**Patient Request to Leave Checklist**

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| **Clinical Provider Checklist:** |
| ☐ **1.** Patient check-in and review concerns/complaints.  ☐ **2.** Assess opioid withdrawal symptoms, and if + opioid withdrawal symptoms then offer adjunctive medications for comfort.  ☐ clonidine 0.2 mg q4h for opioid withdrawal symptoms, hold or lower dose if sBP<90 or HR<50 (MDD=1.2 mg)  ☐ clonazepam 1 mg q6h for anxiety/restlessness, hold for sedation (MDD=4 mg)  ☐ prochlorperazine 10 mg q8h PRN for nausea/vomiting  ☐ aluminum hydroxide/magnesium hydroxide (Maalox) 30 ml q4h PRN for dyspepsia  ☐ loperamide 4 mg q24h PRN for diarrhea  ☐ trazodone 100 mg qhs OR zolpidem 10 mg qhs PRN for insomnia  ☐ ibuprofen 600 mg q8h PRN for myalgias  ☐ nicotine replacement therapy if tobacco use  ☐ **3.** If patient complaints are unrelated to opioid withdrawal, use clinical judgment and provide support and offer alternatives to early departure from detoxification unit (if applicable).  ☐ **4.** Recognize ambivalence and offer motivational statements *(see example below)*. Provide support and encouragement about the detoxification process and benefits of initiating opioid use disorder pharmacotherapy.  *Opioid detoxification can be challenging, let me help to address any of your concerns and make you comfortable. We have medications to help you feel more comfortable. In a short time, you will have completed detox and on a medication that treats opioid use disorder. Tell me, what can I do to help you right now?*  ☐ **5.** If patient still wishes to leave the detoxification unit before induction onto Vivitrol then:  ☐ Review risks of relapse and opioid overdose without opioid use disorder pharmacotherapy.  ☐ Review increased susceptibility to opioid overdose after opioid detoxification.  ☐ Review and have patient sign *Patient Discharge Instructions* before leaving the unit and provide them with a copy.  ☐ Encourage OUD pharmacotherapy with methadone or buprenorphine.  ☐ Provide short-term prescription of buprenorphine (i.e., 5-day script) on discharge along with referrals to a buprenorphine provider or methadone clinic.  ☐ Naloxone rescue kit and training (if not already trained)  ☐ **6.** Complete note in the medical record documenting interventions and discharge recommendations. |