

GENERAL CLINICAL RESOURCES

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INTRODUCTION

This section is intended to familiarize RAAM clinic administrators with commonly used clinical forms, assessments tools, and protocols used by clinicians in the RAAM clinic setting. These resources are meant to support RAAM clinicians in providing high-quality, person-centered care while also staying mindful of the regulations that govern various professions and settings. For a deeper dive into the clinical skills and practices relevant to the RAAM setting, please see META:PHI's [Clinical Best Practices in Addiction Medicine: A Guide for RAAM Clinicians](#).

TREATMENT PLANNING FORMS

The following tools are intended to assist in the development of treatment plans that meet each client's unique needs and substance use-related goals. On the first clinical visit, the clinician should complete the [intake form](#) (see [Resources Specific to First Clinical Visit](#)); these forms can be completed as appropriate during subsequent visits.

- [Opioid use disorder follow-up visit](#)

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- [Substance use disorder \(non-opioid\) follow-up visit](#)

- [Goal-setting form](#)

- [Road to Recovery: R2AR Patient-Reported Outcomes Measurement](#)

OPIOID USE DISORDER FOLLOW-UP VISIT¹

OPIOID USE DISORDER FOLLOW-UP VISIT FORM

MEDICATIONS:

Methadone Buprenorphine SL Buprenorphine XR SR/M

Other: _____

Dose: ____ mg

Take-home doses: _____ Missed doses: _____

Recent dose change: _____

Side effects (including sedation): _____

Opioid withdrawal: _____

Opioid cravings: _____

Issues with carries: _____

SUBSTANCE USE, PATTERN, AND ROUTE:

Alcohol: _____

Benzodiazepines: _____

Cannabis: _____

Opiates: _____

Stimulants: _____

Other: _____

PSYCHOLOGICAL ISSUES UPDATE (IF CHANGED SINCE LAST VISIT):

Mood: _____

Sleep: _____

Energy: _____

SOCIAL ISSUES UPDATE (IF CHANGED SINCE LAST VISIT):

Housing: _____

Employment: _____

Social support: _____

Driving: _____

Safety: _____

¹ Adapted from materials provided courtesy of Women's College Hospital.

MEDICAL ISSUES UPDATE (including risks/management of STBBIs):

Counselling/clinical notes:

On examination: _____

Appearance: _____

Speech: _____

Affect: _____

Mental status: _____

Signs of withdrawal/sedation: _____

Other: _____

UDT RESULTS: _____

IMPRESSION: _____

PLAN:

Rx: _____ mg from _____ to _____

Carry doses: _____

TAKE-HOME DOSE SAFETY ISSUES DISCUSSED:

Yes No N/A

OTHER MEDICATIONS: _____

RESOURCES/SUPPORTS: _____

PHARMACY: _____

RETURN TO CLINIC: _____

SAMPLE METHADONE CARRY AGREEMENT²

In order to receive take-home doses of my medication (“carries”), I understand and acknowledge the following:

1. There are expectations around my stability and my ability to store medications in a safe manner that must be met in order to receive take-home doses of methadone. This is because of the risks of methadone to people who do not have tolerance to it, and the risks to me if it is not taken properly. A single dose of methadone can be dangerous or fatal if consumed by someone who is not tolerant of that dose, especially if taken by a child. If I miss too many doses, I can also lose tolerance to the medication. If I take more than prescribed on a single day, this can also be dangerous or life-threatening.
2. When considering whether to prescribe carries, my care provider is concerned about my safety and the safety of my community. To assess my ability to manage carries safely, my care provider will consider:
 - a. My housing
 - b. How long I have been taking methadone
 - c. How often I miss doses
 - d. My stability (for example, how I am managing appointments, medication, work, school)
 - e. My substance use
 - f. My urine drug test results
 - g. Other factors that could affect my ability to manage carries safely, such as mental health changes
3. The number of take-home doses I receive will be based on my stability and ability to manage carries safely. As my stability increases and I have more experience managing carries safely, the number of carries will be gradually increased. If my stability decreases or I have difficulty managing carries safely, the number of carries will be decreased. These decisions are made in discussion with my prescriber, balancing the importance of the treatment working in my life, with the importance of my safety and the safety of the community.
4. In order to receive carries, I will need to manage my use of drugs and alcohol so that the impact to my health, safety, and stability is minimized, and such that it does not interfere with my ability to manage and store carries.
5. If I wish to receive a larger number of carries, I will need to minimize my substance use and be abstinent from medications not prescribed to me.
6. Urine drug testing is a routine part of methadone treatment. Urine drug tests provide information about what substances I have been taking or exposed to, which helps me and my prescriber develop the best treatment plan for me. I agree to provide a urine sample when requested. I understand that if my urine sample shows signs of tampering or indicates that I am not taking methadone as prescribed, I will lose my carries.
7. I will bring my carries to my clinic or my pharmacy within 24 hours of being asked to do so. If I do not without a valid reason, I may lose access to carries.
8. In order to receive carries I need to have a safe and consistent place to stay, not staying on the street.
9. I will store my methadone securely in a locking device (locked box, locked cabinet, or safe) that cannot be accessed by other people. I will keep my medication out of sight and out of reach.
10. I agree not to share, trade, sell, or loan my methadone under any circumstances. Any of these is a reason for my carries to be withdrawn indefinitely.
11. If carries are lost, they will typically be replaced with observed doses, and a review of the carry agreement will take place. If carries are lost, they will be reinstated gradually.

² Adapted from [A new framework for methadone carries: A person-centered evidence-informed approach to methadone take-home “carry” dosing](#). META:PHI.

My signature below indicates that I agree to follow the obligations and responsibilities outlined in this agreement. I have had the opportunity to discuss and review this agreement with my care provider and my questions have been answered to my satisfaction.

Date

Patient (Signature)

Patient (Printed Name)

I confirm that:

1. This form has been reviewed with the patient and they understand its content fully.
2. The patient was given time to ask questions about this agreement and seek clarification.
3. I will engage with my patient in discussing carry issues and use my clinical judgment along with current guidelines as a basis for treatment decisions. I will explain the reasons for decisions about initiating, increasing, or decreasing carries.

HCP (Signature)

HCP (Printed Name)

SUBSTANCE USE DISORDER (NON-OPIOID) FOLLOW-UP VISIT³

SUBSTANCE USE DISORDER FOLLOW-UP VISIT FORM

SUBSTANCE USE, PATTERN, AND ROUTE:

Alcohol: _____

Benzodiazepines: _____

Cannabis: _____

Opiates: _____

Stimulants: _____

Other: _____

MEDICATIONS:

Prescription(s): _____ Dose: ____ mg

Recent dose change: _____

Side effects: _____

Withdrawal: _____

Cravings: _____

PSYCHOLOGICAL ISSUES UPDATE:

Mood: _____

Sleep: _____

Energy: _____

SOCIAL ISSUES UPDATE:

Housing: _____

Employment: _____

Social support: _____

Driving: _____

Safety: _____

³ Adapted from materials provided courtesy of Women's College Hospital.

MEDICAL ISSUES UPDATE (including risks/management of STBBIs):

Counselling/clinical notes:

O/E: _____

Appearance: _____

Speech: _____

Affect: _____

Mental status: _____

Signs of withdrawal/sedation: _____

Other: _____

UDT RESULTS:

IMPRESSION:

PLAN:

RESOURCES/SUPPORTS:

PHARMACY: _____

RETURN TO CLINIC: _____

GOAL-SETTING FORM

Work on developing **SMART** goals. SMART goals are...

- S**pecific, significant
- M**easurable, meaningful
- A**ttainable, achievable
- R**elevant, realistic, results-oriented
- T**ime-based, tangible, trackable

Examples:

Original Goal	SMART Goal
I will try to drink less.	I will drink only on Fridays and Saturdays and no more than 5 drinks at a time.
I will see my family more.	I will meet my brother at the park once a week.

1. Goals around substance use:

- a. _____
- b. _____
- c. _____
- d. _____

Identify high-risk situations/triggers and coping strategies:

Trigger	Coping Strategy

My safety plan:

a. Support groups/ people to reach out to:

- _____
- _____
- _____
- _____

b. Actions to take/behaviours to change:

- _____
- _____
- _____
- _____

2. Goals around mental and physical health:

- a.** _____
- b.** _____
- c.** _____
- d.** _____

3. Goals around other aspects of quality of life (e.g., connecting with family, dealing with legal issues, participating in community activities):

- a.** _____
- b.** _____
- c.** _____
- d.** _____

ROAD TO RECOVERY: R2AR PATIENT-REPORTED OUTCOMES MEASUREMENT⁴

For all questions:

- 1 = Strongly agree
- 2 = Agree
- 3 = Neither agree nor disagree
- 4 = Disagree
- 5 = Strongly disagree
- 6 = I do not know
- 7 = I prefer not to answer
- 8 = This does not apply to me

1. There are more important things to me in life than using alcohol or drugs.
 - a. In general, how much do you agree? 1 2 3 4 5 6 7 8
 - b. Is this important for you to work on now? 1 2 3 4 5 6 7 8
2. I feel close to people (like friends, someone I met through recovery or recovery meetings).
 - a. In general, how much do you agree? 1 2 3 4 5 6 7 8
 - b. Is this important for you to work on now? 1 2 3 4 5 6 7 8
3. I can handle stress, conflict, and unexpected things without alcohol or drugs.
 - a. In general, how much do you agree? 1 2 3 4 5 6 7 8
 - b. Is this important for you to work on now? 1 2 3 4 5 6 7 8
4. I do things, even when I do not want to, because I know that I should.
 - a. In general, how much do you agree? 1 2 3 4 5 6 7 8
 - b. Is this important for you to work on now? 1 2 3 4 5 6 7 8
5. I have activities and hobbies that keep me busy.
 - a. In general, how much do you agree? 1 2 3 4 5 6 7 8
 - b. Is this important for you to work on now? 1 2 3 4 5 6 7 8
6. I feel safe in my living environment (i.e., home, shelter, street).
 - a. In general, how much do you agree? 1 2 3 4 5 6 7 8
 - b. Is this important for you to work on now? 1 2 3 4 5 6 7 8
7. I am taking care of my physical health.
 - a. In general, how much do you agree? 1 2 3 4 5 6 7 8
 - b. Is this important for you to work on now? 1 2 3 4 5 6 7 8

⁴ Okrant E, Reif S, Horgan CM. Development of an addiction recovery patient-reported outcome measure: Response to Addiction Recovery (R2AR). *Subst Abuse Treat Prev Policy*. 2023 Sep 1;18(1):52. doi: 10.1186/s13011-023-00560-z. PMID: 37658373; PMCID: PMC10474628.

- 8.** I feel like I am in control of what happens in my life.
- a.** In general, how much do you agree? 1 2 3 4 5 6 7 8
- b.** Is this important for you to work on now? 1 2 3 4 5 6 7 8
- 9.** I am trying to improve myself (by learning a trade or skill, going back to school, or any kind of self-help).
- a.** In general, how much do you agree? 1 2 3 4 5 6 7 8
- b.** Is this important for you to work on now? 1 2 3 4 5 6 7 8
- 10.** I am taking care of my mental health.
- a.** In general, how much do you agree? 1 2 3 4 5 6 7 8
- b.** Is this important for you to work on now? 1 2 3 4 5 6 7 8
- 11.** Most times, I do not worry about what other people think of me (because of my past drug use).
- a.** In general, how much do you agree? 1 2 3 4 5 6 7 8
- b.** Is this important for you to work on now? 1 2 3 4 5 6 7 8
- 12.** Through the recovery process, I realized that I have good qualities (e.g., I am a good person/parent/child/partner/friend, hard worker, help others).
- a.** In general, how much do you agree? 1 2 3 4 5 6 7 8
- b.** Is this important for you to work on now? 1 2 3 4 5 6 7 8
- 13.** I am dealing with my legal problems (like custody, warrants, paying fines or child support).
- a.** In general, how much do you agree? 1 2 3 4 5 6 7 8
- b.** Is this important for you to work on now? 1 2 3 4 5 6 7 8
- 14.** I try not to hurt other people with my actions.
- a.** In general, how much do you agree? 1 2 3 4 5 6 7 8
- b.** Is this important for you to work on now? 1 2 3 4 5 6 7 8
- 15.** There are people who care about me who I trust (like my therapist or clinician, a sponsor, friends, family), who I can turn to for help during difficult times in my recovery
- a.** In general, how much do you agree? 1 2 3 4 5 6 7 8
- b.** Is this important for you to work on now? 1 2 3 4 5 6 7 8
- 16.** I have what I need to work on future goals (such as money, a way to get around, housing, food).
- a.** In general, how much do you agree? 1 2 3 4 5 6 7 8
- b.** Is this important for you to work on now? 1 2 3 4 5 6 7 8
- 17.** I feel less shame than I did before about my past.
- a.** In general, how much do you agree? 1 2 3 4 5 6 7 8
- b.** Is this important for you to work on now? 1 2 3 4 5 6 7 8
- 18.** I feel like I am part of a larger community (such as people in my neighbourhood, at work, church).
- a.** In general, how much do you agree? 1 2 3 4 5 6 7 8
- b.** Is this important for you to work on now? 1 2 3 4 5 6 7 8
- 19.** I am hopeful.
- a.** In general, how much do you agree? 1 2 3 4 5 6 7 8
- b.** Is this important for you to work on now? 1 2 3 4 5 6 7 8

WITHDRAWAL SCALES

The following withdrawal scales are intended to ensure that clients experiencing withdrawal symptoms are managed safely and effectively through appropriate monitoring and medications.

Clinical Institute Withdrawal Assessment of Alcohol Scale, revised (CIWA-Ar)

Clinical Opiate Withdrawal Scale (COWS)

Sweating Hallucinations Orientation Tremor Scale (SHOT)

CLINICAL INSTITUTE WITHDRAWAL ASSESSMENT OF ALCOHOL SCALE, REVISED (CIWA-AR)

Date: _____ Name: _____ DOB: _____

Time of assessment				
HR				
BP				
Temp				
Nausea/vomiting (0-7) 0- none; 1- mild nausea, no vomiting; 4- intermittent nausea; 7- constant nausea, frequent dry heaves & vomiting				
Tremors (0-7) 0- no tremor; 1- not visible but can be felt; 4- moderate with arms extended; 7- severe, even with arms not extended				
Anxiety (0-7) 0- none, at ease; 1- mildly anxious; 4- moderately anxious or guarded; 7- equivalent to acute panic state				
Agitation (0-7) 0- normal activity; 1- somewhat normal activity; 4- moderately fidgety/restless; 7- paces or constantly thrashes about				
Paroxysmal sweats (0-7) 0- no sweats; 1- barely perceptible sweating, palms moist; 4- beads of sweat obvious on forehead; 7- drenching sweat				
Orientation (0-4) 0- oriented; 1- uncertain about date; 2- disoriented to date by no more than 2 days; 3- disoriented to date by > 2 days; 4- disoriented to place and/or person				
Tactile disturbances (0-7) 0- none; 1- very mild itch, P&N 2- mild itch, burning, P&N 3- moderate itch, P&N, burning 4- moderate hallucinations; 5- severe hallucinations; 6- extremely severe hallucinations; 7- continuous hallucinations				
Auditory disturbances (0-7) 0- not present; 1- very mild harshness/ability to startle; 2- mild harshness/ability to startle; 3- moderate harshness/ ability to startle; 4- moderate hallucinations; 5- severe hallucinations; 6- extremely severe hallucinations; 7- continuous hallucinations				
Visual disturbances (0-7) 0- not present; 1- very mild sensitivity; 2- mild sensitivity; 3- moderate sensitivity; 4- moderate hallucinations; 5- severe hallucinations; 6- extremely severe hallucinations; 7- continuous hallucinations				
Headache (0-7) 0- not present; 1- very mild; 2- mild; 3- moderate; 4- moderately severe; 5- severe; 6- very severe; 7- extremely severe				
TOTAL				

CLINICAL OPIATE WITHDRAWAL SCALE (COWS)

Date: _____ Name: _____ DOB: _____

Time of assessment				
Resting heart rate (measure after lying or sitting for one minute) 0- HR 80 or below; 1- HR 81–100; 2- HR 101–120; 4- HR greater than 120				
Sweating (preceding 30 minutes and not related to room temp/activity) 0- no report of chills or flushing; 1- subjective report of chills or flushing; 2- flushed or observable moisture on face; 3- beads of sweat on brow or face; 4- sweat streaming off face				
Pupil size 0- pupils pinned or normal size for room light; 1- pupils possibly larger than normal for room light; 2- pupils moderately dilated; 5- pupils so dilated that only the rim of the iris is visible				
Bone or joint aches (not including existing joint pains) 0- not present; 1- mild diffuse discomfort; 2- patient reports severe diffuse aching of joints/muscles; 4- patient is rubbing joints / muscles plus unable to sit still due to discomfort				
Runny nose or tearing (not related to URTI or allergies) 0- not present; 1- nasal stuffiness or unusually moist eyes; 2- nose running or tearing; 4- nose constantly running or tears streaming down cheeks				
GI upset (over last 30 minutes) 0- no GI symptoms; 1- stomach cramps; 2- nausea or loose stool; 3- vomiting or diarrhea; 5- multiple episodes of vomiting or diarrhea				
Tremor (observe outstretched hands) 0- no tremor; 1- tremor can be felt, but not observed; 2- slight tremor observable; 4- gross tremor or muscle twitching				
Yawning (observed during assessment) 0- no yawning; 1- yawning once or twice during assessment; 2- yawning three or more times during assessment; 4- yawning several times/minute				
Anxiety or irritability (0–4) 0- none; 1- patient reports increasing irritability or anxiousness; 2- patient obviously irritable or anxious; 4- patient so irritable or anxious that participation in the assessment is difficult				
Gooseflesh skin (0–5) 0- skin is smooth; 3- piloerection (goosebumps) of skin can be felt or hair standing up on arms; 5- prominent piloerection				
TOTAL (5–12 = mild; 13–24 = moderate; 25–36 = moderately severe; > 36 = severe)				

SWEATING HALLUCINATIONS ORIENTATION TREMOR SCALE (SHOT)

Sweating	
	0 - No visible sweating 1 - Palms moderately moist 2 - Visible beads of sweat on forehead
Hallucinations	
"Are you feeling, seeing, or hearing anything that is disturbing to you? Are you seeing or hearing things you know are not there?"	0 - No hallucinations 1 - Tactile hallucinations only 2 - Visual and/or auditory hallucinations
Orientation	
"What is the date, month, and year? Where are you? Who am I?"	0 - Oriented 1 - Disoriented to date by one month or more 2 - Disoriented to place or person
Tremor	
Extend arms and reach for object. Walk across hall (optional).	0 - No tremor 1 - Minimally visible tremor 2 - Mild tremor 3 - Moderate tremor 4 - Severe tremor

- Score of 2+ indicates need for benzodiazepines
- Discontinue treatment when score < 2 on two consecutive occasions

WITHDRAWAL PROTOCOLS

RAAM clinics should be equipped to manage alcohol and opioid withdrawal in presenting clients if possible. Alcohol withdrawal management may be required for clients who present to the RAAM clinic in withdrawal; it can also be a planned intervention for patients seeking to discontinue or substantially reduce their drinking. The choice of medication (benzodiazepines vs. gabapentin) and regimen (symptom-triggered or fixed doses) is related to client factors, setting, and staffing. Alcohol withdrawal is managed by clinicians (MDs and NPs) trained in administering the CIWA-Ar as well as in administering the appropriate medications. Registered nurses can also medically manage alcohol withdrawal with the appropriate medical directive in place (see [Clinical and Administrative Policies](#)). Opioid withdrawal is managed by clinicians trained in administering an opioid withdrawal assessment (such as the COWS or SHOT) as well as possessing the knowledge and skills to prescribe the appropriate medications.

[Medical management of alcohol withdrawal](#)

[Medical management of opioid withdrawal](#)

MEDICAL MANAGEMENT OF ALCOHOL WITHDRAWAL

Order Set For Alcohol Withdrawal

MONITORING

- Temp, HR, RR, BP, and O2 saturation with CIWA-Ar on initial assessment
 - Repeat q4h when CIWA-Ar < 10 and minimal tremor
 - Repeat q2h when CIWA-Ar 10–19 and moderate tremor or sweating
 - Repeat q1h when CIWA-Ar ≥ 20 and severe tremor or sweating, or history of withdrawal seizures/DTs

Note: Monitor q1–2h when medical comorbidities such as cardiovascular/hepatic disorders or concurrent opioid use are present

- Notify the most responsible provider (MRP) for any of the following (transfer to ED if MRP not available):
 - CIWA-Ar ≥ 20
 - Increasing agitation
 - Profuse sweating
 - Repeated vomiting or diarrhea
 - Severe or worsening tremor
 - Hallucinations or delirium
 - Systolic BP > 180
 - Diastolic BP > 110
 - HR > 120 or < 50
 - RR > 20 or < 10
 - SpO2 < 92%
 - T > 37.5°C or < 35°C

LABORATORY TESTS

- Urine toxicology (point of care drug screen if available)
- ECG (if available)
- Urine HCG
- Serum HCG
- Serum ethanol
- Urine ETG
- Serum CBC, electrolytes, creatinine, glucose, TSH, AST, ALT, ALP, GGT, bilirubin, albumin, INR

Note: Consider breathalyzer use when available to aid in predicting the onset of severe or complicated withdrawal. People who drink heavily can experience withdrawal symptoms and complications requiring benzodiazepines even when their alcohol levels are greater than 17 mmol/L (80 mg/dL or 0.08%). Rates of decline vary significantly but can be as high as 30–40 mg/dL per hour.

As required based on history:

- HIV serology
- Syphilis serology
- Gonorrhea & chlamydia urine
- Anti-HAV, HBsAg, HBsAb, HBcAb, Anti-HCV
- HCV RNA viral load if history of infection

Note: Do not delay treatment while waiting for investigation results.

MEDICATIONS

CHOICE OF BENZODIAZEPINE

- **Diazepam** is preferred for withdrawal management due to its long half-life.
- Use **lorazepam** if the client is older than 60, taking opioids or other sedating medications, has severe liver dysfunction (e.g., cirrhosis, severe hepatitis), low serum albumin, or respiratory failure or distress (COPD, pneumonia).

DOSES

CHOICE OF REGIMEN

- **Loading doses:**
 - Use when the client presents with withdrawal complications (delirium, hallucinations, or seizures), or has a history of DTs or withdrawal seizures.
 - A loading dose can be given when skilled staff is available for monitoring and managing potential complications.
 - If skilled staff is unavailable, transfer the client with a history of withdrawal complications or experiencing active withdrawal complications to the nearest emergency department.
- **Symptom-triggered doses:**
 - Use when skilled staff is available to monitor symptom severity using CIWA-Ar and respond to any potential complications.
- **Fixed-dose tapering schedule:**
 - Use when skilled staff is unavailable to implement a symptom-triggered regimen.
 - Clients in severe withdrawal or with a history of withdrawal complications (delirium, seizures, DT) should be sent to the ED for management if only fixed-dosing regimens are available at the WMS.
- **Gabapentin:**
 - Consider if the client is in mild withdrawal and there is no history of withdrawal complications (delirium, seizures, DTs), if benzodiazepines are potentially hazardous (e.g., severe liver dysfunction, respiratory failure or distress, taking opioids or sedating medications, age over 60, low serum albumin), or if the client refuses benzodiazepines.

LOADING DOSES

- Diazepam 20 mg q1–2h x 3 regardless of the CIWA-Ar score, until the client is lightly sedated and has minimal to no tremor **OR**
- Lorazepam 2–4 mg q1–2h x 3 regardless of the CIWA-Ar score, until the client is lightly sedated and has minimal to no tremor

After completion of the benzodiazepine loading dose, proceed with a symptom-triggered or fixed-dose tapering regimen as needed.

SYMPTOM-TRIGGERED DOSES

- Assess q1–2h with CIWA-Ar
- Diazepam 10–20 mg PO for CIWA-Ar ≥ 10 or definite tremor/profuse sweating **OR**
- Lorazepam 1–2 mg PO/SL for CIWA-Ar ≥ 10 or definite tremor/profuse sweating
- Stop the symptom-triggered regimen when the CIWA-Ar score is < 8 on two consecutive assessments and minimal to no tremor is present

If withdrawal is not fully resolved, follow with 1–2 days of PRN doses for tremor:

- Diazepam 10 mg PO q4h PRN x 1–2 days **OR**
- Lorazepam 1 mg PO/SL q4h PRN x 1–2 days

FIXED-DOSE TAPERING SCHEDULE

- Mild withdrawal:** Diazepam 10 mg PO QID for one day

THEN diazepam 10 mg PO TID for one day

THEN diazepam 10 mg PO BID for one day

THEN diazepam 5 mg PO BID for one day

THEN diazepam 5 mg PO once daily for one day

- Mild withdrawal:** Lorazepam 1 mg PO/SL QID for one day

THEN lorazepam 1 mg PO/SL TID for one day

THEN lorazepam 1 mg PO/SL BID for one day

THEN lorazepam 0.5 mg PO/SL BID for one day

THEN lorazepam 0.5 mg PO/SL once daily for one day

- Moderate withdrawal:** Diazepam 20 mg PO QID for one day

THEN diazepam 10 mg PO TID for one day

THEN diazepam 10 mg PO BID for one day

THEN diazepam 5 mg PO BID for one day

THEN diazepam 5 mg PO once daily for one day

- Moderate withdrawal:** Lorazepam 2 mg PO/SL QID for one day

THEN lorazepam 1 mg PO/SL QID for one day

THEN lorazepam 1 mg PO/SL TID for one day

THEN lorazepam 0.5 mg PO/SL BID for one day

THEN lorazepam 0.5 mg PO/SL once daily for one day

- Continue CIWA-Ar throughout, according to monitoring protocols.
- Adjust the schedule to the client's presentation and length of stay.
- If a client's withdrawal is worsening based on CIWA-Ar, worsening tremor, or sweating, contact the MRP to adjust the schedule, or if not available, arrange transfer to the ED.

GABAPENTIN

- Gabapentin 300 mg PO QID and 300–600 mg PO hs for one day

THEN Gabapentin 300 mg POTID and 300 mg PO hs for one day

THEN Gabapentin 300 mg PO BID for one day

THEN Gabapentin 300 mg PO hs for one day

THIAMINE

- Thiamine 300 mg IM/IV once daily x 3–5 days **OR**

- Thiamine 100 mg POTID x 1–2 days (when IM/IV administration is unavailable)

MEDICAL COMPLICATIONS

- Contact MRP (or transfer to ED if MRP is not available) for any of the following:
- Tremor not improving/worsening despite 80 mg diazepam or 8 mg lorazepam
 - Tachycardia (HR > 120 bpm)
 - Hypertension (elevation of systolic or diastolic BP 20–30 mm Hg above baseline)
 - Repeated vomiting or profuse sweating
 - Seizures, confusion, hallucinations, delusions, or agitation

ANTI-CRAVING MEDICATIONS

- Naltrexone 50 mg PO once daily (contraindicated in clients taking opioids) **OR**
- Acamprosate 666 mg PO TID **OR**
- Acamprosate 333 mg PO TID **OR**
- Acamprosate 666 mg PO BID (if weight < 60kg) **OR**
- Gabapentin 100 mg PO hs x 1 day, then 100 mg PO BID for one day, then 100 mg PO TID

DISCHARGE ORDERS

- Confirm follow-up plans, including outpatient referral
- Ensure client has a prescription for anti-craving medication lasting at least until their confirmed follow-up
- Thiamine 100 mg PO once daily for 2–4 weeks **OR**
- Thiamine 100 mg POTID for 2–4 weeks
- Fax client summary to the appropriate clinic(s) and community providers

Name

Signature

Prescriber

Date

Time

MEDICAL MANAGEMENT OF OPIOID WITHDRAWAL

Order Set For Opioid Withdrawal

MONITORING

- Temp, HR, RR, BP, O2 saturation, and COWS on initial assessment
 - Repeat q1h when COWS \geq 8
 - Repeat q2h when COWS $<$ 8

- Notify the most responsible provider (MRP) for any of the following (transfer to ED if MRP not available):
 - COWS \geq 13
 - Severe or worsening tremor
 - Increasing agitation
 - Profuse sweating
 - Repeated vomiting or diarrhea
 - Hallucinations or delirium
 - Systolic BP $>$ 180
 - Diastolic BP $>$ 110
 - HR $>$ 120
 - RR $<$ 10
 - SpO2 $<$ 92%
 - T $>$ 37.7°C

LABORATORY TESTS

- Urine toxicology (point of care drug screen if available)
- Urine HCG
- Serum HCG
- Serum CBC, creatinine, glucose, TSH, AST, ALT, ALP, GGT, bilirubin, albumin, INR

As required based on history:

- HIV serology
- Syphilis serology
- Gonorrhea & chlamydia urine
- Anti-HAV, HBsAg, HBsAb, HBcAb, Anti-HCV
- HCV RNA viral load if history of infection
- ECG

Note: Do not delay treatment while waiting for investigation results.

MEDICATIONS

Note: All doses should be observed by a staff member or local pharmacist.

BUPRENORPHINE/NALOXONE

1. Standard induction: For COWS ≥ 13 AND appropriate timing from last opioid use:

- At least 12h since last short acting opioid (heroin, IR oxycodone, hydromorphone, morphine)
- At least 18h since last controlled-release opioid (e.g. CR oxycodone, hydromorphone, morphine)
- At least 48h since last street fentanyl use
- At least 72h since last methadone use

Day 1:

- Buprenorphine 4 mg (2 x buprenorphine/naloxone 2 mg/0.5 mg tablets) SL q1h, maximum 16 mg as long as client is not drowsy and COWS > 8 **OR**
- Buprenorphine 2 mg (1 x buprenorphine/naloxone 2 mg/0.5 mg tablet) SL q1h if elderly (maximum 8 mg), on benzodiazepines, or unsure of time of last opioid (maximum 16 mg)
- Notify prescriber if COWS score **increases** by 2+ after first dose

Day 2:

- Provide Day 1 total daily dose plus 2–4 mg (1–2x buprenorphine/naloxone 2 mg/0.5 mg tablets) SL for withdrawal relief not lasting 24h

Day 3:

- Provide Day 2 total daily dose plus 2–4 mg (1–2x buprenorphine/naloxone 2 mg/0.5 mg tablets) SL for withdrawal relief not lasting 24h

Note: Clients in naloxone-induced withdrawal after reversal of overdose still need to meet criteria for time from last opioid use to avoid precipitated withdrawal. For clients not meeting the criteria for a standard induction, offer a home start or microdosing protocol.

2. Microdosing induction: For clients that are not in the timeframe from last opioid use for standard induction and MRP is available to provide medical support

- Buprenorphine 0.5 mg (quarter of buprenorphine/naloxone 2 mg/0.5 mg tablet) SL once daily x 1 day
THEN buprenorphine 0.5 mg (quarter of buprenorphine/naloxone 2 mg/0.5 mg tablet) SL BID x 1 day
THEN buprenorphine 1 mg (half of buprenorphine/naloxone 2 mg/0.5 mg tablet) SL BID x 1 day

Note: Switch to standard induction once enough time has passed since last opioid use. Support patients with symptomatic care as needed during microdosing.

3. Macro dosing induction: For clients using fentanyl, COWS ≥ 13 , AND at least 18h from last use

- Buprenorphine 16 mg (2 x buprenorphine/naloxone 8 mg/2 mg tablet) SL once, then 8–16 mg q1h PRN for COWS > 8 to a maximum of 32 mg on Day 1
THEN continue, titrate, or taper buprenorphine by 2–4 mg per day as needed

4. Home start (client-led induction): For clients that are not in the timeframe from last opioid use for standard induction and MRP is not available, COWS < 12 , or client declines microdosing

(refer to http://www.metaphi.ca/wp-content/uploads/ED_OUD_RxHome.pdf and

http://www.metaphi.ca/wp-content/uploads/ED_OUD_HomeStartInfo.pdf for protocol and client instructions)

Note: Switch to standard induction once MRP is available.

METHADONE

- Methadone 30 mg PO once daily x 3 days
THEN methadone 40–45 mg PO once daily x 3 days
- Methadone 20 mg PO once daily x 3 days if at high risk of toxicity
THEN methadone 30–35 mg PO once daily x 3 days
- Methadone 10 mg PO once daily x 5 days if unknown tolerance or recent abstinence from opioids
THEN methadone 15 mg PO once daily x 5 days

Note: Symptomatic management of ongoing withdrawal should be offered during methadone titration. This can include the addition of SROM for clients with known high opioid tolerance and/or daily fentanyl use.

SLOW-RELEASE ORAL MORPHINE (SROM)

- SROM 60–120 mg PO once daily x 2 days (open capsules and sprinkle beads onto yogurt or applesauce for witnessed ingestion)
THEN titrate dose by 30–60 mg every 48h as needed, with consideration of opioid tolerance

Note: Average daily dose of 200–800 mg PO once daily, maximum recommended dose 1200 mg PO once daily

MEDICAL COMPLICATIONS

- Contact MRP (or transfer to ED if MRP is not available) for any of the following:
 - Tachycardia (HR > 120bpm)
 - Hypertension (elevation of systolic or diastolic BP 20–30 mmHG above baseline)
 - Repeated vomiting or profuse sweating
 - Seizures, confusion, hallucinations, delusions, or agitation

SYMPTOMATIC MANAGEMENT

- Acetaminophen 1000 mg PO q6h PRN for pain, maximum 4 g in 24h
- Ibuprofen 400 mg PO q6h PRN for pain, maximum 3.2 g in 24h
- Dimenhydrinate 25–50 mg PO/IM q4h PRN, maximum 200 mg in 24h
- Ondansetron 4–8 mg PO/IM q4–6h PRN for nausea, maximum 32 mg in 24h
- Clonidine 0.1–0.3 mg q6–8h PO PRN for sweats/goosebumps/restlessness, maximum 1.2 mg in 24h
- Loperamide 4 mg PO, followed by 2 mg after each loose stool, maximum 16 mg in 24h

DISCHARGE ORDERS

- Confirm follow-up plans, including outpatient referral
- Ensure client has a prescription with daily observed dosing lasting at least until their confirmed follow-up
- Provide naloxone kit (document on naloxone dispensing record)
- Fax client summary to the appropriate clinic(s) and community providers

Name

Signature

Prescriber

Date

Time

MENTAL HEALTH AND WELL-BEING ASSESSMENTS

The following standardized scales are intended to support clients and clinicians in determining a care plan that addresses the client's unique care needs. Scales should be administered at the clinician's discretion.

Adult ADHD Self-Report Scale (ASRS-v1.1)

Columbia-Suicide Severity Rating Scale (C-SSRS)

GAIN Short Screener (GAIN-SS)

General Anxiety Disorder Scale (GAD-7)

Mood Disorder Questionnaire (MDQ)

Patient Health Questionnaire (PHQ-9)

PTSD Checklist for DSM-5 (PCL-5)

Quality of Life Scale (QoLS)

ADULT ADHD SELF REPORT SCALE (ASRS-V1.1)

Name: _____ Date Completed: _____

<p>Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during your appointment.</p>	Never	Rarely	Sometimes	Often	Very Often
PART A					
How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
How often do you have difficulty getting things in order when you have to do a task that requires organization?					
How often do you have problems remembering appointments or obligations?					
When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
How often do you feel overly active and compelled to do things, like you were driven by a motor?					
PART B					
How often do you make careless mistakes when you have to work on a boring or difficult project?					
How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?					
How often do you misplace or have difficulty finding things at home or at work?					
How often are you distracted by activity or noise around you?					
How often do you leave your seat in meetings or in other situations in which you are expected to stay seated?					

ADULT ADHD SELF REPORT SCALE (ASRS-V1.1) cont.

Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during your appointment.	Never	Rarely	Sometimes	Often	Very Often
PART B					
How often do you feel restless or fidgety?					
How often do you have difficulty unwinding and relaxing when you have time to yourself?					
How often do you find yourself talking too much when you are in social situations?					
When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish it themselves?					
How often do you have difficulty waiting your turn in situations when turn taking is required?					
How often do you interrupt others when they are busy?					

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

SUICIDAL IDEATION	
<p><i>Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.</i></p>	SINCE LAST VISIT
<p>1. Wish to be Dead</p> <p>Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.</p> <p><i>Have you thought about being dead or what it would be like to be dead?</i></p> <p><i>Have you wished you were dead or wished you could go to sleep and never wake up?</i></p> <p><i>Do you wish you weren't alive anymore?</i></p> <p>If yes, describe:</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>2. Non-Specific Active Suicidal Thoughts</p> <p>General, non-specific thoughts of wanting to end one's life/commit suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.</p> <p><i>Have you thought about doing something to make yourself not alive anymore?</i></p> <p><i>Have you had any thoughts about killing yourself?</i></p> <p>If yes, describe:</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act</p> <p>Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it."</p> <p><i>Have you thought about how you would do that or how you would make yourself not alive anymore (kill yourself)? What did you think about?</i></p> <p>If yes, describe:</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan</p> <p>Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them."</p> <p><i>When you thought about making yourself not alive anymore (or killing yourself), did you think that this was something you might actually do?</i></p> <p><i>This is different from (as opposed to) having the thoughts but knowing you wouldn't do anything about it.</i></p> <p>If yes, describe:</p>	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/></p>

SUICIDAL IDEATION (cont.)					
<p>Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.</p>	SINCE LAST VISIT				
<p>5. Active Suicidal Ideation with Specific Plan and Intent</p> <p>Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out.</p> <p><i>Have you decided how or when you would make yourself not alive anymore/kill yourself? Have you planned out (worked out the details of) how you would do it?</i></p> <p><i>What was your plan?</i></p> <p><i>When you made this plan (or worked out these details), was any part of you thinking about actually doing it?</i></p> <p>If yes, describe:</p>	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;">YES</td> <td style="padding: 0 10px;">NO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
INTENSITY OF IDEATION					
<p>The following feature should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe).</p> <p>Most Severe Ideation: _____</p> <p style="text-align: center; margin-left: 100px;"><i>Type # (1-5)</i></p> <p style="text-align: center; margin-left: 250px;"><i>Description of Ideation</i></p>	MOST SEVERE				
<p>Frequency</p> <p><i>How many times have you had these thoughts? Write response</i> _____</p> <p>(1) Only one time (2) A few times (3) A lot (4) All the time (0) Don't know/Not applicable</p>	—				

SUICIDAL BEHAVIOR <i>(Check all that apply, so long as these are separate events; must ask about all types)</i>	SINCE LAST VISIT
<p>Actual Attempt: A potentially self-injurious act committed with at least some wish to die, <i>as a result of act</i>. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is any intent/desire to die associated with the act, then it can be considered an actual suicide attempt. There does not have to be any injury or harm, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt.</p> <p>Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred.</p> <p><i>Did you <u>do anything</u> to try to kill yourself or make yourself not alive anymore? What did you do?</i></p> <p><i>Did you hurt yourself on purpose? Why did you do that?</i></p> <p><i>Did you _____ as a way to end your life?</i></p> <p><i>Did you want to die (even a little) when you _____?</i></p> <p><i>Were you trying to make yourself not alive anymore when you _____?</i></p> <p><i>Or did you think it was possible you could have died from _____?</i></p> <p><i>Or did you do it purely for other reasons, <u>not at all</u> to end your life or kill yourself (like to make yourself feel better, or get something else to happen)?</i> (Self-Injurious Behavior without suicidal intent)</p> <p>If yes, describe:</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p> <p>TOTAL # OF ATTEMPTS _____</p>
<p>Has subject engaged in Non-Suicidal Self-Injurious Behavior?</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
<p>Has subject engaged in Self-Injurious Behavior, intent unknown?</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
<p>Interrupted Attempt: When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (if not for that, actual attempt would have occurred).</p> <p>Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt.</p> <p>Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge.</p> <p>Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so.</p> <p><i>Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but someone or something stopped you before you actually did anything? What did you do?</i></p> <p>If yes, describe:</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p> <p>TOTAL # OF INTERRUPTED _____</p>

SUICIDAL BEHAVIOR (cont.) <i>(Check all that apply, so long as these are separate events; must ask about all types)</i>	SINCE LAST VISIT
<p>Aborted Attempt or Self-Interrupted Attempt: When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior.</p> <p>Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.</p> <p><i>Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but you changed your mind (stopped yourself) before you actually did anything? What did you do?</i></p> <p>If yes, describe:</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p> <p>TOTAL # OF ABORTED OR SELF-INTERRUPTED</p> <p>_____</p>
<p>Preparatory Acts or Behavior: Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note).</p> <p><i>Have you done anything to get ready to make yourself not alive anymore (to end your life or kill yourself)- like giving things away, writing a goodbye note, getting things you need to kill yourself?</i></p> <p>If yes, describe:</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p> <p>TOTAL # OF PREPARATORY ACT</p> <p>_____</p>
<p>Suicide: Death by suicide occurred since last assessment.</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
<p>MOST LETHAL ATTEMPT DATE:</p>	
<p>Actual Lethality/Medical Damage:</p> <ol style="list-style-type: none"> 0. No physical damage or very minor physical damage (e.g., surface scratches). 1. Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains). 2. Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel). 3. Moderately severe physical damage; medical hospitalization and likely intensive care required (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures). 4. Severe physical damage; medical hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area). 5. Death 	<p>ENTER CODE</p> <p>_____</p>
<p>Potential Lethality: Only Answer if Actual Lethality=0 Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious lethality: put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over).</p> <p>0 = Behavior not likely to result in injury 1 = Behavior likely to result in injury but not likely to cause death 2 = Behavior likely to result in death despite available medical care</p>	<p>ENTER CODE</p> <p>_____</p>

GAIN SHORT SCREENER (GAIN-SS)

What is your name? _____
 (First name) (M.I.) (Last name)

What is today's date? (MM/DD/YYYY) |__|__| / |__|__| / 20 |__|__|

QUESTIONS	Past Month	2 to 3 Months Ago	4 to 12 Months Ago	1+ Years Ago	Never
	4	3	2	1	0
<p>The following questions are about common psychological, behavioral, and personal problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.</p> <p>After each of the following questions, please tell us the last time, if ever, you had the problem by answering whether it was in the past month (4), 2 to 3 months ago (3), 4 to 12 months ago (2), 1 or more years ago (1), or never (0).</p>					
1. When was the last time that you had significant problems with...					
a. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	4	3	2	1	0
b. sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day?.....	4	3	2	1	0
c. feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen?	4	3	2	1	0
d. becoming very distressed and upset when something reminded you of the past?	4	3	2	1	0
e. thinking about ending your life or dying by suicide?	4	3	2	1	0
f. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?	4	3	2	1	0
2. When was the last time that you did the following things two or more times?					
a. Lied or conned to get things you wanted or to avoid having to do something.....	4	3	2	1	0
b. Had a hard time paying attention at school, work, or home.....	4	3	2	1	0
c. Had a hard time listening to instructions at school, work, or home.....	4	3	2	1	0
d. Had a hard time waiting for your turn.....	4	3	2	1	0
e. Were a bully or threatened other people.....	4	3	2	1	0
f. Started physical fights with other people.....	4	3	2	1	0
g. Tried to win back your gambling losses by going back another day.....	4	3	2	1	0
3. When was the last time that...					
a. you used alcohol or other drugs weekly or more often?	4	3	2	1	0
b. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)?	4	3	2	1	0
c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?.....	4	3	2	1	0
d. your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home, or social events?	4	3	2	1	0
e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?	4	3	2	1	0

QUESTIONS (cont.)

After each of the following questions, please tell us the last time, if ever, you had the problem by answering whether it was in the past month **(4)**, 2 to 3 months ago **(3)**, 4 to 12 months ago **(2)**, 1 or more years ago **(1)**, or never **(0)**.

4 3 2 1 0

4. When was the last time that you...

- | | | | | | |
|---|---|---|---|---|---|
| a. had a disagreement in which you pushed, grabbed, or shoved someone? | 4 | 3 | 2 | 1 | 0 |
| b. took something from a store without paying for it? | 4 | 3 | 2 | 1 | 0 |
| c. sold, distributed, or helped to make illegal drugs? | 4 | 3 | 2 | 1 | 0 |
| d. drove a vehicle while under the influence of alcohol or illegal drugs? | 4 | 3 | 2 | 1 | 0 |
| e. purposely damaged or destroyed property that did not belong to you?..... | 4 | 3 | 2 | 1 | 0 |

5. Do you have other **significant** psychological, behavioral, or personal problems that you want treatment for or help with? **(Please describe)**

Yes **No**
1 0

v1. _____

6. What is your gender? (If other, please describe below) 1 - Male 2 - Female 99 - Other

7. How old are you today? |_|_| Age

7a. How many minutes did it take you to complete this survey? |_|_|_| Minutes

Staff Use Only

8. Site ID [XSITE]: _____ Site name v. _____
 9. Staff ID [XSID]: _____ Staff name v. _____
 10. Client ID [XPID]: _____ Comment v. _____
 11. Mode: 1 - Administered by staff _____ 2 - Administered by other _____ 3 - Self-administered _____
 13. Referral: MH _____ SA _____ ANG _____ Other _____ 14. Referral codes: _____
 15. Referral comments: v1. _____

Observation Value [XOBS]: _____ Local Site Name [XSITEa]: _____

Scoring

Screener	Items	Past month (4)	Past 90 days (4, 3)	Past year (4, 3, 2)	Ever (4, 3, 2, 1)
IDScr	1a – 1f				
EDScr	2a – 2g				
SDScr	3a – 3e				
CVScr	4a – 4e				
TDSr	1a – 4e				

GENERALIZED ANXIETY DISORDER (GAD-7) SCALE

Date: _____

Name: _____

DOB: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?

0 = Not at all

1 = Several days

2 = More than half the days

3 = Nearly every day

PROBLEM	0	1	2	3
A. Feeling nervous, anxious, or on edge				
B. Not being able to stop or control worrying				
C. Worrying too much about different things				
D. Trouble relaxing				
E. Being so restless that it is hard to sit still				
F. Becoming easily annoyed or irritable				
G. Feeling afraid as if something awful might happen				

Column totals _____ + _____ + _____ + _____

= Total score: _____

Interpreting scores:

0–4: Minimal anxiety

5–9: Mild anxiety

10–14: Moderate anxiety

15–21: Severe anxiety

MOOD DISORDER QUESTIONNAIRE (MDQ)

Name: _____ Date: _____

Instructions: Check the answer that best applies to you.
Please answer each question as best you can.

	Yes	No
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="radio"/>	<input type="radio"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input type="radio"/>	<input type="radio"/>
...you felt much more self-confident than usual?	<input type="radio"/>	<input type="radio"/>
...you got much less sleep than usual and found you didn't really miss it?	<input type="radio"/>	<input type="radio"/>
...you were much more talkative or spoke faster than usual?	<input type="radio"/>	<input type="radio"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input type="radio"/>	<input type="radio"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="radio"/>	<input type="radio"/>
...you had much more energy than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more active or did many more things than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="radio"/>	<input type="radio"/>
...you were much more interested in sex than usual?	<input type="radio"/>	<input type="radio"/>
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="radio"/>	<input type="radio"/>
...spending money got you or your family in trouble?		
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? Please check 1 response only.		
3. How much of a problem did any of these cause you — like being able to work; having family, money, or legal troubles; getting into arguments or fights? Please check 1 response only. No problem <input type="radio"/> Minor problem <input type="radio"/> Moderate problem <input type="radio"/> Serious problem <input type="radio"/>		
4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	<input type="radio"/>	<input type="radio"/>
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	<input type="radio"/>	<input type="radio"/>

This questionnaire should be used as a starting point. It is not a substitute for a full medical evaluation. Bipolar disorder is a complex illness, and **an accurate, thorough diagnosis can only be made through a personal evaluation by your doctor.**

This instrument is designed for screening purposes only and is not to be used as a diagnostic tool.

How to Use

The questionnaire takes less than 5 minutes to complete. Patients simply check the yes or no boxes in response to the questions. The last question pertains to the patient's level of functional impairment. The physician, nurse, or medical staff assistant then scores the completed questionnaire.

How to Score

Further medical assessment for bipolar disorder is clearly warranted if patient:

- Answers *Yes* to 7 or more of the events in question #1
- AND**
- Answers *Yes* to question #2
- AND**
- Answers *Moderate problem* or *Serious problem* to question #3

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Date: _____

Name: _____

DOB: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?

- 0 = Not at all 2 = More than half the days
 1 = Several days 3 = Nearly every day

PROBLEM	0	1	2	3
A. Little interest or pleasure in doing things				
B. Feeling down, depressed, or hopeless				
C. Trouble falling or staying asleep, or sleeping too much				
D. Feeling tired or having little energy				
E. Poor appetite or overeating				
F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down				
G. Trouble concentrating on things, such as reading the newspaper or watching television				
H. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual				
I. Thoughts that you would be better off dead, or of hurting yourself in some way				

Column totals _____ + _____ + _____ + _____

= Total score: _____

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one)

Not difficult at all Somewhat difficult Very Difficult Extremely Difficult

Interpreting scores:

- 0–4: Minimal depression 5–9: Mild depression 10–14: Moderate depression
 15–21: Moderately severe depression 20–27: Severe depression

PTSD CHECKLIST FOR DSM-5 (PCL-5)

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

Your worst event: _____

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4

PTSD CHECKLIST FOR DSM-5 (PCL-5) cont.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

QUALITY OF LIFE SCALE (QoLS)

Please read each item and circle the number that best describes how satisfied you are at this time. Please answer each item even if you do not currently participate in an activity or have a relationship. You can be satisfied or dissatisfied with not doing the activity or having the relationship.

- 7 = Delighted
- 6 = Pleased
- 5 = Mostly satisfied
- 4 = Mixed
- 3 = Mostly dissatisfied
- 2 = Unhappy
- 1 = Terrible

1. Material comforts home, food, conveniences, financial security	7	6	5	4	3	2	1
2. Health (being physically fit and vigorous)	7	6	5	4	3	2	1
3. Relationships with parents, siblings, and other relatives (communicating, visiting, helping)	7	6	5	4	3	2	1
4. Having and rearing children	7	6	5	4	3	2	1
5. Close relationships with spouse or significant other	7	6	5	4	3	2	1
6. Close friends	7	6	5	4	3	2	1
7. Helping and encouraging others, volunteering, giving advice	7	6	5	4	3	2	1
8. Participating in organizations and public affairs	7	6	5	4	3	2	1
9. Learning (attending school, improving understanding, getting additional knowledge)	7	6	5	4	3	2	1
10. Understanding yourself (knowing your assets and limitations, knowing what life is about)	7	6	5	4	3	2	1
11. Work (job or in home)	7	6	5	4	3	2	1
12. Expressing yourself creatively	7	6	5	4	3	2	1
13. Socializing (meeting other people, doing things, parties, etc.)	7	6	5	4	3	2	1
14. Reading, listening to music, or observing entertainment	7	6	5	4	3	2	1
15. Participating in active recreation	7	6	5	4	3	2	1
16. Independence, doing for yourself	7	6	5	4	3	2	1

The instrument is scored by summing the items to make a total score.

Total score: _____

CLIENT AND PUBLIC SAFETY

Form 1 Application by Physician For Psychiatric Assessment

A **Form 1** is an application by a physician for a person to undergo a psychiatric assessment to determine whether that person needs to be admitted for further care in a psychiatric facility, as an involuntary or voluntary patient, or if they should be discharged.

Guidance on how to assess the need for and complete a Form 1 is available, along with [FAQs](#).

Mandatory Reporting

Children's Aid Societies: **Every person** who has reasonable grounds to suspect that a child is or may be in need of protection must promptly report the suspicion and the information upon which it is based to a Children's Aid Society. This includes persons who perform professional or official duties with respect to children, such as health care workers, teachers, operators or employees of child care programs or centres, police, and lawyers. In 2018, the age of protection was raised to include youth up to 18 years old.

Ministry of Transportation Ontario: Mandatory reporting requirements for high-risk medical conditions, vision conditions, and functional impairments that make it dangerous for a person to drive apply to both **physicians and nurse practitioners**.

Nurses: Accountability to Report: Nurses are accountable for reporting to the appropriate authority any team member or colleague whose actions or behaviours toward clients are abusive in any manner. Abuse may be physical, verbal, emotional, financial, sexual, or take the form of neglect. Depending on the nature of the abuse, examples of an appropriate authority you can report to include the College of Nurses of Ontario, another health regulatory body, or your employer. At times, nurses will learn information which, if not revealed or reported, will result in serious harm to the client. Some legislation requires that nurses reveal confidential information to others. This duty supersedes other accountabilities regarding client confidentiality.

Physicians: Mandatory and Permissive Reporting: Physicians have a legal and professional obligation to maintain the confidentiality of patient information. There are circumstances, however, where physicians are either required (e.g., child abuse or neglect, impaired driving ability) or permitted to report particular events or clinical conditions to the appropriate government or regulatory agency. For a complete list, see the link above.

Social Workers: Obligation to Report: Social workers are obligated to report concerns to the appropriate bodies in the following situations:

- They believe a child is being harmed and is in need of protection.
- They believe that a client intends to harm another person. They are obligated to inform both the person who may be at risk (if possible) as well as the police.
- They believe that a client intends to harm themselves. They are expected to exercise professional judgment regarding their need to take action consistent with their provincial/territorial legislation, standards of practice, and workplace policies. Social workers may in this instance take action to prevent client self-harm without the informed consent of the client. In deciding whether to break confidentiality, social workers are guided by the imminence of self-harm, the presence of a mental health condition, and prevailing professional standards and practices.
- They believe that an adult client is being abused (depending on jurisdiction).

CLIENT RESOURCES⁵

Handouts

CATIE - Mapping the Body: Choosing a Vein for Safer Injection: Guidance on safer places on the body to inject.

CATIE - Hepatitis C and HIV: What you need to know if you use drugs: Information on HIV and Hepatitis C, treatment, and prevention for people who use drugs.

CATIE - Responding to an Overdose in a Toxic Drug Supply: A client handout that covers the signs of an overdose, the SAVE ME response, and tips for responding to an overdose.

CATIE - Safer Crack Smoking: Harm reduction tips for people who smoke crack.

CATIE - Safer Crystal Meth Smoking: Harm reduction tips for people who smoke crystal meth.

CATIE - Safer Snorting: Harm reduction tips for people who snort drugs.

CATIE - Sharp Shooters: Harm reduction tips for people who inject drugs.

CATIE - Understanding Cirrhosis of the Liver: First Steps for the Newly Diagnosed: This resource will help people newly diagnosed with cirrhosis understand the basics of this serious form of liver damage. It explains the common symptoms of cirrhosis, testing and treatment options, and tools for managing liver health.

CATIE - What you need to Know about Wounds: A handout on wound care and when to seek medical help.

First Nations Health Authority - All Paths Lead to Wellness Conversation-Starter: A detailed image that reflects the wide spectrum of programs and services that are available for people who use substances

First Nations Health Authority - Detox and Withdrawal: Provides recommendations on steps to undergo detoxification from substances and the inherent risks of that journey. For individuals wanting to learn more about detox and withdrawal, a supporting loved one, or a health care worker.

META:PHI - Acute Alcohol Withdrawal: A handout about why and how to get support for acute alcohol withdrawal.

META:PHI - Alcohol and Mood: A handout about the connection between drinking and mood problems.

META:PHI - Chronic Pain and Substance Use: A handout about the relationship between opioid use disorder and chronic pain and how to manage these conditions when they happen together.

META:PHI - Medications for Alcohol Use Disorder: A handout about the medications that are available to help people manage their alcohol use.

META:PHI - Suboxone Treatment: What to Know and Expect: Information for clients interested in starting opioid agonist therapy with sublingual buprenorphine/naloxone.

⁵ For clinician-oriented education and training resources, see [Educational and Mentorship Resources](#).

META:PHI - Sublocade Treatment: What to Know and Expect: Information for clients interested in starting opioid agonist therapy with extended-release buprenorphine.

META:PHI - Thinking About Drinking: Risky Drinking, Alcohol Use Disorder, and What You Can Do: Provides information on the spectrum of alcohol use and what to do when alcohol becomes a problem.

META:PHI - What to Do When Opioid Use Becomes a Problem: Information for individuals with problematic opioid use.

META:PHI - When Someone You Love is Having Trouble With Substances: A handout for the loved ones of people who use substances.

META:PHI - Which Medicine Should I Take for Opioid Use Disorder?: An opioid agonist therapy decision aid tool that gives information about the different medication options for treating opioid use disorder.

Vancouver Coastal Health - Methadone/Methadose Maintenance: Information for clients interested in starting opioid agonist therapy with methadone.

Support Groups

Alcoholics Anonymous: AA is a mutual/self-help group of people who come together to share their experiences in order to stop drinking. There are many types of AA groups, and virtual as well as in-person meetings.

Narcotics Anonymous: NA is based on mutual support with a focus on sharing experiences and using the Twelve Steps to achieve abstinence from substance use.

SMART Recovery: SMART Recovery is a facilitated group program for people to learn how to manage substance use disorder using a variety of tools and techniques including rational emotive behaviour therapy (REBT) and cognitive behavioural therapy (CBT). SMART Recovery also includes a support program for families and friends.

Women for Sobriety: WFS is the first peer-support program tailored specifically for women overcoming SUDs. With both regional and online meetings, the New Life Program provides supportive, empowering, secular, and life-affirming principles that address the unique needs and challenges of women in recovery.

Applications

Ontario Shores list of applications to support substance use recovery: These apps support clients trying to make changes to their substance use.

Brave Overdose Prevention for People who Use Drugs: A smartphone application that connects people using drugs alone with remote supervision and anonymous overdose support.

National Overdose Response Service: A phone-based overdose prevention hotline.

Cultural Supports

Aboriginal Health Access Centres: Aboriginal Health Access Centres (AHACs) are Aboriginal community-led primary health care organizations. They provide a combination of traditional healing, primary care, cultural programs, health promotion programs, community development initiatives, and social support services to First Nations, Métis, and Inuit communities. There are currently ten AHACs in Ontario, providing services both on and off-reserve in urban, rural, and northern locations.

Across Boundaries: Across Boundaries provides equitable, inclusive, and holistic mental health and addiction services for racialized people across the Greater Toronto Area.

CAFCAN: CAFCAN is a culturally responsive community-based social service organization committed to supporting people who self-identify as Caribbean African Canadian, to meet their mental health and other social service needs.

Métis Nation of Ontario: The Métis Nation of Ontario is the government of Métis people and communities in Ontario.

Ontario Federation of Indigenous Friendship Centres: The Friendship Centre vision is to improve the quality of life for Indigenous people living in an urban environment by supporting self-determined activities which encourage equal access to and participation in Canadian society and which respect Indigenous cultural distinctiveness.

Youth Resources

LGBT Youthline: LGBT YouthLine is a youth-led organization that offers peer support to 2SLGBTQ+ youth across Ontario. This peer support service is available Sunday to Friday through phone, text, and chat.

Youth Wellness Hubs Ontario: There are 27 YWHO Hub Networks across Ontario that provide high-quality integrated youth services to support the well-being of young people aged 12–25, including mental health and substance use supports, primary health care, community and social supports, and more.

Family Resources

Families for Addiction Recovery (FAR) Canada: FAR Canada is a national charity founded by parents of children who have struggled with addiction from their teens. FAR's goal is long-term recovery for those with addiction and their families. FAR offers parent-to-parent support for families struggling with addiction and is a voice for families to influence government policy. FAR educates community groups, health care providers, and law enforcement about addiction, health laws, and drug policies.

Moms Stop the Harm: MSTH is a network of Canadian families impacted by substance use-related harms and deaths. MSTH advocates for the change of failed drug policies, provides peer support to grieving families, and assists those with loved ones who use or have used substances.