

EHR Note Templates

This guide contains examples of notes to document a patient's clinical progression during their hospital stay. All notes and documentation should aim to [eliminate stigmatizing language and reinforce the idea of patient-defined recovery goals](#).

More information on hospital-based treatment of OUD can be found in the [SHOUT Texas Toolkit](#) and at [SHOUTx.org](#).

General Guidance:

SHOUT Texas is not responsible for ensuring the content of any examples meet standards of best practice for your institution or practice setting. These examples may be used for a starting point to create a note within your institution, system, and/or EHR.

The below notes are formatted for use in Epic in the APSO (Assessment, Plan, Subjective, Objective) format. If your institution is using an alternative EMR, the same template can be adapted to your local EMR.

For patients in distress or withdrawal, the comprehensive assessment as outlined below is not necessary during the first hospital days. Depending on your patient's situation, please consider a briefer assessment during early visits and follow up to complete a comprehensive assessment.

First Encounter EPIC SMARTPHRASE/Dot Phrase

The following clinical information related to substance use is CONFIDENTIAL and protected by Federal Law. ACCESS TO THIS INFORMATION IS ON A NEED-TO-KNOW BASIS ONLY AND IS PROVIDED FOR THE PURPOSE OF ASSURING APPROPRIATE MEDICAL CARE. Federal regulations (42 CFR, Part 2) prohibit the release of this information without specific written consent of the patient. A general authorization for the release of medical information is NOT sufficient for the purpose of releasing the following information.

BASIC INFORMATION:

Author: @ME@
 @ATTENDINGNAMENUMBER@
 Name: @NAME@
 MRN: ***
 FIN: ***
 AGE: @AGE@
 Sex: @SEX@
 DOB: @DOB@

Date of Admission: @ADMITDTY@
 Hospital Day: @LOS@
 CSN: @CSN@
 Reason for admission: @ADMITDX@
 Associated Diagnoses: ***

ADDITIONAL INFORMATION:

Source of history: ***
 Present at bedside: ***
 History limitation: ***
 Confirmed phone number: @PHONE@
 Primary care provider: @PCP@
 Primary behavioral health provider:
 Insurance: ***

MORE INFORMATION, RESOURCES, AND EDUCATIONAL OPPORTUNITIES AT: [SHOUTx.org](#)

SHOUT Texas Inpatient EHR Note Templates | August 2024

IMPRESSION:

@NAME@ is a @AGE@ @SEX@ with PMH of *** who presents with ***

Diagnosis:

Use Disorder/#### Dependence

####

####

Goal for treatment is ***

Motivated by ***

Assessment: ***

RECOMMENDATIONS:

Inpatient Recommendations:

_***

If initiating methadone and ECG is warranted for Torsades Risk Evaluation and review the

[Methadone Quick Start Guide](#).

- QTc calculation guidance:

- If machine read QTc is <500msec, continue methadone dose
- If machine read QTc is >500msec, take the following steps:
 - Review medication list for any other QT prolonging medications that can be switched for non-prolonging alternatives
 - Review labs, if potassium<4 or magnesium<2, recommend electrolyte replacement
 - Calculate QTc manually using latest EKG and MDcalc tools
 - Utilize Hodges formula for calculation
- If patient has a left bundle branch block OR ventricular pacing, calculate QRS, subtract back to 100ms, take the resulting number and subtract it from the initially calculated QTc (expert opinion from electrophysiology at MGH)
- If patient's QTc is truly >500msec:
 - Consult cardiology for formal assessment of risk with continuing methadone
 - Talk with patient about buprenorphine transition, explain increased risk of Torsades

Outpatient Recommendations:

-Discharge with naloxone and offer overdose response training to loved ones

-Consider the Overdose prevention hotline 1-800-972-0590 or the Brave App

-Safer Substance Use Website: <https://harmreduction.org/issues/safer-drug-use/injection-safety-manual/>

Disposition Recommendations:

-Disposition recommendations:

-Outpatient follow-up:

-Plan to communicate with outside provider:

If so, is ROI signed?

-Consult follow-up plan or Sign-off notification:

CONSULT HISTORY/OBJECTIVE

_***

HPI:

@NAME@ is a @AGE@ @SEX@ with PMH of ***

Signs of *** use disorder in the last 12 months (2-3 = mild, 4-5 = moderate, >6 severe):

1) Recurrent use resulting in failure to fulfill major role obligations: YES/NO

2) Recurrent use in physically hazardous situations: YES/NO

3) Continued use despite recurrent social or interpersonal problems exacerbated by substance:

YES/NO

- 4) Tolerance: YES/NO
 - 5) Withdrawal: YES/NO
 - 6) Taking substance in larger amounts or longer than intended: YES/NO
 - 7) Having a persistent desire or unsuccessful effort to cut down or control use: YES/NO
 - 8) Spending a great deal of time to obtain substance or recover from its effects: YES/NO
 - 9) Giving up important social, occupational, or recreational activities: YES/NO
 - 10) Using the substance despite knowledge of having a persistent physical or psychological problem that has been caused by the substance: YES/NO
 - 11) Craving YES/NO
- TOTAL = ***

Torsades Risk Evaluation (If considering methadone)

If yes to any, consider ECG for QTc calculation and risk stratification:

- Unexplained syncope or personal cardiac hx?: ***
- Family cardiac hx?: ***
- Concurrent QT-prolonging medications or electrolyte disturbance?: ***

OTHER SUBSTANCE USE HISTORY:

Primary substance
Use timeline: ***

Injection practices***
Harm Reduction Strategies: ***
Opioid Overdose in the last year: YES/NO

Past Tobacco or vaping use: YES/NO
Current Tobacco or vaping use: YES/NO
Interested in nicotine replacement? YES/NO
Interested in quitting? YES/NO

Past Etoh use: YES/NO
Current Etoh use: YES/NO

Other notable substance or behavioral use: ***
Family Hx of substance use disorder: YES/NO
Active Substance use in household: YES/NO

Prescription Drug Monitoring checked: YES/NO,
Appropriate? YES/NO

SUBSTANCE USE TREATMENT HISTORY:

History of substance use disorder treatment: Y/N
Where and when?: ***
History of MOUD?: YES/NO
Optimal dose? Reason for discontinuation?

Number of treatment attempts: ***
Most recent attempt?: ***
Trigger for return to use: ***
Longest period of recovery: ***
Trigger for return to use: ***
Supportive factors: ***

ROS:

Withdrawal symptoms currently: YES/NO

Concern for abscess or induration: YES/NO
Concern for STI or s/s of STI: YES/NO
Consents to HIV testing: YES/NO
Hx of Mental Illness or trauma: ***

PMH:

@PMHP@

INPATIENT MEDS:

@CMEDS@
@ALGP@

SOCIAL HX:

Address: @ADDCAP@
Homeless: YES/NO
Employment: ***
Housing: ***
Transportation: ***
Justice System Involvement: ***
Supports: ***
Has *** child(ren) who live with ***

PHYSICAL EXAM:

@VS@
General Appearance: NAD, AAO x 3
HEENT: pupils are ***, sclera anicteric, MMM
Musculoskeletal: MAE
Skin: no jaundice, *** signs of recent injection use, no rashes, no ecchymosis
Psych: linear thoughts, intact judgment, no SI
No tremor
Pulmonary: ***
Cardiology: ***
Abdomen: ***
Neuro: ***
Integumentary: ***
Psychiatric: ***

DATA:

Last Drug Screen: ***
@RESUFAST(ALT,AST,ASTE,GGT,LABGGT,ALKPHOS,BILITOT)@
@RESUFAST(HEPCAB)@
@resufast(HEPBSAB)@
@resufast(HEPBSAG)@
@resufast(HEPBCAB)@

@RESUFAST(HIV1X2)@
@RESUFAST(RPR)@
@EKGRSLT@

SIGNED:

@ME@
@TD@
@NOW@

Follow-Up Encounter EPIC SMARTPHRASE/Dot Phrase

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IMPRESSION:

@NAME@ is a @AGE@ @SEX@ with PMH of *** who presents with ***
 Diagnosis:
 #*** Use Disorder/*** Dependence
 #***
 #***
 Goal for treatment is ***
 Motivated by ***
 Assessment: ***

RECOMMENDATIONS:

Inpatient Recommendations:
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- QTc calculation guidance:
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Outpatient Recommendations:

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Disposition Recommendations:

- Disposition recommendations:
- Outpatient follow-up:
- Plan to communicate with outside provider:
If so, is ROI signed?
- Consult follow-up plan or Sign-off notification

INTERVAL HISTORY:

INPATIENT MEDS:

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@ALGP@

PHYSICAL EXAM:

@VS@
General Appearance: NAD, AAO x 3
HEENT: pupils are ***; sclera anicteric, MMM
Musculoskeletal: MAE
Skin: no jaundice, *** signs of recent injection use, no rashes, no ecchymosis
Psych: linear thoughts, intact judgment, no SI
No tremor
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DATA:

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@RESUFAST(HIV1X2)@
@RESUFAST(RPR)@
@EKGRSLT@

SIGNED:

@ME@
@TD@
@NOW@

Discharge Summary

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DISCHARGE PRESCRIPTIONS:

Buprenorphine: [dosage and formulation]
Naloxone: [brand, dosage, and formulation]
Other SUD Medications: [dosage and formulation]
Prescriber to continue new meds:

ADMINISTRATION INSTRUCTIONS:

OUTPATIENT APPOINTMENTS:

Your first appointment is [day] [xx/xx/xx] at [time] at [location]

*** If continuing at methadone clinic, included in discharge paperwork:

- last dose letter that contains date, time, last dosage, and prescriber contact information at discharge for the patient to provide to their NTP at their next dosing or take home pick up.
- MAR with confirmation of methadone doses
- ECG if performed
- Intake lab testing if performed

If you have any questions call or text [phone number]

OVERDOSE PREVENTION:

- Naloxone can reverse overdoses from opioids. Never use alone and be sure that you and your loved ones know how to administer naloxone to prevent death by overdose.
- Consider the Overdose prevention hotline 1-800-972-0590 or the Brave App
- Safer Substance Use Website: <https://harmreduction.org/issues/safer-drug-use/injection-safety-manual/>

SEEK IMMEDIATE MEDICAL CARE IF:

You have serious thoughts about hurting yourself or others.

You are not feeling well on your current dose of medications, especially if you are experiencing “nodding” or having difficulty breathing.

Case Management Note

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BASIC INFO

Confirm Phone #:
Primary contact information:
Employment:
Support system:
Living situation:
Transportation:
Children:

SOCIAL HX:

Address: @ADDCAP@
Homeless: YES/NO
Employment: ***
Housing: ***
Transportation: ***
Justice System Involvement: ***
Supports: ***
Has *** child(ren) who live with ***

HISTORY OF PRESENT ILLNESS:

Goal for treatment:
Plan to reach goal:
Patient's level of confidence
 Readiness ruler score:
 Patient's motivators for change:
Acute care complications that will impact goals/plans?:

Patient reports using [xxx] substance [x] days per week. Pt has been using [xxx] at this level for [xxx number of time/years]. Patient [does/does] not endorse cravings, lack of control when using [xxx], or withdrawal symptoms. Patient's goal is to [reduce use/abstain/reduce harm/etc] after discharge.

SUBSTANCE USE TREATMENT AND RECOVERY NAVIGATION:

Resources provided to patient:
Outpatient appointments made:
 Clinic Location:
 Provider Name:
 Appointment Type:
 Date/Time:
 Notes:
Overdose prevention
 Educated on naloxone:
 Provided Never Use Alone line number:

Other resources available to patient:

SUBSTANCE USE HISTORY

Substances used
Age of first use:
How often:
Route of administration:
Last use:
Needle sharing?:
Other harm reduction strategies?:
ETOH use?:
Family Hx of substance use?:

SUD TREATMENT HISTORY

Detox, residential, 12-step:
When and where?:
Supportive factors and barriers:
Reason for discontinuation:
Number of treatment attempts:
Most recent attempt:
Reason for discontinuation:
Trigger for return to use (if applicable):
Patient feedback on treatment experience:
Longest period of recovery
Trigger for return to use:
Supportive factors:
Patient feedback on recovery experience
Behavioral health counseling:
When and where?:
Supportive factors and barriers:
Reason for discontinuation:
Experience with methadone/suboxone or other MOUD:
Patient feedback on MOUD experience:

MENTAL HEALTH HISTORY

Dx:
Psychiatrist (who/how often):
SI/HI attempts:
Psych hospitalizations:

CLINICAL

Confirm PCP details
Last encounter:
Preferred Outpatient Provider for outpatient MOUD or addiction care:
HIV and TB:
Comorbid health conditions or diagnoses: