

OBAT Nursing Follow-Up Note Template

Visit type:

- Scheduled
- Call back
- Walk-in
- Random call back

Reason for visit: _____

Medication for Addiction Treatment:

- Transmucosal buprenorphine/naloxone
- Transmucosal buprenorphine
- Injectable buprenorphine
- Oral naltrexone
- Injectable naltrexone
- Other: _____

Current dose of transmucosal buprenorphine product:

- 1 = 2 mg
- 4 = 8 mg
- 7 = 16 mg
- 10 = 28 mg
- 2 = 4 mg
- 5 = 10 mg
- 8 = 20 mg
- 11 = 32 mg
- 3 = 6 mg
- 6 = 12 mg
- 9 = 24 mg
- 12 = Other _____

Current dose of injectable buprenorphine:

- Sublocade®: 100 mg 300 mg
- Brixadi®: 8 mg 16 mg 24 mg 32 mg
- 64 mg 96 mg 128 mg

Current dose of naltrexone:

- 25 mg (oral)
- 50 mg (oral)
- 380 mg (injectable)

Is patient taking medication for addiction treatment as directed (dose, administration, etc.)?

- 1 = Yes
- 2 = No

The patient's dose is:

- Stable
- Titrating up
- Tapering down

Is patient experiencing any of the following?

- Cravings
- Withdrawal symptoms
- Side effects
- Other: _____
- Patient denies cravings/withdrawal symptoms

Comments: _____

Has patient used any substances? (Check all that apply)

- Fentanyl
- Heroin
- Oxycodone
- Morphine
- Illicit buprenorphine
- Other opioid
- Cocaine
- Alcohol
- Barbiturate
- Benzodiazepines
- Amphetamines
- Methamphetamines
- Cannabinoid
- Nicotine/Tobacco
- Patient endorses no substance use
- Other: _____

Route of substance use:

- Oral
- Smoke/inhalation
- Intranasal
- Intrarectal
- Injection
- Other: _____

Does patient have access to nasal naloxone?

- 1 = Yes 2 = No

If no access to naloxone:

- Patient was provided with a prescription for nasal naloxone today
- Patient was dispensed a nasal naloxone rescue kit at time of clinic visit
- Patient was provided with information about how to access naloxone
- Patient declined naloxone at time of encounter
- Comment: _____

Is patient engaged in counseling or psychotherapy? 1 = Yes 2 = No

Details of psychotherapy (e.g., 1:1 counseling or group, psychiatry, name of provider, location, frequency of visits, etc.):

Is there a release of information on file to collaborate? 1 = Yes 2 = No

Is patient engaged in peer support services? 1 = Yes 2 = No
Details of peer support:

Is the patient currently engaged with any of the following agencies?

- Department of Children and Families
- Criminal-Legal System
- Vocational Training
- School
- Other/Comment: _____

Is there a release of information on file to collaborate? 1 = Yes 2 = No

Details of release of information: _____

Where is the patient currently staying?

- Own house or apartment
- House or apartment belonging to a friend or family member
- Residential treatment program
- Shelter
- Street
- Sober House
- Other/Comment: _____

Sexually active: 1 = Yes 2 = No

Gender identity of sexual partner(s):

- Man
- Woman
- Non-binary
- Gender nonconforming
- Genderfluid
- Intersex
- Other/Comment: _____

Does sexual partner identify as transgender: 1 = Yes 2 = No

Contraception? (check all that apply)

- Male condoms
- Oral contraceptives
- Injection (e.g., Depo-Provera)
- Hormonal implant
- Intrauterine device/contraception (IUD or IUC)

- Vaginal ring
- Patch
- Rhythm/fertility awareness methods/withdrawal
- Female barrier method (e.g., diaphragm, female condom)
- Permanent medical reason (e.g., menopause, bilateral tubal ligation, hysterectomy)
- Abstinence
- None
- Trying to conceive
- Other/Comment: _____

For patients with uterine reproductive capabilities: LMP: _____

If menses was more than one month ago, would you like a pregnancy test today?

- 1 = Yes 2 = No

If positive result:

- Patient desires prenatal care: offered prenatal vitamins and facilitated warm hand-off to Obstetrics and Gynecology team to begin prenatal care
- Patient does not wish to continue pregnancy: connected to appropriate Obstetrics and Gynecology team
- Patient unsure: offered prenatal vitamins and connected to appropriate Obstetrics and Gynecology team
- Comment: _____

Are there any medical concerns today? 1 = Yes 2 = No

If yes, details: _____

PCP Name: _____

OBAT Provider Name: _____

Was the last OBAT provider visit within 4 months? 1 = Yes 2 = No

When were the patient's last labs drawn? _____

Toxicology Screen collected? 1 = Yes 2 = No

Was recovery support and education provided today? 1 = Yes 2 = No

Was a form of injectable medication administered during the visit?

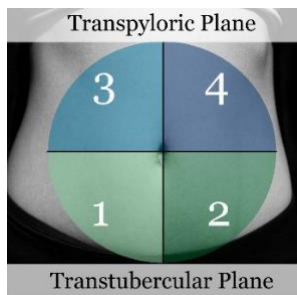
- No
- Yes: Injectable naltrexone
- Yes: Injectable buprenorphine

Other/Comment: _____

Dose of injectable medication administered today: _____

Injection location:

- Right upper quadrant of gluteal muscle
- Left upper quadrant of gluteal muscle
- Transpyloric plane 1
- Transpyloric plane 2
- Transpyloric plane 3
- Transpyloric plane 4
- Other/Comment: _____



Lot: _____

Expiration: _____

Appearance of most recent injection site: _____

Prescription Drug Monitoring Program checked? 1 = Yes 2 = No

Refill sent? 1 = Yes 2 = No

Visit summary and Plan:
