

Appendix C

GUIDELINES FOR ASSESSING APPROPRIATENESS FOR OFFICE-BASED BUPRENORPHINE TREATMENT*

The following guidelines will help in deciding whether to treat with buprenorphine in the office. They assume the person is opioid dependent.

Scoring Key

- 0-5: Excellent candidate for office based treatment.
- 6-10: Good candidate for office based treatment.
- 11-15: Good candidate, but only with tightly structured program providing supervised dosing and on site counseling.
- 16-20: Candidate for office based treatment by board certified addiction physician in a tightly structured program or hub induction with follow-up by office based provider or methadone clinic referral.
- 21-25: Candidate for methadone program only.

For each answer check *Yes* or *No* and add points for *Yes* and *No* below.

Questions	Points:	Yes	No
Is the person employed?		<input type="checkbox"/>	<input type="checkbox"/> 1
Is the family intact?		<input type="checkbox"/>	<input type="checkbox"/> 1
Does the person have a partner who uses drugs or alcohol?		<input type="checkbox"/> 1	<input type="checkbox"/>
Is the person's housing stable?		<input type="checkbox"/>	<input type="checkbox"/> 1
Does the person have legal issues?		<input type="checkbox"/> 1	<input type="checkbox"/>
Does the person have any convictions for drug dealing?		<input type="checkbox"/> 2	<input type="checkbox"/>
Is the person on probation?		<input type="checkbox"/> 1	<input type="checkbox"/>
Does the person have psychiatric problems, e.g., major depression, bipolar, severe anxiety, PTSD, schizophrenia, personality subtype of antisocial, borderline, or sociopathy?		<input type="checkbox"/> 2	<input type="checkbox"/>
Does the person have a chronic pain syndrome that needs treatment?		<input type="checkbox"/> 2	<input type="checkbox"/>
Does the person have reliable transportation?		<input type="checkbox"/>	<input type="checkbox"/> 1
Does the person have a reliable phone number?		<input type="checkbox"/>	<input type="checkbox"/> 1
Has the person been on medication assisted therapy before?		<input type="checkbox"/>	<input type="checkbox"/> 1
Was the medication assisted therapy successful?		<input type="checkbox"/>	<input type="checkbox"/> 2
Does the person have a problem with alcohol?		<input type="checkbox"/> 2	<input type="checkbox"/>
Does the person have a problem with cocaine?		<input type="checkbox"/> 1	<input type="checkbox"/>
Does the person have a problem with benzodiazepines?		<input type="checkbox"/> 2	<input type="checkbox"/>
Is the person motivated for treatment in the office?		<input type="checkbox"/>	<input type="checkbox"/> 1
Is the person currently going to counseling, AA, or NA?		<input type="checkbox"/>	<input type="checkbox"/> 2
Total points possible: 25	Total each column:		
	Total both columns:		

Provided by John R. Brooklyn, MD, May 21, 2009

Clinical Opiate Withdrawal Scale

For each item, circle the number that best describes the patient's signs or symptoms.
Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increased pulse rate would not add to the score.

Patient's Name: _____ Date and Time / / : _____

Reason for this assessment: _____

Resting Pulse Rate: _____ beats/minute

Measured after patient is sitting or lying for one minute

- 0 pulse rate 80 or below
- 1 pulse rate 81-100
- 2 pulse rate 101-120
- 4 pulse rate greater than 120

Sweating: *Over past 1/2 hour not accounted for by room temperature or patient activity*

- 0 no report of chills or flushing
- 1 subjective report of chills or flushing
- 2 flushed or observable moistness on face
- 3 beads of sweat on brow or face
- 4 sweat streaming off face

Restlessness: *Observation during assessment*

- 0 able to sit still
- 1 reports difficulty sitting still, but is able to do so
- 3 frequent shifting or extraneous movements of legs/arms
- 5 Unable to sit still for more than a few seconds

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 *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored*

- 0 not present
- 1 mild diffuse discomfort
- 2 patient reports severe diffuse aching of joints/ muscles
- 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort

Runny nose or tearing *Not accounted for by cold symptoms 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 1/2 hour*

- 0 no GI symptoms
- 1 stomach cramps
- 2 nausea or loose stool
- 3 vomiting or diarrhea
- 5 Multiple episodes of diarrhea or vomiting

Tremor *Observation of outstretched hands*

- 0 No tremor
- 1 tremor can be felt, but not observed
- 2 slight tremor observable
- 4 gross tremor or muscle twitching

Yawning *Observation 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 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 skin is smooth
- 3 piloerection of skin can be felt or hairs standing up on arms
- 5 prominent piloerection

Total Score _____

The total score is the sum of all 11 items

Initials of person

completing Assessment: _____

Score:

5-12 = *mild*

13-24 = *moderate*

25-36 = *moderately severe*

more than 36 = *severe withdrawal*