and access to nasal naloxone • Access to safer consumption supplies • Use of risk reduction strategies such as using with others, fentanyl test strips,		
Educate the patient regarding the overdose prevention properties of continuing their MOUD.		
Educate the patient regarding Overdose Prevention and Safer Consumption Practices (as appropriate)		
Educate the patient about evidence-based treatment options for care of substance use disorders		

Nursing Assessment sections that contain learning objectives and supplemental education that support further education on this topic include:

- Safety

Urine Collection

Prior to Meeting with the Patient	YES	NO
Review the results of the patient's previous urine drug screen.		
Confirm the need for an additional urine specimen.		
Collecting the Urine		
Call patient from the waiting room.		
Confirm patient with at least 2 identifiers (Name, DOB, MRN, etc).		
Educate the patient that urine specimens are meant to evaluate the effectiveness of treatment and not be punitive.		
Ask the patient to hand you their belongings including jackets, bags, and food containers.		
Advise the patient regarding the process for urine collection and that they should not flush the toilet until they have opened the door for the nurse.		
Escort the patient to the bathroom and wait outside of the bathroom for the patient to collect the specimen.		
After the specimen in received, advise the patient to wash their hands.		
Provide the patient's belongings back to the patient.		
Assess the urine specimen for clarity, color, and temperature.		
If urine is within expectations then label the specimen container with the appropriate lab requisition.		
When the Urine is Unexpected		
If urine does not meet expectations, then discuss your concerns with the patient in an exam room.		
If the patient does not disclose adulteration, request a repeat urine specimen from the patient and reassess expectation of the urine.		
Do not send urine specimens that are thought to be adulterated to the lab for testing.		
Do NOT perform an observed urine even in the setting of an unexpected urine specimen.		
Notify the provider of your concerns.		

Nursing Assessment sections that contain learning objectives and supplemental education that support further education on this topic include:

- Evidence-Based Practice

Addressing Recurrent Use

Discovery of recurrent use:	YES	NO
If the patient discloses use • Thank the patient for disclosure of recurrence. Provide education as appropriate • Make adjustments to treatment plan. If the patient doesn't disclose use • Provide education as appropriate • Review objective data with the patient.		
Collaborate with treatment team to assure the patient that recurrence of use does not result in discharge from treatment.		
Assess adherence to current medications for addiction treatment.		
Assess the patient's current state of intoxication/withdrawal.		
Assess the current substance use of the patient including, substance, amount, frequency, route, and duration of use.		
Discuss the events surrounding the recurrent use: antecedents, behaviors and consequences.		
Educate the patient that a UTS is an opportunity to have a frank discussion with their treatment team about their use and that it is not punitive.		
Educate the patient regarding the options to revise/augment the current treatment plan.		
Educate the patient regarding the overdose prevention properties of continuing their MOUD.		
Educate the patient regarding Overdose Prevention and Safer Consumption Practices (as appropriate)		
Determine if a dose adjustment may be indicated		

Nursing Assessment sections that contain learning objectives and supplemental education that support further education on this topic include:

- Safety
- Evidence-Based Practice

Opioid Overdose Prevention, Education, and Reversal

Initial Assessment of Opioid Overdose Risk	YES	NO
Ask patient about specific substance of use.		
Ask patient regarding their method of use (INH, IN, IR, IV, PO).		
Ask the patient about their history of opioid overdose (quantity, most recent overdose, time down, injury sustained, associated hospitalization).		
Ask if the patient has ever reversed an opioid overdose.		
Assess the patient's accessibility to nasal naloxone.		
Identifying Opioid Overdose Prevention Strategies		
Review the risks of polysubstance use related to opioid overdose.		
Educate the patient on testing supply for potency.		
Counsel patient on the importance of not using alone.		
Identify potential friends or contacts that could be present while patient is using to prevent isolation and offer naloxone education for those support people.		
Identify public spaces that would be private but could facilitate being found if patient overdosed.		
Review strategies to obtain a consistent supply by purchasing substance from the same person regularly.		
Provide the patient with a prescription for nasal naloxone.		
Identification of Opioid Overdose		
Describes symptoms of an opioid overdose, including respiratory depression.		
Differentiates between patients who have recently used opioids and are intoxicated from those experiencing an opioid overdose.		
Communicates, nasal naloxone if patient over sedated or minimally responsive (e.g. 'verbal' naloxone).		
Demonstrates the appropriate use of painful stimuli (e.g. sternal rub, maxilla rub, etc.) to differentiate between opioid overdose and opioid intoxication.		

Opioid Overdose Reversal	YES	NO
Understand Good Samaritan Law in your state, as it often protects people who call 911 during an overdose from being charged with possession of a controlled substance.		
Assess the safety of the environment and situation.		
Assess the patient's respiratory status and level of somnolence.		
Request help by activating rapid response (calling 911 if indicated).		
Assess for pulse at central artery (femoral or carotid). If no pulse within 10 seconds, then begin CPR.		
Demonstrates ability to follow American Heart Association protocols for CPR and rapid response.		
Obtain nasal naloxone or send ancillary staff to obtain the medication.		
Administer available naloxone formulation (e.g., 2-4 mg nasal naloxone per the Peel, Pack, Push Model)		
Wait 2-3 minutes after medication administration while continuing to provide respiratory support.		
If no response, administer 2nd dose of naloxone.		
Wait 2-3 minutes after medication administration while continuing to provide respiratory support.		
Assess effect of 2 doses of nasal naloxone. If the patient has had no effect, consider alternative reasons for unresponsiveness including potential for requiring additional naloxone dosing if receiving methadone maintenance for MOUD or CNS depression from other substances.		
When patient has return of spontaneous respirations, give the patient space for recovery.		
Provide safe and calming reorientation for patient recovering from opioid overdose and continue to support the patient to go to the ED for evaluation and monitoring for repeat overdose.		

Nursing Assessment sections that contain learning objectives and supplemental education that support further education on this topic include:

- Safety

Safer Consumption Education

Initial Assessment of Substance Use	YES	NO
Introduce yourself and build rapport with the patient.		
Ask patient about specific substance of use.		
Regardless of substance being used, ensure the patient has naloxone on hand, understands how to use it and counsel on importance of avoiding using alone.		
For patients using alone, encourage them to make others aware of their use and direct them to resources to improve safety (ex – Never Use Alone, Canary App).		
Ask patient regarding their method of use [inhaled (IH), intranasal (IN), intrarectal (IR), intravenous (IV), oral (PO), other]. *Based on the substance of use and the route of use, follow checklist to conduct consumption assessment and education.*		
Ask patients about sex during substance use and advise to prepare for safer sex with condoms, lubricant and plan for STI screening or contraception.		
Anxiety, depression and agitation are common after periods of use. Educate patients on how to connect with local support services or emergency services if feeling unsafe.		

Injection Supply Gathering/Distribution	YES	NO
Ask the patient what supplies they usually require for IV use.		
Ask the patient about their method and location of injection.		
Ask the patient is they share any supplies including needles, cookers, cottons/filters, tourniquets, pipes, etc.		
Ask the patient what they do to stay safe when using.		
Obtain safer injection supplies including cookers, cottons/filters, mixing agents (diluent or acids for injection of crack cocaine) and tourniquets.		
Obtain cleaning supplies including alcohol prep pads, triple antibiotic ointment, and hand sanitizer.		
Obtain prescription for needles typically insulin syringes ½”-5/8” and a 28-32 gauge.		
Provide gauze for cleaning skin from residual blood.		
Injection Education		
Review safer injection sites on the body.		
Review risks associated with injecting in the neck.		
Demonstrate use of alcohol-based hand sanitizer and promote hand washing prior to injection.		
Review tourniquet application.		
Review the importance of injecting from distal to proximal in extremity injection.		
Identify strategies to determine a healthy vein and to rotate injection sites.		
Demonstrate appropriate use of alcohol prep pads to clean injection site prior to injection.		
Educate the patient on the importance of ‘cooking’ prior to injection and consideration for double cooking if there is concern for additional biological concerns.		
Review the importance of a filter for needle to prevent drawing up particulate matter prior to injection.		

Educate the patient on inserting the needle into the vein, bevel up, at 5-15°angle until a flash of blood is noted in the needle.		
Educate the patient on the need to release tourniquet prior to injecting substance.		
Educate the patient on a test shot prior to injecting full contents of syringe.		
Review that if the needle is removed from the skin that the skin should be cleansed again prior to injecting.		
Educate that removal of the needle should be followed with holding pressure at the site of injection to prevent excess bleeding/bruising.		
Review application of triple antibiotic ointment after substance use to prevent injection site infection.		
Stress the importance of single use needles and that it is best practices to dispose of single use needles in hard plastic container to prevent unintended needle stick injuries.		
Management of Basic Injection Complications		
Warm pack application to sites of missed injections (skin popping) to help alleviate localized infection.		
Counsel the patient on the importance of monitoring injection sites for localized infection (redness at the site that is getting worse, swelling, pain, fever) and when to report for urgent evaluation.		
Educate that patients with concerns for retained needle should be referred to ED for ultrasound for potential removal.		
Educate the patient on vein care including avoiding injection of stimulants, safer mixing agents and rotating sites.		

Safer Smoking Education	YES	NO
Obtain safer smoking supplies including straight stem, mouth piece, screens, push stick, and lighter.		
Obtain cleaning supplies including alcohol prep pads, triple antibiotic ointment, vitamin E, band aids, Chapstick, and hand sanitizer.		
Prior to smoking, pull back hair and loose clothing to prevent catching fire.		
Fit mouthpiece onto a glass or metal "stem" or pipe when possible to decrease risk for oral lesions and burns. *Rubber band can substitute as a mouthpiece over the end of a stem to prevent oral burning.*		
Insert screen by twisting it into a cone shape or clean chore by rolling it into a ball and using the push stick to pack screen/chore into place within the stem. *Screens are preferred over chore as it can decompose with repeated use and accidentally inhaled.*		
While smoking, touch flame to pipe as briefly as possible, inhale slowly and then exhale immediately to decrease risk for burning of lungs and will not impact effect of substance.		
Allow pipe to cool between hits to prevent burns.		
Avoid sharing smoking supplies especially those in contact with mouth or with risk for blood transfer.		
In between periods of use, clean pipe by wiping mouthpiece with alcohol and replace chore or screens.		
Discard broken pipes, mouth pieces or any supply with visible blood.		
Smoking Self-care		
Never use alone or connect with others than can check on you.		
Try to eat something before you smoke and to stay hydrated during/after use.		
Plan a safe place to take a break from use for rest, water and food.		

Safer Vaping Education	YES	NO
Review that while smoking e-cigarettes may be considered in some ways less harmful than cigarettes, it is unknown what chemicals are in e-cigarettes and there has been an outbreak of lung injuries and death associated with vaping.		
Understand the amount of nicotine in each pod or cartridge you are using (ex – one JUUL pod contains as much nicotine as a 20 pack of cigarettes) and try to use that pod for the same amount of time it would take you to smoke that number of cigarettes.		
Counseling on avoiding THC-containing vaping products.		
Discuss how patient is obtaining pods or cartridges for vaping device.		
Encourage patients to buy pods or cartridges from a reliable source.		
Advise not to modify or add substances to a vaping device not intended by manufacturer.		
Vaping Cessation Strategies		
Identify triggers associated with vaping or using e-cigarette.		
Provide nicotine replacement therapy.		
Replace vaping with hard candy, gum or other activities to fight cravings.		
Identify support through family, friends or smoking cessation group.		

Safer Sniffing	YES	NO
Obtain safer sniffing supplies including straws, plastic razor or "snuff card", clean surface ("snuff board" or mirror), grinder, and wraps or plastic bags.		
Obtain cleaning supplies including alcohol prep pads, vitamin E, saline nasal spray, antiseptic wipes, and hand sanitizer.		
Wash or sanitize hands and all surfaces before use and avoid sniffing from other people's bodies.		
Crush powder as fine as possible in a clean grinder or a plastic razor or snuff card.		
Start with a test dose to determine strength of supply being used.		
Divide drug supply into smaller portion sizes in an effort to control rate/amount of use.		
Use paper straws to decrease the risk for cutting nares. *Post-it notes are a good alternative.*		
Avoid sharing straws, razors, cards or other smoking supplies.		
Sniffing Self-care		
Take care of your nose by rinsing with saline and applying vitamin E to the inside of your nose.		
Plan ahead for a safe place to rest, hydrate and eat after a period of use.		
Assess patient with cocaine use for vasculitis and skin break down including nasal septum decay associated with repeated intranasal use.		

Safer Oral Consumption: Alcohol	YES	NO
Assess for alcohol dependency and history of alcohol withdrawal related seizure or delirium tremens. *Patients with dependency at risk for seizures or DT's should be assessed for inpatient medical management of withdrawal.*		
Assess the type of alcohol being consumed, frequency and amount.		
Discuss drinking behaviors and patterns of use to determine methods for alcohol moderation.		
Set timers to try to decreasing high volume consumption in short window of time.		
Switch to a beverage of lower alcohol content.		
Aim to limit consumption to a certain number of drinks per day by buying less or limiting funds available to purchase alcohol.		
Avoid operating machinery or motor vehicle (including bicycles) while under the influence of alcohol.		
Use plastic glassware and remove area rugs or other potential hazards in home to avoid accidental injury.		
Log out of social media accounts or put away electronic devices prior to drinking.		
Identify days, times or situations that are high risk for alcohol consumption and aim to increase activities that provide stress relief or engagement in non-drinking socialization during those times.		
Provide education regarding self-care: • Eating small frequent meals and hydrating with water before and after binge periods. • Supplementing diet with multivitamins (folic acid, vitamin B, thiamine). • Encourage use of a PPI to decrease inflammation and damage to GI tract.		
Safer Oral Consumption: Pills		
Assess the type of pill being consumed and the method of obtaining (ex – friend, prescription, supplier).		
Encourage patient to obtain pills from the pharmacy when possible or from a reliable source.		
Provide education regarding risk for buying pressed pills on the street containing fentanyl.		
Encourage patients using benzodiazepines to ration amount used prior to beginning substance use of any kind to decrease risk for binge patterns that could lead to overdose.		
Encourage patients using benzodiazepines to use pills following use of other substances as they impact memory.		
Counsel on risk for CNS suppression and overdose when mixing both over the counter, prescribed and illicit substances.		

Nursing Assessment sections that contain learning objectives and supplemental education that support further education on this topic include:

- Safety
- Evidenced-Based Practice

Safer Sex Education & Testing

Initial Assessment of Sexual Risk for Infection	YES	NO
Ask the patient about the type of sexual encounters they are having (i.e. vaginal, anal, oral).		
Ask the patient if they are utilizing any form of birth control, if applicable.		
Ask the patient about condom use.		
Ask the patient whether they have ever been on PrEP or nPEP.		
Assess the patient for any overt signs and symptoms of sexually transmitted infections (e.g. dysuria, polyuria, malodorous discharge, genital lesions).		
Ask the patient when they were last tested for STIs and their history of STIs.		
Screen the patient for transactional sex work or concerns for coercive sex.		
Safer Sex Education		
Educate the patient about the use of condoms to prevent pregnancy and STI.		
Educate the patient about the use of contraception options (including LARCs) for the prevention of unwanted pregnancy.		
Assess the patient's knowledge about HIV transmission, PrEP and nPEP.		
Educate the patient on HIV transmission and PrEP and nPEP, if appropriate.		
Assess the patient's knowledge about HCV transmission.		
Educate the patient on HCV transmission and treatment options, if appropriate.		
Provide the patient with resources for patients involved in transactional or coercive sex including the sex trafficking pamphlet.		
Sexually transmitted infection testing		
Identify appropriate testing protocols based on the patient's sexual history.		
Educate the patient about various forms of collection needed (i.e. serum, urine, genital, and extragenital).		
Follow your institutional protocols on ordering tests and collecting samples.		

Nursing Assessment sections that contain learning objectives and supplemental education that support further education on this topic include:

- Evidenced-Based Practice

De-escalation of Agitated Patient

Assessment of the Agitated Patient	YES	NO
Approach the patient/situation in a calm manner.		
Introduce yourself and your role.		
Ask the patient what is causing their agitation.		
Assess what may be contributing to the patient's current presentation including triggers of trauma, agitation, or substances.		
Ask patient-centered questions to determine the patient's motivation.		
Ask the patient what would be helpful to them in their current situation.		
Responding to the Agitated Patient		
Reflect on your experience interacting with the patient and stay calm.		
From a safe distance, continue to ask open ended questions allowing the patient to express their concerns.		
Use empathetic listening to repeat identified concerns to the patient.		
Maintain non-threatening body language to avoid further escalation of the patient.		
Provide concrete, truthful answers to the patient's concerns.		
Observe the patient for signs that they are calming down.		
Call for assistance from a supervisor or charge nurse when readily available.		
Offer the patient positive reinforcement for de-escalation to reinforce the desired behavior.		
***Request additional security support should the patient fail to de-escalate.		

Nursing Assessment sections that contain learning objectives and supplemental education that support further education on this topic include:

- Patient-Centered Care

Warm Hand Off

Identifying the Need for a Transfer of Care	YES	NO
Review patient treatment plan with care team prior to meeting with patient.		
Assess the patient's current state of use and effectiveness of current treatment plan.		
Use motivational interviewing to determine the patient's desired goals of treatment.		
Identify alternative treatment modalities using shared decision-making.		
Obtain contact info for direct care staff at the patient's desired location.		
Determine patient's eligibility for transfer of care.		
Have patient sign appropriate confidential Release of Information for the given facility.		
Conducting the Warm Hand Off		
Meet either in-person or telephonically with the provider or staff at a different level of care.		
Identify yourself and your relationship to the patient.		
Identify the reason the patient is seeing you.		
Identify the reason the patient requires a transfer of care.		
Review the patient's goals and how the transfer will help achieve them.		
Provide other relevant clinical information verbally.		
Ask if the receiving provider/staff have any additional questions.		
Ask patient to add anything to the report that you provided to the receiving staff/patient.		
Schedule a new appointment with the receiving provider or staff.		
Provide the receiving provider with your office/contact information to confirm that the patient has transferred care or to reach out if the patient is unable to make the first appointment.		
Provide the patient with both written and verbal confirmation of the appointment with the receiving provider/staff.		
Ensure the patient has your office contact information in case there is an issue with the transfer.		
Educate the patient that they are welcome back for reassessment at any time after the transfer, if applicable.		
Advocate to continue the patient's medication until confirmation of the completion of the warm-hand off.		
After the Warm Hand Off		
Contact the patient to remind them of transfer of care information.		
Contact the patient to confirm that they attended the appointment.		
Contact the receiving facility to confirm that the patient was able to make it to their appointment and they do not require any additional documentation.		

Nursing Assessment sections that contain learning objectives and supplemental education that support further education on this topic include:

- Teamwork & Collaboration

Buprenorphine Initiation

Initial Assessment of Opioid Withdrawal	YES	NO
Confirm patient with at least 2 identifiers (Name, DOB, MRN, etc).		
Ask the patient about their last use of an opioid including type, how much, and route of use.		
Assess the patient's opioid withdrawal with the Clinical Opiate Withdrawal Scale (COWS). • For patients transitioning from a full agonist, educate the patient on the need to be in opioid withdrawal for the buprenorphine to be effective and to prevent precipitated withdrawal. • For patients transitioning from a full agonist, assess readiness for first dose of buprenorphine when the patient has a COWS score of 8-20. • For the patients initiating buprenorphine who are non-dependent on opioids, a COWs score would be less than 5.		
Assess readiness for first dose of buprenorphine when the patient has a COWS score of 8-20.		
Buprenorphine Administration		
Educate the patient about the sublingual/buccal administration of the medication.		
Help the patient remove the initial dose of medication from the package.		
Have the patient place film or tablet under the tongue or in the buccal mucosa.		
Observe the patient while the film or tablet dissolves under the tongue or in the buccal mucosa.		
Educate the patient on the importance of pooling the medication under the tongue or the buccal mucosa.		
Educate the patient on avoiding eating, drinking, or smoking up to 15 minutes after administration.		
Educate the patient about safe storage and handling of buprenorphine at home.		
Following Bupe Administration		
Assess the patient's state of withdrawal 30-60 minutes after bupe administration.		
Reassess the patient's COWS score and document it.		
Have the patient self-administer an additional dose if symptoms of withdrawal continue.		
Provide the patient with the buprenorphine community administration handout.		
Review subsequent dosing of buprenorphine for Day 1.		
Review buprenorphine for dosing on Day 2 and the rest of the week.		
Schedule the patient for a follow up visit within the next week.		
Provide the patient with information for after-hours paging.		

Documentation	YES	NO
Document the patient's first dose of medication.		
Document the patient's response to the medication.		
Ensure documentation of pre- and post- COWS scores in the patient's record.		
Document the patient's plan of care and route note to buprenorphine prescriber..		

Nursing Assessment sections that contain learning objectives and supplemental education that support further education on this topic include:

- Evidence-Based Practice

Buprenorphine Prescription Preparation

Prior to Preparing Prescription (following in-person visit or televisit)	YES	NO
Review previous encounter note and the results of the patient's previous urine toxicology screen.		
Review previous prescription in the system for dose, quantity, frequency, and duration.		
Follow state and institutional protocols for accessing, reviewing, and documenting from the PDMP for: • Current active prescriptions and appropriate fill dates. • Any additional controlled substances that have been filled since the last visit. • Any prescriptions that are not on the patient medication list.		
Per state availability, review Prescription Drug Monitoring Program (PDMP) to review prescribed controlled substances and acknowledge that methadone, injectable buprenorphine and naltrexone do not appear on the PDMP.		
**For buprenorphine dose adjustments, skip to section M. Buprenorphine Dose Adjustment.*		
Sending an Initial Prescription		
Identify the provider that has indicated they will be the prescriber for the patient.		
For patients who are opioid dependent (using illicit opioids) provide two initial prescriptions with the following information: 1. Buprenorphine-naloxone 2-0.5mg: Take 1 film/tablet under the tongue as needed every 2-4 hours as need to alleviate withdrawal during induction. #4 x 0 2. Buprenorphine-naloxone 8-2mg: Take 1-2 films/tablets under the tongue daily. Do not exceed 16mg daily dose. # 14 x 0		
For patients taking buprenorphine without a prescription (buying on the street) ask about current dose and effectiveness in managing cravings, as an increased dose may be indicated, and provide initial prescription similar to the following: 1. Buprenorphine-naloxone 8-2mg: Take 1-2 films/tablets under the tongue daily. Do not exceed 16mg daily dose. # 14 x 0		
For patients who are opioid naïve, start on a low dose and increasing dose every 3-5 days until therapeutic dose (8-16 mg) is reached and cravings are managed using an initial prescription similar to the following: 1. Buprenorphine-naloxone 2-0.5mg: Take 1 films/tablets under the tongue daily for 3 days. #3x0		
Review the prescription for all parts including appropriate dose, directions, quantity, date of renewal, and the providers NADEAN #.		
Review the prescription is to be routed to the appropriate pharmacy for initial prescription.		
Educate the patient to pick up the initial prescriptions prior to returning to clinic for their induction appointment.		
Notify the prescriber that the prescription has been sent to them and needs to be signed for the patient's induction appt.		

Sending a Prescription Renewal	YES	NO
To send a renewal, choose the bupe prescription in the electronic medical record, ensure appropriate signature, send to the pharmacy.		
Review the prescription for all parts including appropriate dose, directions, quantity, date of renewal, and the providers DEA X waiver / NADEAN #.		
Review the prescription is to be routed to the patient's requested pharmacy.		
Check that the prescription has been signed the next clinic day for non-urgent renewals.		
***For prescriptions that are urgent ensure that they have been signed before the end of business day.		
Ensure that the patient has also received a co-prescription for nasal naloxone or facilitate a co-prescription for the renewal.		

Nursing Assessment sections that contain learning objectives and supplemental education that support further education on this topic include:

- Systems-Based Practice

Buprenorphine Dose Adjustment

Initial Assessment for Dose Adjustment	YES	NO
Review previous UTS results for the indicated patient.		
Call the patient from the waiting room.		
Confirm patient with at least 2 identifiers (Name, DOB, MRN)		
Ask the patient about how their week has gone since the last appointment.		
Assess the patient for ongoing opioid withdrawal symptoms and cravings.		
Assess the efficacy of buprenorphine in managing the patient's withdrawal symptoms and cravings and review administration technique if indicated to ensure maximum absorption.		
Confirm the current dose of buprenorphine with the patient and assess if they have been taking any additional buprenorphine.		
Confirm the current frequency of medication administration (ex – once daily, twice daily) .		
Advocating for Dose Adjustment		
If the patient continues to have cravings or symptoms of opioid withdrawal and a dose adjustment seems appropriate, contact the provider to advocate for dose adjustment.		
Review assessment findings with the provider including UTS results, continued cravings, and withdrawal symptoms.		
If indicated by provider, adjust dose of medication or frequency of medication in the prescription renewal.		
Review the prescription for all parts including appropriate dose, directions, quantity, date of renewal, and the providers NADEAN #.		
Review dose adjusted prescription with provider after completing the dose adjustment in the electronic medical record.		
Confirm that the dose adjustment required is available at the pharmacy indicated by the patient.		
Ensure that the prescription is sent to the patient's preferred pharmacy.		

Evaluating Dose Adjustment	YES	NO
Contact the patient within 48-72 hours of dose adjustment to assess effect.		
Schedule a visit to reevaluate dose adjustments.		
Reevaluate effect of medication on cravings.		
Reevaluate effect of medication on withdrawal symptoms.		
Reevaluate effect of medication on patient sedation.		
Notify the patient's provider regarding the response to the dose adjustment.		
Continue monitoring for patient's continued cravings, withdrawal symptoms, and medication effect.		

Nursing Assessment sections that contain learning objectives and supplemental education that support further education on this topic include:

- Evidence-Based Practice

Injectable Buprenorphine Administration

Prior to Initial Injection	YES	NO
Identify appropriate patients for use of injectable buprenorphine (i.e. patient known to tolerate transmucosal buprenorphine)		
Educate the patient about injectable buprenorphine including relevant pharmacology, indications, contraindications, administration, side effects, potential adverse reactions..		
Review treatment agreements and consents with patient.		
Patient signs and retains a copy of the treatment agreement and consents.		
Educate the patient regarding medication and appointment adherence		
Obtain toxicology screen and urine pregnancy test if appropriate.		
Ensure consultation with a waivered provider about plan for injectable buprenorphine.		
Obtain order for initial injection of buprenorphine.		
Contact pharmacy/insurance to obtain prior authorization for injectable buprenorphine (if indicated).		
Coordinate delivery of injectable buprenorphine from pharmacy to clinic double locked refridgerator per organization protocols for storing controlled substances.		
Complete medication count of buprenorphine following institutional and DEA regulations regarding storing controlled substances on site.		
Set Up for Day of Injection		
Confirm provider order for injectable buprenorphine and confirm dose		
Ensure refrigerator temperature has been maintained between 2-8°C		
Perform scheduled medication count on locked refrigerator with 2nd licensed healthcare professional.		
Remove medication from refrigerator and appropriately document removal within the designated medication log.		
Keep medication in manufacturer packaging and in personal possession until the medication is administered or the medication is returned to the refrigerator.		

Administration of Injection	YES	NO
Call patient from the waiting room and confirm patient with Name and DOB.		
Confirm the 5 Rights of Medication Administration with the patient and verify with a second licensed provider when available.		
Ask about any recent substance use, medication side effects and assess the patient for signs of withdrawal, cravings, sedation or impairment.		
Assess the patient for tolerance to transmucosal formulation of buprenorphine, if this is the first injection.		
Assess site of previous injection for signs of tampering and site reaction.		
Remove injection from pouch and affix the manufacturer supplied needle to the prefilled syringe.		
Assess color and consistency of medication.		
Educate patient on the administration process for a subcutaneous injection.		
Position patient on the exam table and exam site for injection.		
Cleanse hands with alcohol-based sanitizer or wash hands.		
Don gloves.		
Cleanse a site for injection with an alcohol prep pad.		
Ensure rotation of injection sites.		
Pinch subcutaneous tissue.		
Inject buprenorphine at a 45° angle, bevel up at a slow and steady rate.		
Remove needle and gently apply gauze to the injection site to avoid excess leaking.		
Doff gloves and discard needle and syringe after administration in appropriate sharps disposal container.		
Assess for depot formation.		
Post-Injection/Documentation		
Document administration of the injectable buprenorphine in the electronic medical record including site of injection.		
Schedule appointment for subsequent injection and follow up sooner if indicated to assess for possible dose adjustment.		
Request and confirm the order for the patient's next injection.		
Ensure appropriate billing of injectable buprenorphine with visit note.		
Sign note and send message to provider to confirm receipt of injection.		
*****If the patient fails to come for the schedule appt and the medication has been removed. Return the medication to the refrigerator and appropriately document the number of times it has been removed from the refrigerator. The medication needs to be discarded according to REMS protocols after 1 excursion.		

Nursing Assessment sections that contain learning objectives and supplemental education that support further education on this topic include:

- Evidence-Based Practice

Injectable Naltrexone Administration

Prior to Initial Injection	YES	NO
Identify appropriate patients for use of injectable naltrexone.		
Educate patient about injectable naltrexone including pharmacology, indications, contraindications, administration, side effects. Emphasize risk of overdose if opioids are resumed during treatment.		
Educate and ensure that the patient is opioid naïve for 7-10 days prior to initiating naltrexone (PO or IM).		
Review treatment agreements and consents with patient.		
Patient signs and retains a copy of the treatment agreement and consents.		
Educate the patient regarding medication and appointment adherence.		
Obtain toxicology screen and pregnancy test if appropriate.		
Review labs including liver function, platelets and consult with provider if abnormalities are present.		
Ensure consultation with a provider about the use and need for injectable naltrexone.		
Coordinate pharmacy ordering and delivery of injectable naltrexone.		
Coordinate prescription for oral formulation of naltrexone to initiate prior to injection.		
Set Up for Day of Injection		
Perform medication count as necessary per your institutional protocol.		
Ensure refrigerator temperature has been maintained between 2-8°C.		
Confirm provider order for injectable naltrexone.		
Remove medication from refrigerator and appropriately document removal in designated medication log per institutional protocol.		
Allow medication to rise to room temperature prior to injection usually 60 minutes before administration.		
Administration of Injection		
Call patient from the waiting room and confirm patient with Name and DOB.		
Confirm the 5 Rights of Medication administration with the patient.		
Ask about any recent substance use, medication side effects and assess the patient for signs of cravings.		
Assess the patient for tolerance to oral formulation of naltrexone.		
Consider an oral naltrexone challenge if there are concerns re: the patient's last opioid use.		
Educate patient on the administration process for an intramuscular injection.		
Review the manufacturer medication guide with the patient prior to injection.		
Cleanse hands with alcohol-based sanitizer or wash hands. Don gloves		
Draw up and reconstitute medication with the patient in the office		
Assess medication to ensure complete mixing.		
Have the patient bend over or lay down on the exam table exposing the ventrogluteal site.		
Cleanse a site for injection with an alcohol prep pad at the ventrogluteal site, either right or left.		
Ensure rotation of injection sites between ventrogluteal muscles.		
Use thumb and pointer finger to identify appropriate muscular markers for site of IM injection.		
Inject naltrexone at a 90° angle, bevel up at a slow and steady rate.		
Remove needle and gently apply gauze to the injection site to avoid excess leaking/bleeding.		
Doff gloves and discard needle and syringe after administration in appropriate sharps disposal container.		
Educate the patient about pain management techniques after IM administration including warm packs and acetaminophen and NSAIDs as appropriate.		

Post-Injection/Documentation	YES	NO
Document administration of the injectable naltrexone in the electronic medical record including site of injection.		
Provide patient with appointments for subsequent injection and next follow up if not on monthly visits.		
Request and confirm the order for the patient's next injection.		
Ensure appropriate billing of injectable naltrexone with visit note.		
Sign note and send message to provider to confirm receipt of injection.		
*****If the patient fails to come for the schedule appt and the medication has been removed. Return the medication to the refrigerator and appropriately document the number of times it has been removed from the refrigerator. After 7 days of removal from the refrigerator, the medication needs to be discarded.		

Nursing Assessment sections that contain learning objectives and supplemental education that support further education on this topic include:

- Evidence-Based Practice

Methadone Initiation

Initial Assessment	YES	NO
Understand organizations policies and procedures based on federal regulations required to provide methadone treatment through OTP.		
In preparation for admission, complete comprehensive history including assessment of substance use disorder, opioid use (type of opioid use, route and last use), co-occurring psychiatric disorders, medical issues, and social issues. *Note: OTPs can not treat patients for pain management.*		
Ensure provider documentation of OUD including documented opioid dependence in the last 12 months (ex – detox, emergency room encounter, MOUD treatment previously). *Note: exceptions may be made based on state regulations for high risk individuals, for example pregnant patients or following release from incarceration. Please refer to organization/state specific regulations/policies.*		
Complete physical exam including lab work (urine HCG for women of childbearing age) and EKG per organization protocol.		
Complete toxicology screening including assessment for other opioids (ex – buprenorphine, methadone) and educate patient regarding requirement for urine/oral swab testing policy/schedule based on federal and state requirements.		
Review organization specific consents to treatment and complete applicable releases of information for external providers, emergency contacts and others involved in patient's care.		
Per state availability, review Prescription Drug Monitoring Program (PDMP) to review prescribed controlled substances and acknowledge that methadone, injectable buprenorphine and naltrexone do not appear on the PDMP.		
Prepare patient for induction process including process of initiating methadone dosing, importance of daily dosing, dose titration/taper policies, missed dose policies, reasons dose may be denied, eligibility requirements of take-home dosing, hours of operation, after hours contact information, and other organization specific information.		
Review side effects of methadone (dizziness, nausea, vomiting, sweating, constipation, and sexual dysfunction) and reassure patient most subside once dose stabilized.		
Determine if patient is currently taking other medications that may interact with methadone including perpetuation of effects (ex- permethazine) and assist in coordinating with external providers if medications need to be adjusted.		
For women of childbearing age, discuss family planning with referral as needed to primary care/women's health, indication for pregnancy testing, and referral to high risk OB for management if patient becomes pregnant.		
Provide counseling regarding substance use disorder, other substances of misuse, intranasal naloxone education with medication/prescription, HIV screening and education, and provide referrals to community resources (ex – housing, educational, vocational rehab, employment).		

Initiating Methadone and Dose Stabilization	YES	NO
Understand organization workflows/policies pertaining to dosing methadone using a computer including understanding mechanics/process of using dispensing machine, troubleshooting, alternative hand dosing policy, split dosing, lost doses (ex – spilled or vomited with redosing), preparing take home doses, and dosing errors.		
Confirm patient identification with at least 2 identifiers (ex - Name, DOB, MRN/DRS).		
Confirm patient presenting in mild withdrawal (COWS > 8-10) and initiate methadone (ex – federal regulations indicate maximum of 30 mg for initial dose and maximum of 40 mg in the first 24 hours) following organizations protocols.		
Administer dose, watch patient drink methadone and speak with the patient before leaving to ensure dose has been swallowed.		
During initiation or dose titration, ensure assessment of opioid withdrawal (COWS), persistent opioid cravings or medication side effects especially over-sedation in order to advocate for dose increase/decrease.		
Educate patient regarding slow titration of methadone dose due to long half-life of medication (approximately 50% of dose still active 24 hours later) and need to reassess tolerability of dose during titration (4-7 days following dose adjustment) to avoid overdose risk.		
Caution patient about driving or operating heavy machinery until stabilized on methadone treatment.		
Educate patient regarding dangers of concurrent benzodiazepines, cocaine, or additional methadone use above provided dose, as it will delay achieving a stabilization dose and risk overdose.		
Monitoring		
Once dose stabilized, continue to assess for opioid withdrawal, cravings, and medication side effects.		
Reinforce importance of continuing methadone for MOUD for opioid prevention and counsel regarding alternative forms of MOUD.		
Continue reassessing for illicit substance use and provide education regarding harm reduction strategies (ex – overdose prevention, safer consumption practices), smoking cessation, and options to revise dose/treatment plan in the event of substance use or life changes due to absence of substance use.		
Identify risk factors that require patient be further assessed by provider.		
EKG assessment for QTc prolongation, Torsade de Pointes and other arrhythmias per organization protocol for patients on high dose methadone or those receiving other medications in addition to methadone that may increase risk for cardiac changes.		
Assess for ability to receive take home (unsupervised) dosing based on organization policies and federal criteria for substance use and time in treatment. For individuals eligible for take home dosing, ensure the patient has locked container for transportation and storage, understands safe administration and documentation of methadone dosing at home, call back/assessment policies, and reasons take homes may be rescinded.		

Nursing Assessment sections that contain learning objectives and supplemental education that support further education on this topic include:

- Evidence-Based Practice

Methadone Initiation: Inpatient setting

Inpatient Initiation of Methadone for OUD	YES	NO
Collaborate with provider to confirm diagnosis of opioid use disorder.		
Assess patient's opioid use disorder including patterns of use (amount, frequency, route, duration), history of overdose, other substances of use, and history/current MOUD.		
Discuss primary diagnosis for hospitalization and determine if medical symptoms may decrease/heighten symptoms of opioid withdrawal.		
Assess the patient's current state of intoxication/withdrawal to collaborate with treatment team to initiate methadone if appropriate.		
Initiate comfort medication for withdrawal symptom management.		
Depending on length of stay, reassess effectiveness of methadone dose to achieve adequate management of withdrawl and cravings and understand that dose reached during inpatient stay is unlikely to have achieved opioid blockade. Counsel patient on risk for overdose and importance fo following up with OTP for dose increase as indicated. *Short-term hospital stays may be required to taper MTD prior to discharge.*		
Ensure OTP has been identified for transfer of care following inpatient stay and coordinate with OTP Team to complete intake process while patient is hospitalized (if possible) to ensure transition without gaps in care.		
If transferring patient to rehabilitation or long-term are facility, ensure the facility accepts patients on methadone treatment prior to planned discharge.		
Inpatient Continuation of Methadone		
Confirm with the patient's OTP current enrollment and last dose amount, date and time prior to administering methadone. If the OTP is unavailable at time of admission, give no more than 40mg and confirm current dose the next day.		
Obtain release of information to communicate with OTP.		
Work closely with the OTP if there is an indication for dose adjustment (ex – pain management, medication interactions, withdrawal symptoms, pregnancy).		
Consider splitting the total daily dose in the hospital to assist with issues, such as sleep, anxiety or pain, and educate the patient that this will be transitioned back to daily dosing when returning to the OTP unless otherwise coordinated.		
Coordinate closely with OTP prior to discharge and ensure patient is returned to OTP with last dose letter that confirms amount, date and time.		
If there will be less than a three day gap in patient care following discharge until going to OTP, a physician can directly administer methadone to the patient each day. Bridge prescriptions or dispensing of methadone to the patient to self-administer is illegal based on DEA regulations.		

Nursing Assessment sections that contain learning objectives and supplemental education that support further education on this topic include:

- Evidence-Based Practice

Methadone Dose Adjustment

Advocating for Methadone Dose Adjustment	YES	NO
If a patient continues to experience symptoms of withdrawal, cravings or continued illicit opioid use and a dose adjustment may be appropriate, contact provider to advocate for dose adjustment by reviewing pertinent findings both subjective (patient report) and objective (COWS, UDS). *Reasons for dose increase may include persistent cravings, ongoing withdrawal symptoms and pregnancy*. *Reasons for dose decrease may include continued opioid use, concurrent CNS depressant use and medication interactions resulting in EKG changes.*		
Assess for fast or slow metabolizing by assessing peak (2-4 hours after dose) and trough (24 hour prior to administering next daily dose) and consulting with provider to interpret.		
Following dose adjustment, continue to reassess the patient to determine resolution of symptoms or decrease in illicit substance use.		
Tapering or Discontinuing Methadone		
Educate patient regarding process of methadone taper involving slow incremental decrease in dose with reassessment of withdrawal/cravings.		
Educate patients requesting dose decrease regarding therapeutic levels of methadone to achieve opioid blockade and decrease overdose risk.		
For patients requesting voluntary taper with or without discontinuation of methadone therapy, discuss reason for decrease/discontinuation, educate regarding risks/benefits of taper, discuss risk for overdose/recurrent substance use, and educate regarding alternative MOUD.		
Reassure/encourage patient if during/after taper patient experiences increased withdrawal, cravings or substance use the dose will be re-stabilized or patient may be readmitted back to OTP.		
Understand organization policy for involuntary tapering/discontinuation of methadone (ex – behavioral, medical necessity, transfer to alternative care).		
For individuals interested in guest dosing, the patient must be stabilized on their current methadone dose and have an absence of substance use or high-risk behaviors, provide written verification of their last dose (date, time and amount), and indicate intention to be temporary or temporary pending transfer to OTP. *Note: Emergency guest dosing may accept verbal communication of dose information from originating OTP depending on state regulations and location of guest dosing OTP.*		

Nursing Assessment sections that contain learning objectives and supplemental education that support further education on this topic include:

- Evidence-Based Practice

Acute Withdrawal Management

Opioids	YES	NO
Ask patient about recent history of opioid use including method of use (INH, IN, IR, IV, PO), amount, duration of use, last use, history of overdose, other substance use, and history of treatment for opioid withdrawal/management.		
Assess severity of withdrawal using the Clinical Opioid Withdrawal Scale (COWS).		
Ask patient to elaborate on self-assessment of withdrawal (e.g. are these symptoms consistent with mild/moderate/severe opioid withdrawal in their experience?) to help guide timing for induction with buprenorphine and dosing for methadone. *Patient report regarding previous successful or unsuccessful inductions with buprenorphine following use should be used in conjunction with COWS score.*		
Ask patient regarding preferred medication for opioid use disorder upon discharge from inpatient setting. *Helpful in selecting appropriate treatment for patient if facility offers both buprenorphine and methadone treatment for treatment of opioid use disorder.*		
Advocate for prompt initiation of buprenorphine/methadone for opioid withdrawal and comfort medications as indicated.		
Follow organization protocols for initiating buprenorphine or methadone therapy and ensure reassessment of patient using the COWS scale in conjunction with patient report to determine efficacy of treatment.		
Consult with provider to ensure comfort medications are administered promptly for management of withdrawal symptoms and reassess for efficacy.		
Advocate for maintenance therapy for buprenorphine or methadone while inpatient and for transfer of care to outpatient programming to prevent gap in treatment.		
If facility does not offer maintenance dosing of buprenorphine or methadone, ensure comfort medications are adjusted to treat symptoms associated with withdrawal.		

Benzodiazepines/Alcohol	YES	NO
Ask patient about recent history of benzodiazepine/alcohol use including method of use (INH, IN, IR, IV, PO), amount, duration of use, history of seizures (withdrawal or known seizure disorder), other substance use, and history of treatment for benzodiazepine/alcohol withdrawal. *Benzodiazepine only* – source obtained (e.g. prescribed, illicit)		
Ask patient to elaborate on self-assessment of withdrawal (e.g. are these symptoms consistent with mild/moderate/severe withdrawal in their experience?) and history of seizures/delirium tremens (DTs).		
Assess severity of withdrawal using the Clinical Institute Withdrawal Assessment Alcohol Scale (CIWA) regardless of organization protocol for medication management (e.g. Librium, Ativan, phenobarbital). *Note: CIWA assessment is recommended to assess severity of symptoms and risk for seizure in order to best advocate for prompt medication management.*		
Determine timing of last use and initiate protocol for medication management of benzodiazepine/alcohol withdrawal upon entry to decrease risk for seizure. *Note: The goal is to initiate medication management for benzodiazepine/alcohol withdrawal prior to exhibiting withdrawal symptoms (elevated CIWA scores) to decrease risk for seizure. Patients with chronic benzodiazepine use are at higher risk for protracted withdrawal and associated seizure.*		
Follow organization protocols for initiating medication and ensure reassessment of patient using the CIWA scale in conjunction with patient report to determine efficacy of treatment.		
Consult with provider to ensure comfort medications are administered promptly for management of withdrawal symptoms and reassess for efficacy. *Benzodiazepines only – Use benzodiazepine conversion scale to determine recommended dosage for treatment.*		
Educate patient regarding treatment options following discharge from the inpatient setting including medications for alcohol use disorder (naltrexone, acamprosate and disulfiram) and coordination with external prescribers (ex – psychiatrist previously prescribing benzodiazepines)..		
Stimulants		
Ask patient about recent history of stimulant use including method of use (INH, IN, IR, IV, PO), amount, duration of use, last use, history of overdose, other substance use, and history of treatment for stimulant withdrawal/management. *If patient reports a recent binge assess the duration of binge and the last period of sleep the patient experienced.*		
Assess severity of intoxication including symptoms of altered perceptions of reality and withdrawal including symptoms of self-harm.		
Ask patient to elaborate on self-assessment of withdrawal (e.g. are these symptoms consistent with mild/moderate/severe withdrawal in their experience?) to help guide the need for symptom specific medication management (comfort medications) and additional mental health support during the time of greatest self-harm risk.		
Assess the patient for overt signs and symptoms of malnutrition and dehydration and provide food supplementation and hydration as appropriate.		
Advocate for the patient to have extended periods of uninterrupted rest.		
Follow organization protocols for managing stimulant withdrawal including administration of comfort medications to alleviate symptoms of withdrawal and reassess for efficacy.		
If available, advocate for initiation of contingency management and behavioral health supports.		
If facility does not offer longitudinal outpatient treatment consider coordination of patient care to other outpatient addiction treatment provider.		

Inpatient Coordination of Care or Inpatient Treatment Planning	YES	NO
Throughout treatment process, check-in with patient frequently to ensure their comfort and safety.		
Educate patient regarding levels of care of addiction treatment including addressing current treatment goals/expectations and outpatient treatment include medications for addiction treatment.		
Educate patient regarding relationship between withdrawal or patterns of use and medical complications that may be associated with use or skew symptoms.		
Assess for infectious diseases (ex. HIV, HCV) discuss, initiate, refer to treatment if willing.		
Provide safe and calm space for patient to rest and minimize disruptions to sleep at night.		
Ensure proper fluid hydration, adequate food and nutritional supplementation as indicated.		
Discuss overdose prevention and harm reduction interventions.		
Consult behavioral health, care coordinators and other advocates as indicated to begin addressing patient current psychological and social issues while inpatient.		
Sign release of information for outpatient providers to better coordinate care following discharge.		
Collaborate with established outpatient services or make appropriate referrals to support transfer to services including primary care, OBAT, behavioral health, psychiatry, and case management.		

Nursing Assessment sections that contain learning objectives and supplemental education that support further education on this topic include:

- Evidence-Based Practice

Pain Management for Patients with Substance Use Disorders

General Pain Management Strategies for Acute and Chronic Pain	YES	NO
Assess the patient for pain using an evidence-based screening tool (e.g. PEG tool, review your institutional protocols).		
Educate the patient that pain is multidimensional and may require multiple interventions including nonpharmacological treatments for effective management.		
Educate the patient about realistic expectations for pain (e.g. pain reduction rather than elimination and improved functioning).		
Reassure the patient that their substance use disorder will not be an obstacle to receiving adequate pain management.		
Obtain appropriate releases of information to facilitate collaboration with external pain management care teams.		
Patients may decline medications for acute pain management for fear of recurrence of use or rejection from recovery groups or sponsors. Educate the patient that medications for acute pain when taken as prescribed is not a recurrence of use.		
For patients on methadone or buprenorphine, collaborate with MOUD prescribers to optimize dosing to promote adequate treatment of pain and management of their OUD.		
Reassure patient that their pain will be closely monitored and reassessed in order to adapt the treatment plan to meet their needs.		
Non-Pharmacologic Pain Management Strategies		
Assess what non-medication pain management strategies the patient is using.		
Educate the patient on appropriate supportive care interventions for pain management, such as stretching or heat/cold application.		
Consult with primary care or addiction provider to request appropriate referrals to physical therapy, acupuncture, psychotherapy, complementary medicine, or specialty care as appropriate.		

Utilization of Non-Opioid Medications for Pain Management	YES	NO
Assess over-the-counter medications, including dosages and frequency, the patient is using for pain management.		
Optimize the patient's over the counter medication regimen: • Educate the patient on the synergistic pain relief effects of acetaminophen and NSAID dual therapy. • Review the use of NSAIDs, if no contraindication such as renal or GI dysfunction • Review the use of acetaminophen up to 3g daily, if no hepatic dysfunction. • Review use of topical medications, such as lidocaine, voltaren gel, capsaicin, etc • Communicate with provider team about use of over the counter medications to ensure appropriate monitoring and potential provision of prescriptions for medications.		
Discuss other non-opioid medications that are approved for pain management and may be indicated (e.g. tricyclic antidepressants, serotonin-norepinephrine reuptake inhibitors, muscle relaxants, etc.)		
For patients prescribed buprenorphine, optimize their maintenance medication: • Educate the patient on divided dosing of their maintenance dose into six to eight-hour intervals to enhance analgesic effect (e.g., 24 mg per day changed to 8 mg every 8 hours). • Collaborate with buprenorphine prescriber to consider modest buprenorphine dose increase (e.g., increase from 16 mg per day to 20 mg per day).		
For patients engaged in methadone maintenance programming: • Consult with OTP to confirm methadone dose and communicate anticipated pain management plan for patient.		
Discuss with patients that chronic opioid prescribing is typically not appropriate for long term pain management.		
Collaborate with patient's care team, including MOUD provider, regarding medication, timeframe and monitoring.		

Utilization of Opioid medications for Acute and Perioperative Pain Management	YES	NO
For all patients with a history of opioid use disorder, advocate to optimize multimodal, non-opioid interventions (e.g. NSAIDS, acetaminophen, nerve blocks, epidural/spinal analgesia, etc), as well as maintaining MOUD treatment as priority.		
If pain continues to be insufficiently managed with non-opioid pharmacologic and supportive interventions, opioids may be temporarily indicated. Ensure collaboration between procedural team, primary care team, and MOUD care team.		
For patients prescribed either methadone or buprenorphine for OUD, reassure patients that only in rare instances will MOUD need to be discontinued and that in circumstances of severe, acute pain opioids may be prescribed short-term for pain management.		
Educate patient on safe storage and use of medications including increased risk of overdose.		
Encourage patients with SUDs (active or in recovery) to involve a support person and/or sponsor.		
Recognize that patients being treated with MOUD will require more frequent assessment of pain management and often require up-titration of opioid dose higher than non-opioid dependent patients in order to effectively manage pain.		
Advocate to avoid PRN medications and instead utilize regularly medication schedules (e.g., TID, QID) for administration of opioid pain treatment.		
If opioid prescriptions are needed upon discharge, small prescriptions are recommended with close follow up by MOUD and primary care teams and coordination with pharmacy to confirm MOUD with addition of short prescription of full agonist opioid medication for acute pain.		
Educate patient about strategies to stay safe, such as administering one dose of medication at a time, storing remaining medication in a locked container for safe keeping, and involvement of a support person to hold medications if needed post-discharge.		
Monitor patients closely and offer close follow-up support		
For patients who are prescribed methadone and opioid pain medication: • Confirm methadone dose with opioid treatment program. • Consider split doses of methadone while the patient is inpatient for improved analgesic effect in addition to opioid pain medications, but remind patient that dosing will return to once daily upon discharge.		
For patients who are prescribed buprenorphine and opioid pain medication: • Confirm buprenorphine dose by checking prescription drug monitoring program and collaborating with buprenorphine treatment team. • Advocate to optimize buprenorphine with divided dose schedule and increased total daily dose.		
For patients who are prescribed naltrexone and opioid pain medication: • IM naltrexone: discontinue medication 4-6 weeks prior for a planned procedure • Oral naltrexone: discontinue medication 3 days prior for a planned procedure • Provide anticipatory education for patients who are prescribed naltrexone, that during unplanned, emergent events resulting in severe acute pain, strong opioids may be necessary to break through the opioid-blockade effects of naltrexone. During these events, there is a risk for severe respiratory depression and therefore collaboration must occur anesthesia and acute care teams.		

Nursing Assessment sections that contain learning objectives and supplemental education that support further education on this topic include:

- Evidenced-Based Practice

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Supporting Materials

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