

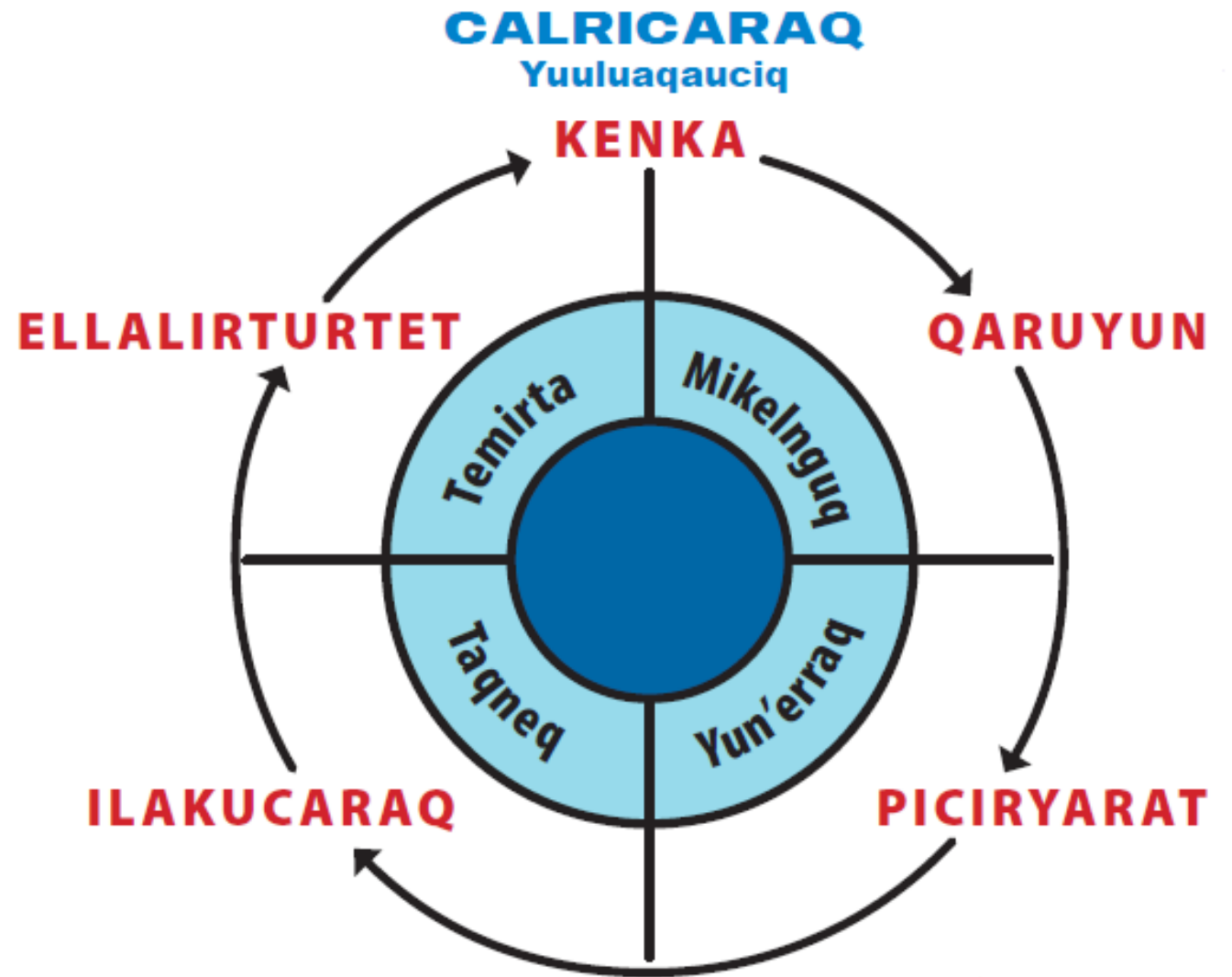
Qaruyun Cultural Care

Traditional Yup'ik Healing

Ida David, Benjamin Agimuk, Rose Domnick



Yukon-Kuskokwim
HEALTH CORPORATION



Calricaraq literally means:
*HOW NOT TO BE ILL; TO BE HEALTHY;
TO BE IMMUNE TO ILLNESS.*

In essence, it is the way in which we achieve a healthy, balanced life-physically, mentally, emotionally and spiritually.

Our cycle of life includes our beliefs, values, teachings, traditions, rituals, ceremonies, our way of life gifted from the creator to ensure that we live a good life



Yukon-Kuskokwim
HEALTH CORPORATION



Calricaraq Goals

- ▶ Healing
- ▶ Change Perspective
- ▶ Restore Identity
- ▶ Utilize identity to maintain balance & Wellness



Process of Healing-Changing Behavior

- ▶ Examine the Past Yuvrirluku Cam Cingilga
- ▶ Process the Past Ulligluku taringluku
- ▶ Heal Kitugiluten, Ayuqucilingluten



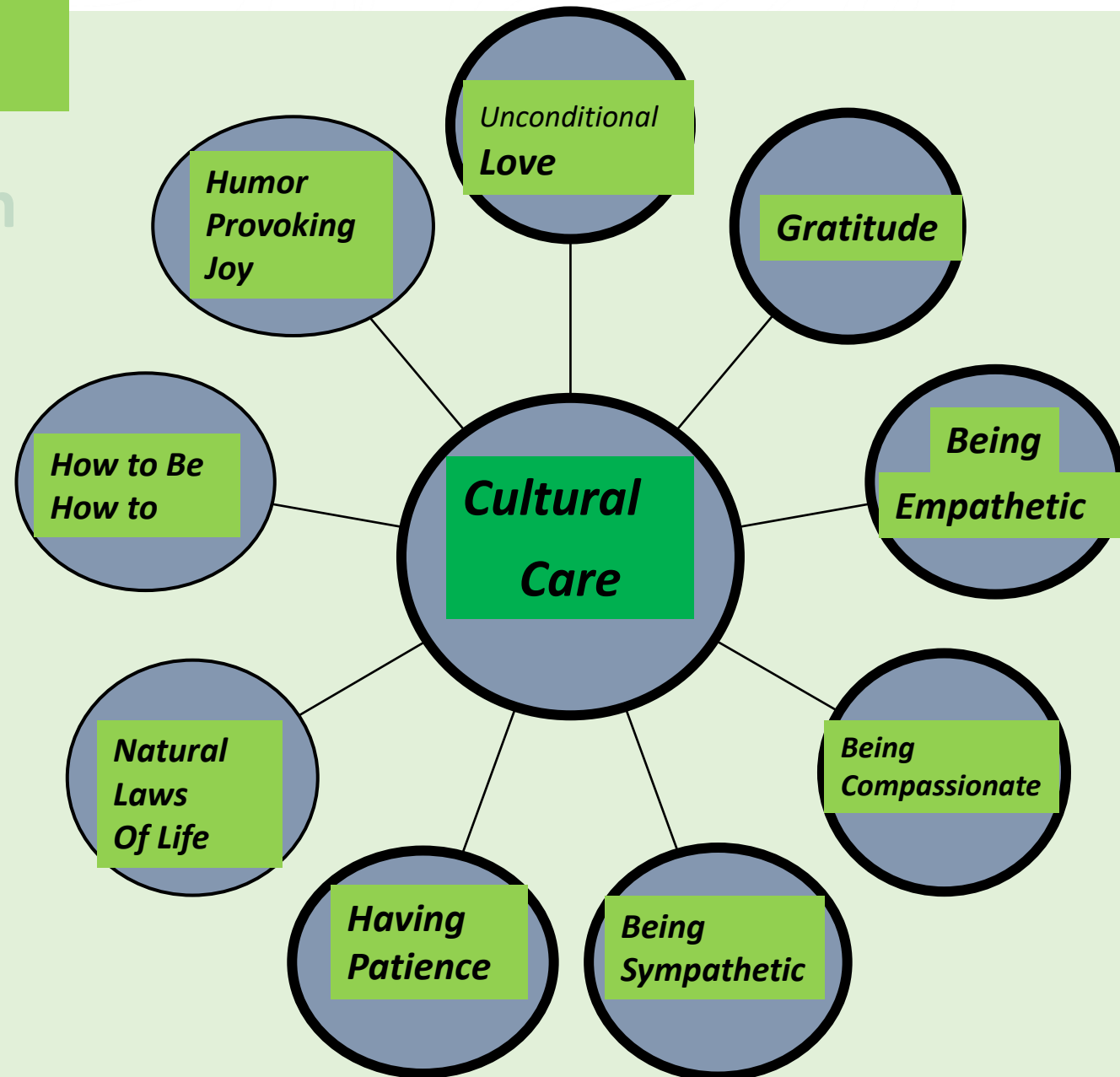
Background

- Qaruyun is the Traditional Yup'ik / Cup'ik Healing by applying Native cultural best practices in behavioral health care.
- Medicine in the form of love, compassion, patience, generosity and kindness coming from those around you, is the most powerful medicine for the heart, spirit and mind.
- A tool



Traditional Yup'ik Healing

Medicine for Holistic Health



Grief

- Describes what we feel
- Identify what the feeling is and what we do after losing someone or something that is very important to us.
- Umyuaput navellrukan, tamatum ayuqucingevkarlaraakut, allauluni ayuqenritlementenek



Normalize the hardship we go through

- The impact of the loss (trauma) affects every individual, you are not alone.
- Every human being is affected negatively, all human beings hurt mentally, emotionally and spiritually. It is a natural human existence.

You are not alone

Feelings we might worry about

Step 2:

Define what it is-LOSSES/Grief- Any sort of pain that results from a loss that wells up from inside us is grief

- Being sad, crying
- Being in a state of shock or not feeling anything
- We might be angry, guilty, feel shame, want to blame
- Physical symptoms: headache, not sleeping, not hungry
- Loneliness or isolation
- Substance Abuse
- Confusion
- Not taking care of ourselves or care about anything
- Thinking to hurt ourselves
- Being destructive
- Afraid that what we are feeling is not normal



Demonstrate by sharing your story as an example.

Anciyaraq : Identifying Grief through Others Sharing Personal Stories

When a person hears others telling stories from their own experiences, he / she begins to understand a little bit of their own hurt. Sharing of such stories in a group setting may bring some indications of the mysterious pain living within us.

When a person suffers pain from any loss, he / she requires something for comfort. Our Yup'ik and Cup'ik ancestors believed in QARUYUN to treat such suffering.



The final step is guidance in *self-care* *for healing*

- Important things that need to be understood is that good self-care such as rest, good nutrition, lots of water, being busy, being around people, getting involved in activities in the community, helping others, taking care of others, being around children are some of our best methods of self-care while in the state of grief.
- Self-care is important. Get plenty of rest each night. Drink lots of water. Always keep your hands busy. Call someone and talk about your thoughts and feelings just to let it out, the other person does not need to give you advice. Cry. Help someone who needs help. It will help renew your energy for activities outdoors.

Elder Quote Qaruyun

- *“Umyuaq navgumalria allamek iinruituq qaruyutmek taugaam.” – Uruvak Nick Pavilla Sr. – Atmautluak*
- *“There is no other medicine except love, compassion and patience; these are keys to healing mental and emotional health.”*
- *“Usuuq, tuani yuarnayullerpeni piniteksaaqunak.” – Peter Jimmie, Kwigillingok Elder, Putuk*
- *“When you find yourself in deep grief and loss from a death in your family, DO NOT FEEL your pain is bigger than anyone else’s pain.”*



Quyana Cakneq



- Contact Information
- *BH Preventative Services*
- **Yukon-Kuskokwim Health Corporation**
- **Behavioral Health**
- PO Box 528, 185 Hoffman
- Bethel, AK 99559
- (p) 907.543.6100 (f) 907.543.4684
- calricaraq@ykhc.org
- www.ykhc.org

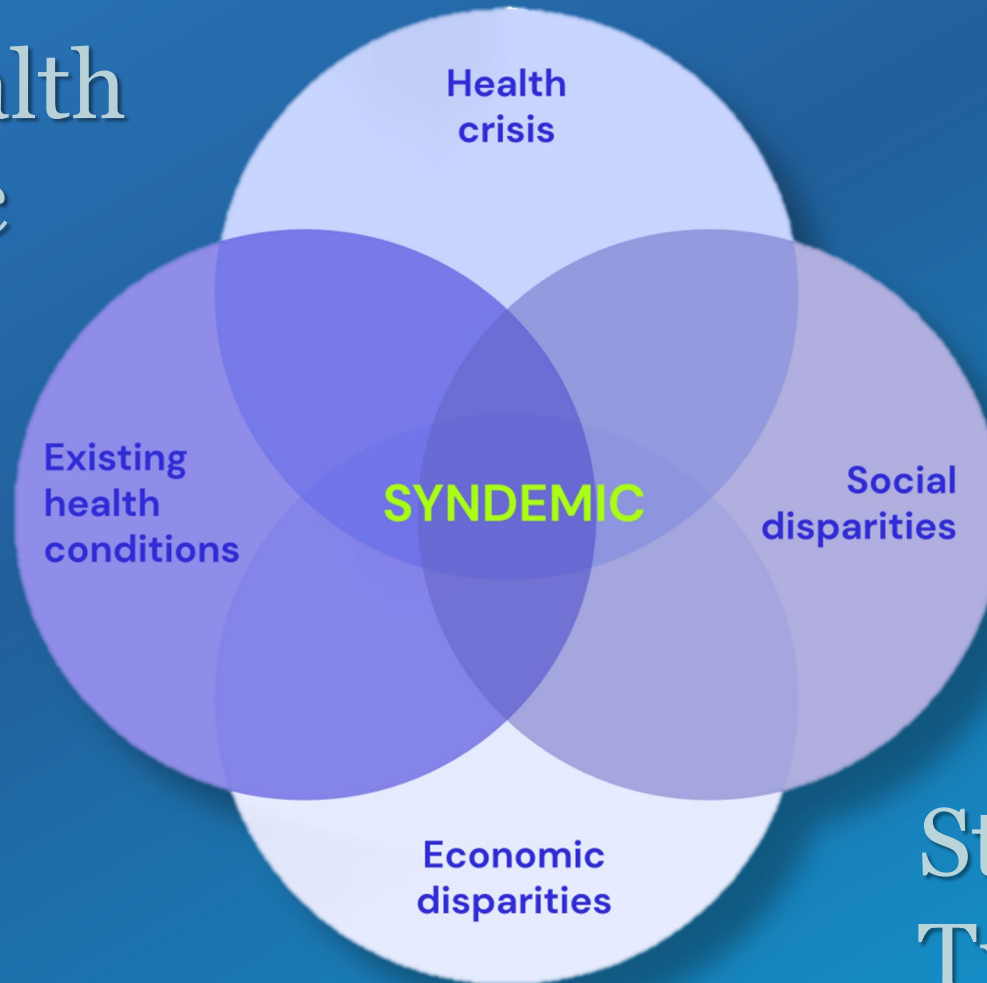


Calricaraq Indigenous Health & Wellbeing Training

When: January 9-10, 2025

- 9am – 4:30pm daily Earn 10.75 CME Hours
- Where: YKHC Blueberry Conference Room
Hospital ER Side
- For registration and training information:
- https://docs.google.com/forms/d/e/1FAIpQLScCB5s1I9xKdGVrmVoT78Xv47rXdRBjscq9dCat02Br0Xyt_g/viewform?usp=sf_link
- For questions, call 907-543-6114 or email calricaraq@ykhc.org

Behavioral Health Wellness Clinic



Strengthening Treatment Connections

Presented by Joseph Forscher, LCMHC, LPC



Board directive to deliver culturally responsive tele-behavioral health services across the state

Advantages of Telebehavioral Health

- Increased Access
 - Geographic Reach
 - Reduced Wait Times
- Enhanced Convenience
 - Time-Saving
 - Flexible Scheduling
 - Comfort and Privacy
- Improved Outcomes
 - Regular Attendance
 - Reduced Stigma



Board directive to deliver culturally responsive tele-behavioral health services across the state

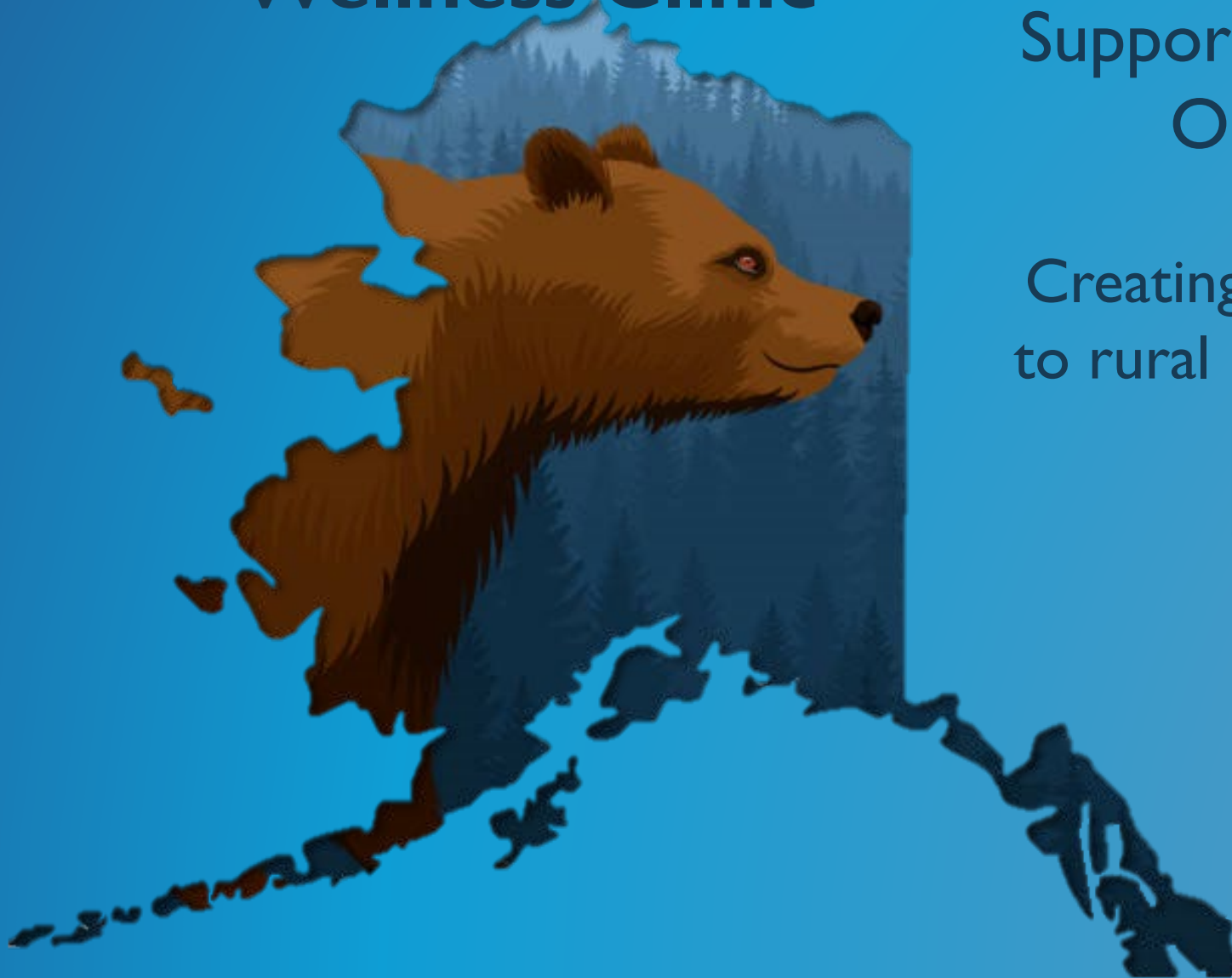
Beneficiaries aged 18 and older with moderate acuity behavioral health issues

Mission

Promoting intergenerational wellness through compassionate and easy-to-connect to behavioral healthcare



Behavioral Health Wellness Clinic



Supporting Tribal Health
Organizations

Creating bridges
to rural locations



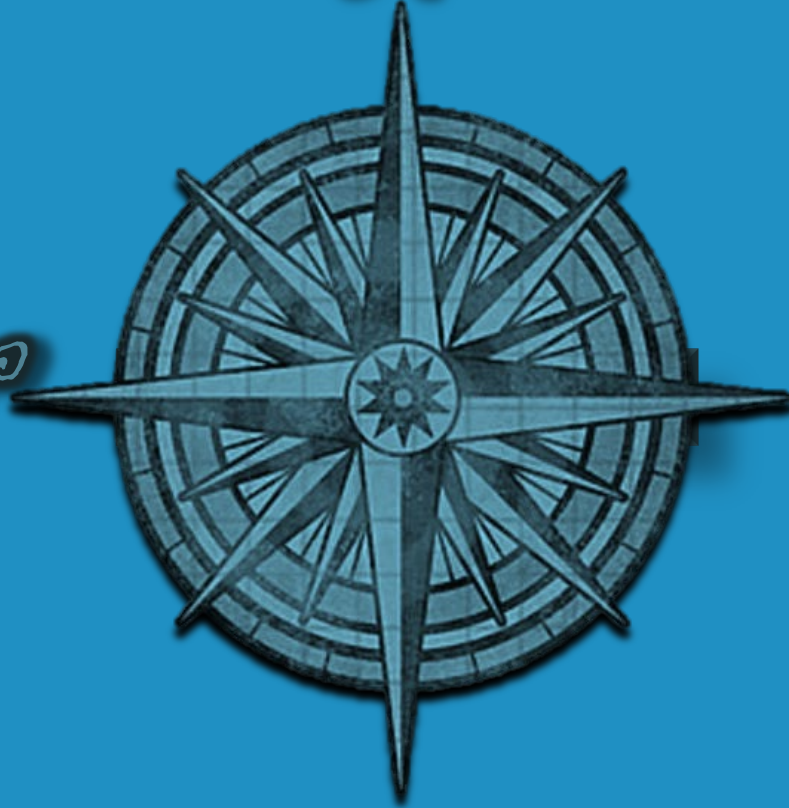
Reducing
bottleneck



Returning
clients to
home services

Culturally Informed

N



Wellness
Approach

W

E

Brief
Therapy

S

Timely Access

Wellness Approach

- Recognizing Mind-Body Connection
- Early Intervention
- Equipping Clients with Empowerment Skills

Culturally Informed

- Culturally Humble Therapists
- Collaboration with Clients
- Incorporating Cultural Elements into Services

Timely Access

- Streamlined Processes
- Telehealth Services
- Reduce Stigma Associated with Seeking Treatment

Brief Therapy

- Strong Therapeutic Alliance
- Sessions are Concise and Focused
- See Clients as Resilient and Capable of Change

Culturally responsive and informed EBPs, data driven decisions

Partnerships with THOs & PCPs built on shared goals and values, and truth and honesty

Reduce wait times, eliminate stigma, proactive, tech support

Intentional

Collaborative

Core Values

Accessible

Welcoming

Compassionate

Warm, well received, "we're glad you called", genuine interest

Person-centered, create the conditions for empowerment





Core
Values

Medication-Assisted Treatment (MAT)



Medications

BH Treatment

Specific systemic models of MAT delivery and support include:

- Hub-and-Spoke
- Collaborative Opioid Prescribing Model
- Opioid Health Home
- Office-Based Opioid Treatment

Opioid Agonist Therapy/Opioid Replacement Therapy

Stabilizes the
Body

Prevents withdrawal symptoms

Reduces cravings

Reduces Risk
of OD

Controlled dosing

Blocks effect of other opioids

Improves Overall
Health

Increases stability

Reduces risk of infectious diseases

Increases Sustained
Recovery

Improves treatment outcomes

Reduces relapse rates



Medication-Assisted Treatment (MAT)

Stressors & Recovery

Stressors

- Emotional Stressors
 - Anxiety and Depression
 - Low Self-Esteem
 - Isolation and Loneliness
 - Trauma
- Psychological Stressors
 - Cravings
 - Withdrawal Symptoms
 - Cognitive Impairment
 - Decision-Making Difficulties

Recovery

- Abstinence Based
- Harm Reduction
- Recovery as a Process



Medication-Assisted Treatment (MAT)



Treatment Outcomes



Improved Mental Health:

- Reduced Anxiety and Depression
- Enhanced Coping Skills
- Improved Self-Esteem

Enhanced Social Functioning:

- Improved Relationships
- Increased Social Skills
- Enhanced Occupational Functioning

Increased Treatment Engagement:

- Improved Attendance
- Increased Participation
- Enhanced Treatment Adherence

```
graph TD; A((Treatment Methods)) --- B((Cognitive Behavioral Therapy)); A --- C((Family Therapy)); A --- D((Motivational Enhancement Therapy)); A --- E((Community Reinforcement Approach)); A --- F((Contingency Management)); A --- G((Peer Services));
```

Cognitive
Behavioral
Therapy

Family
Therapy

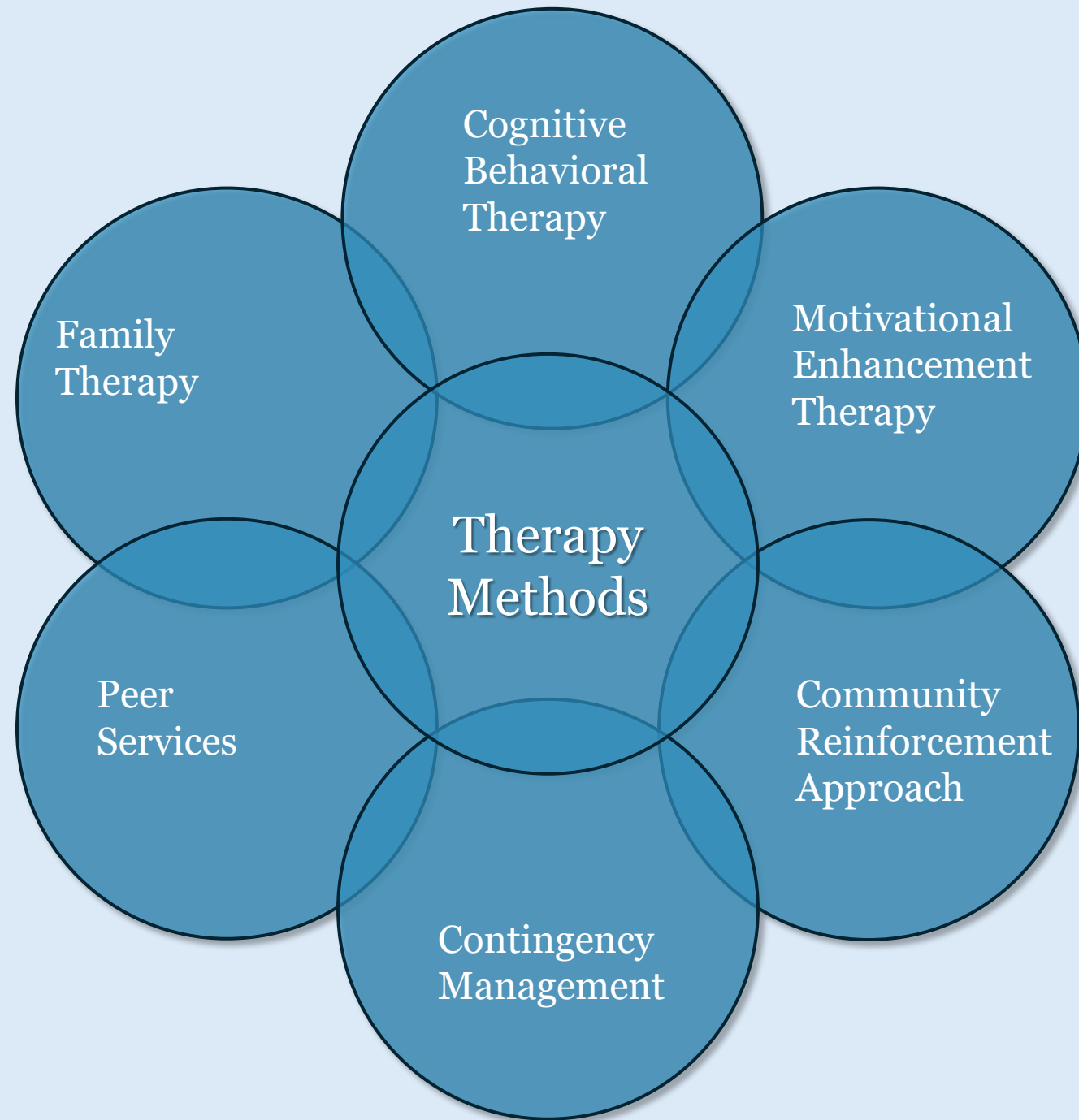
Motivational
Enhancement
Therapy

Treatment
Methods

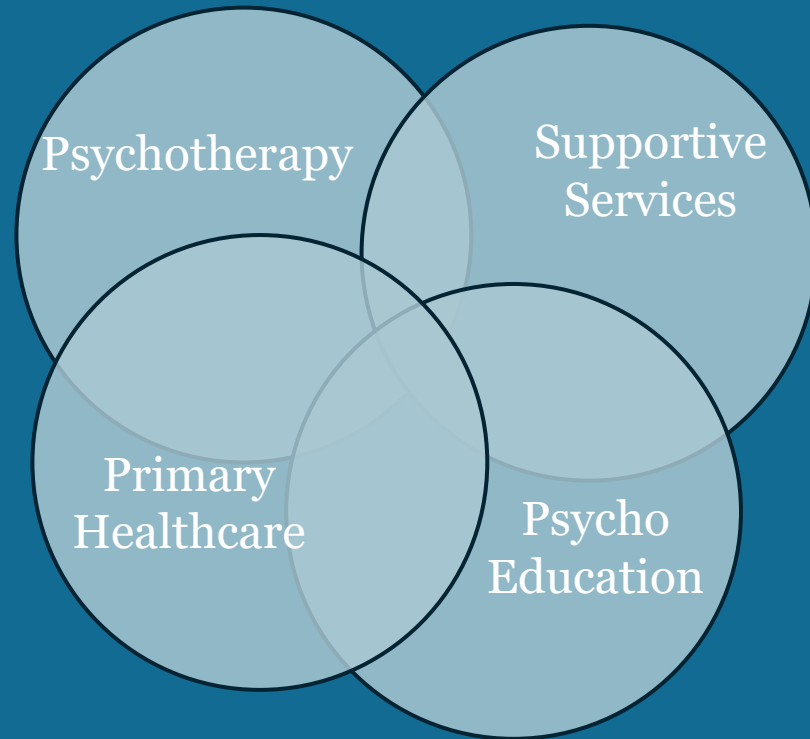
Peer Services

Community
Reinforcement
Approach

Contingency
Management



Treatment Method	Main Focus
<u>Cognitive Behavioral Therapy</u>	<ul style="list-style-type: none"> • Understand how the addiction began • Identify thoughts and behaviors that maintain the addiction • Take Active steps to change patterns
<u>Family Therapy</u>	<ul style="list-style-type: none"> • Strengthen family relationships • Enhance family support • Encourage treatment adherence
<u>Motivational Enhancement Therapy</u>	<ul style="list-style-type: none"> • Enhance self-efficacy • Strengthen problem-solving skills • Learn stress management and emotional regulation skills
<u>Community Reinforcement Approach</u>	<ul style="list-style-type: none"> • Focuses on strengthening positive aspects • Skill building: communication, job-seeking, social • Address environmental factors
<u>Peer Services</u>	<ul style="list-style-type: none"> • Role modeling • Practical support • Social connection
<u>Contingency Management</u>	<ul style="list-style-type: none"> • Positive reinforcement • Clear expectations • Self-management skills



Psychotherapy

Supportive
Services

Primary
Healthcare

Psycho
Education

Culturally

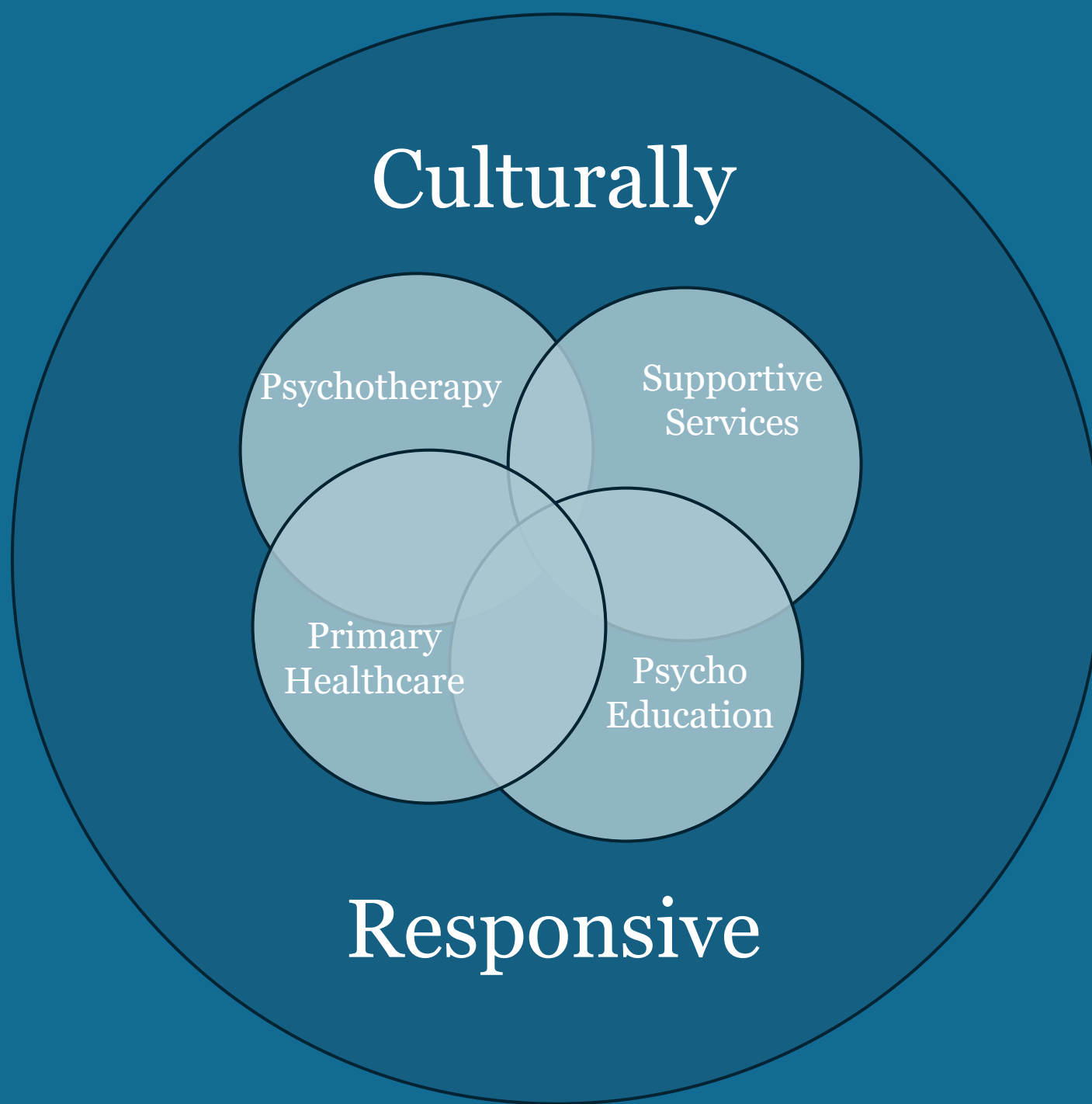
Psychotherapy

Supportive
Services

Primary
Healthcare

Psycho
Education

Responsive



Self Referral

Call (907) 729-2492

or

Complete [online intake](https://www.anthc.org/departments/behavioral-health-wellness-clinic/)

<https://www.anthc.org/departments/behavioral-health-wellness-clinic/>

Provider Referral

Cerner Referral to ANTHC

Behavioral Health Wellness Clinic

or

Fax Referral to (907) 729-3959

YKHC Addiction Medicine

▶ Medication
for Assisted
Treatment
(MAT)

▶ Medications
for Opioid
Use Disorder
(MOUD)

Addiction medicine is a medical subspecialty that focuses on the prevention, evaluation, diagnosis, treatment, and recovery of persons with the **disease** of addiction.



YKHC Addiction Medicine Team

- ▶ Dr Flickinger *Family Medicine*
- ▶ Dr Jeffery *Family Medicine*
- ▶ Dr Roll *Family Medicine*
- ▶ Dr Compton *OBGYN (OB patients)*
- ▶ William “Chet” Ford *FNP*
- ▶ Lisa “Kat” Spann *FNP*
- ▶ Brian Ngawana *Pharmacist*
- ▶ Michael Slayman *LPN Case Manager*
- ▶ Gloria Benson *Behavior Health Clinician*
- ▶ Benjamin Dempsey *Behavior Health Clinician*

YKHC MAT/MOUD Program

- ▶ Established 2016
- ▶ Currently 183 active patients for OUD/ Usually 3-6 OB patients / 20 sublocade inj
- ▶ May 2023 1st Case Manager started at that time 85 active patients
- ▶ Averaging 5.5 new patients a month
- ▶ Pharmacy hands out 300-350 Harm Reduction kits a month
- ▶ 57 Inactive patients
- ▶ 28 Interested patients unable to reach
- ▶ Case Manager does 100% of the scheduling, travel, calling patients, updating the MAT database and other designated jobs as they come up.
- ▶ We typically see an average of 90 patients each month in about 2 ½ - 3 weeks

YKHC MAT/MOUD Program

- ▶ Village trips along with Behavior Health. 3-4 times a year
- ▶ Participation in Behavioral Health is strongly encouraged during Medical visits but not required
- ▶ About 50 % of Patients seen by medical are also seen by Behavioral Health.
- ▶ Behavioral Health holds weekly in-person groups for Bethel patients at The Healing Center (Residential Bethel Treatment facility) and over the phone groups for village patients.
- ▶ Routinely screen for STI, Hepatitis, and HIV and do Preventative Care.
- ▶ Hold Integrated weekly Provider/ BH Team/Pharmacy/Case Manager meetings to discuss patients

MAT/MOUD Program referral

MAT/MOUD team always available for Consult – Here is how to reach us.

- ▶ “Communicate” in Power Chart to Michael Slayman Case Manager
- ▶ Have Patients call Behavioral Health at 907-543-6100 and Schedule a Assessment
- ▶ Call Case Manager at 907-543-6396
- ▶ Tiger Text “Addiction Med Case Manager”
- ▶ Send an email



The screenshot shows an email client interface. On the left, an email composition window is open with the following fields:

- To: Addiction Med Case Manager
- Cc: (empty)
- Subject: (empty)

On the right, a contact list titled "Select Names: Global Address List" is displayed. The search criteria are "Name only" and "Address Book". The search term "add" is entered in the search box. The results table is as follows:

Name	Title	Business Phone	Loc
Addiction Med Case Manager			
Adeline Ekamrak	Office Assistant	907-825-4011	A
Adeline Prince	Admissions Specialist II	43871	S
Adeline Wiseman	CHAP Supervisor Instructor	6485	C
Admin On Call Recipients			

New candidate process

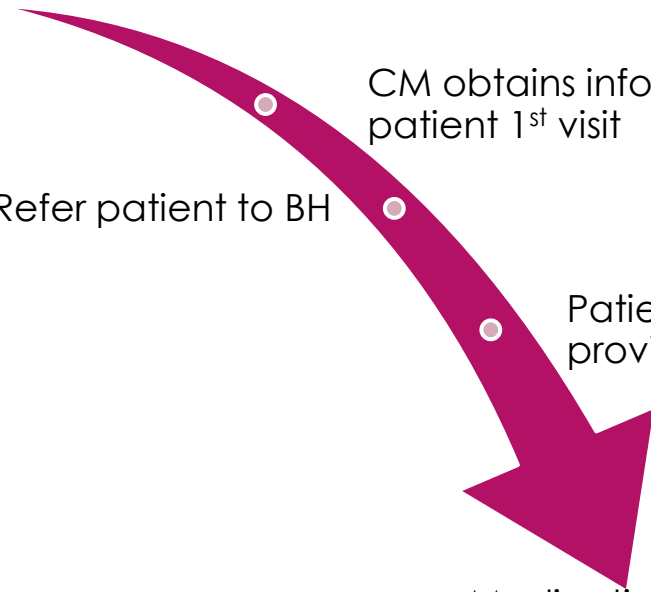
Patient calls CM/ Direct Referral from another department

CM obtains info, scheduled patient 1st visit

Refer patient to BH

Patient sees provider 1st visit

Medication sent to patient



Information Obtained

MOUD/MAT New Patient Screening

History of use:

- Alcohol use:
- Tobacco use:
- Opiate use:
- Gabapentin use:
- Kratom use:
- Fentanyl use:
- "Blues"
- Methamphetamine use:
- Marijuana use:
- Suboxone use:

Depression History:

Contact #:

Behavioral Health assessment:

****gave patient *Behavior Health Contact #:* 907-543-6100**

Crisis #: 907-543-6499 / 844-543-6499

Alaskacareline #: 877-266-HELP (4357)

Medicaid:

Reduction of Harm (ROH) Appointment Date/Time:

|

Rapid Process Improvement Workshop (RPIW)

- ▶ RPIW October 21st-24th 2024
- ▶ Goals are to reduce time it take from the initial contact to seeing the provider. Eliminate stigma associated with the name “MAT” program, Integrated care between Behavior Health, Medical, and *Calricaraq*.
- ▶ As part of the RPIW we decided to change the name of the MAT program to a name in Yupik. (Reduce Stigma associated with MAT)
- ▶ November 18th – 21st we saw patients at AHC building alongside Behavioral Health.
- ▶ Updating policies and procedures as according to American Society of Addiction Medicine (ASAM) standards
- ▶ Integrating *Calricaraq* Cultural/Spiritual Component into the program

RPIW Integrated Care

Behavioral
Health



Calricaraq



Medical

Opioid Use Disorder

- ▶ Heroin
- ▶ Oxycontin
- ▶ Fentanyl
- ▶ Tramadol
- ▶ Hydrocodone
- ▶ Methadone (not available at YKHC)
- ▶ Oxymorphone
- ▶ Hydromorphone
- ▶ Codeine

Withdrawing/Overdose Patient in ED

- ▶ Stabilize Patient
- ▶ If during Office hours- tiger text Addiction Med Case Manager: ideally we can add patient same day – or within few days
- ▶ Plan to send patient home with withdrawal support/ Comfort Meds and Narcan that you can Order from the ED MAT Power Plan



Medical	
ED MAT (Planned Pending)	
Suggested Plans (0)	
Orders	
<input checked="" type="checkbox"/> Patient Status	
<input type="checkbox"/> Vital Signs	
<input type="checkbox"/> Activity	
<input type="checkbox"/> Patient Care	
<input type="checkbox"/> Respiratory	
<input type="checkbox"/> Nutrition	
<input type="checkbox"/> IV Solutions	
<input checked="" type="checkbox"/> Medications	
<input checked="" type="checkbox"/> Laboratory	
<input checked="" type="checkbox"/> Diagnostic Tests	
<input checked="" type="checkbox"/> Consults	
<input type="checkbox"/> Communication	
<input checked="" type="checkbox"/> Miscellaneous	
<input type="checkbox"/> Condition	
<input type="checkbox"/> BH/DD/Home Care	
<input checked="" type="checkbox"/> Special	
<input type="checkbox"/> Non Categorized	
<input type="checkbox"/> Medical Supplies	
Medication History	
Medication History Snapshot	

Medications	
Initial Dose	
<input type="checkbox"/>	buprenorphine-naloxone (Suboxone 2 mg-0.5 mg su... 1 EA, SL, form: FILM-SL, Once
<input type="checkbox"/>	buprenorphine-naloxone (Suboxone 4 mg-1 mg subli... 1 EA, SL, form: FILM-SL, Once
Buprenorphine Injection Initiation	
<input type="checkbox"/>	buprenorphine (buprenorphine 300 mg/1.5 mL subcu... 300 mg, Subcutaneous, form: Injection, qMonth
<input type="checkbox"/>	buprenorphine (buprenorphine 100 mg/0.5 mL subcu... 100 mg, Subcutaneous, form: Injection, qMonth
<input type="checkbox"/>	lidocaine (lidocaine 1% injectable solution) 10 mL, Subcutaneous, form: Injection, Once
<input type="checkbox"/>	buprenorphine-naloxone (Suboxone 8 mg-2 mg subli... 1 EA, SL, form: FILM-SL, Once, then plan sublocade injection in 30 mi
Maintenance Therapy	
<input type="checkbox"/>	buprenorphine-naloxone (Suboxone 2 mg-0.5 mg su... ▼ Select an order sentence
<input type="checkbox"/>	buprenorphine-naloxone (Suboxone 4 mg-1 mg subli... ▼ Select an order sentence
<input type="checkbox"/>	buprenorphine-naloxone (Suboxone 8 mg-2 mg subli... ▼ Select an order sentence
<input type="checkbox"/>	buprenorphine-naloxone (Suboxone 12 mg-3 mg sub... ▼ Select an order sentence
Other Medications	
<input type="checkbox"/>	cloNIDine (cloNIDine 0.1 mg oral tablet) 0.1 mg 1 tab(s), Oral, q4hr-int, PRN agitation, anxiety, and sweats, # 3
<input type="checkbox"/>	loperamide (loperamide 2 mg oral capsule) 2 mg 1 cap(s), Oral, q4hr-int, PRN for loose stool, take 2 caps with firs
<input type="checkbox"/>	ondansetron (ondansetron 4 mg oral tablet) 4 mg 1 tab(s), Oral, q8h, PRN for nausea, # 20 tab(s), 3 Refill(s)
<input type="checkbox"/>	tiZANidine (tiZANidine 2 mg oral tablet) = 1 tab(s), Oral, q8hr-int, PRN as needed for muscle spasm, # 30 tab(s)
<input type="checkbox"/>	traZODone (traZODone 50 mg oral tablet) 50 mg 1 tab(s), Oral, qHS, PRN for insomnia, after the first week can i
<input type="checkbox"/>	naloxone (naloxone 4 mg/0.1 mL nasal spray) = 1 spray(s), Nasal, As Indicated, PRN for suspected opioid overdose,
<input type="checkbox"/>	cholecalciferol (cholecalciferol 25 mcg (1000 intl units... = 1 tab(s), Oral, Daily, # 90 tab(s), 1 Refill(s)



ED MAT Power Plan- Other meds- for withdrawal/Naloxone

Can also consider with consult from Addiction Medicine Team a short course of Suboxone

Opioid Use Disorder Treatment

Vivitrol

(Naltrexone)

Oral 25-50mg daily

IM Injection 380mg every 3-4 weeks

Naltrexone (Opioid Antagonist) blocks all opioids including Buprenorphine

Long Acting Injection (LAI)

Sublocade

(Buprenorphine)

100mg (0.5ml) Sub-Q Injection

300mg (1.5ml) Sub-Q Injection

Buprenorphine (Opioid Agonist) attaches to opioid receptors in the brain, other opioids are less likely to attach.

Long Acting Injection (LAI)

Suboxone

(Bup/Naloxone)

Oral Sublingual films

2mg film

4mg film

8mg film

12mg film

Buprenorphine (Opioid Agonist)

Naloxone (Opioid Agonist) aka Narcan

Outpatient/ Village/ SRC Encounter with SUD patient

- ▶ Text/ Notify Addiction Medicine Case Manager- to get patient scheduled
- ▶ Can use AMB MAT Power Plan to give withdrawal meds/ and can discuss with MAT/MOUD provider about a week of suboxone until they can see us
- ▶ At times we can add into schedule Same day patients with Telehealth .

<input type="checkbox"/>	buprenorphine-naloxone (Suboxone 2 mg-0.5 mg su...	1 EA, SL, form: FILM-SL, Once
<input type="checkbox"/>	buprenorphine-naloxone (Suboxone 4 mg-1 mg subli...	1 EA, SL, form: FILM-SL, Once
	Buprenorphine Injection Initiation	
<input type="checkbox"/>	buprenorphine (buprenorphine 300 mg/1.5 mL subcu...	300 mg, Subcutaneous, form: Injection, Once
<input type="checkbox"/>	buprenorphine (buprenorphine 100 mg/0.5 mL subcu...	100 mg, Subcutaneous, form: Injection, Once
<input type="checkbox"/>	lidocaine (lidocaine 1% injectable solution)	5 mL, Subcutaneous, form: Injection, Once
<input type="checkbox"/>	buprenorphine-naloxone (Suboxone 8 mg-2 mg subli...	1 EA, SL, form: FILM-SL, Once, then plan sublocade injection in 30 min
<input type="checkbox"/>	buprenorphine-naloxone (Suboxone 12 mg-3 mg sub...	1 EA, SL, form: FILM-SL, Once
	Maintenance Therapy	
<input type="checkbox"/>	buprenorphine-naloxone (Suboxone 2 mg-0.5 mg su...	▼ Select an order sentence
<input type="checkbox"/>	buprenorphine-naloxone (Suboxone 4 mg-1 mg subli...	▼ Select an order sentence
<input type="checkbox"/>	buprenorphine-naloxone (Suboxone 8 mg-2 mg subli...	▼ Select an order sentence
<input type="checkbox"/>	buprenorphine-naloxone (Suboxone 12 mg-3 mg sub...	▼ Select an order sentence
	Other Medications	
<input type="checkbox"/>	cloNIDine (cloNIDine 0.1 mg oral tablet)	0.1 mg = 1 tab(s), Oral, q4hr-int, PRN agitation, anxiety, and sweats, # 30 tab(s), 11 Refill(s)
<input type="checkbox"/>	loperamide (loperamide 2 mg oral capsule)	2 mg = 1 cap(s), Oral, q4hr-int, PRN for loose stool, take 2 caps with first loose stool, then 1 c...

Inpatient SUD patient with Withdrawals

Medical

- MED Adult Admission (Planned Pending)
- MED MAT (Planned Pending)

Suggested Plans (0)

Orders

- Patient Status
- Vital Signs
- Activity
- Patient Care
- Respiratory
- Nutrition
- IV Solutions
- Medications
- Laboratory
- Diagnostic Tests
- Consults
- Communication



<input type="checkbox"/>		Admit to Observation
<input checked="" type="checkbox"/>		Condition
		Code Status: Refer to Ad Hoc form to change
<input type="checkbox"/>		MED Adult Abscess & Cellulitis
<input type="checkbox"/>		MED Adult CAP
<input type="checkbox"/>		MED Alcohol Withdrawal
<input type="checkbox"/>		MED Altered Mental Status-Seizure
<input type="checkbox"/>		MED Behavioral Health IP Admission
<input type="checkbox"/>		MED Chest Tube Mgt.
<input type="checkbox"/>		MED CHF
<input type="checkbox"/>		MED COPD Asthma
<input type="checkbox"/>		MED COVID 19
<input type="checkbox"/>		MED CVA
<input type="checkbox"/>		MED Elevated LFTs Workup
<input type="checkbox"/>		MED GI Bleed
<input type="checkbox"/>		MED Frostbite
<input type="checkbox"/>		MED Opioid Withdrawal/Suboxone
<input type="checkbox"/>		MED Respiratory

MED Opioid Withdrawal/Sub Subphase

Orders for Signature

- Plans
 - Document In Plan
 - Medical
 - MED Adult Admission (Planned Pending)
 - MED Opioid Withdrawal/Suboxone (Planned Pending)
 - ED MAT (Planned Pending)
- Suggested Plans (0)
- Orders
 - Patient Status
 - Vital Signs
 - Activity
 - Patient Care
 - Respiratory
 - Nutrition
 - IV Solutions
 - Medications
 - Laboratory
 - Diagnostic Tests
 - Consults
 - Communication
 - Miscellaneous

		Component	Details
MED Adult Admission, MED Opioid Withdrawal/Suboxone (Planned Pending)			
Medications			
<input checked="" type="checkbox"/>		cloNIDine	0.1 mg, Oral, form: Tab, q4hr-int PRN agitation, first dose T;N
<input checked="" type="checkbox"/>		loperamide	2 mg, Oral, form: Cap, As Indicated PRN diarrhea
<input checked="" type="checkbox"/>		dicyclomine	10 mg, Oral, form: Cap, 4x/Day PRN stomach cramps
<input checked="" type="checkbox"/>		traZODone	50 mg, Oral, form: Tab, qHS PRN sleep
<input checked="" type="checkbox"/>		tiZANidine	2 mg, Oral, form: Tab, q6h PRN spasm
Antiemetics			
<input type="checkbox"/>		ondansetron	Select an order sentence
Anti-pyretics			
<input type="checkbox"/>		acetaminophen	Select an order sentence
<input type="checkbox"/>		ibuprofen	Select an order sentence
Medical Assisted Therapy			
<input type="checkbox"/>		buprenorphine-naloxone (buprenorphine-naloxone 2 mg/0.5 mg)	Select an order sentence
<input type="checkbox"/>		buprenorphine-naloxone (buprenorphine-naloxone 4 mg/1 mg)	Select an order sentence
<input type="checkbox"/>		buprenorphine-naloxone (buprenorphine-naloxone 8 mg/2 mg)	Select an order sentence
<input type="checkbox"/>		buprenorphine-naloxone (buprenorphine-naloxone 12 mg/3 mg)	Select an order sentence
Stool Softeners			
<input type="checkbox"/>		magnesium hydroxide (Milk of Magnesia)	30 mL, Oral, form: Susp, q6hr-int PRN constipation
<input type="checkbox"/>		polyethylene glycol 3350 (MiraLax)	17 g, Oral, form: Powder, Daily

OUD Treatment

- ▶ Many patients are captured when they are admitted for other diagnoses and at Day 2-3 noted to be in Withdrawal. Great Opportunity to get them started on MAT/MOUD and we have had many successes from Inpatient Inductions.
- ▶ The Majority of our patients are using Heroin/ and Fentanyl and are requiring higher doses of Suboxone.
- ▶ The most common daily dose is 16-24 mg Daily Total divided BID.
- ▶ Pregnant patients will traditionally require higher doses as their pregnancy progresses – up to 36 mg
- ▶ Pts starting out on Sublocade SQ injection – that are heavy users will requires 1-2 months of suboxone in addition to Sublocade until they stabilize at around the 3rd shot.

(Naltrexone) Vivitrol Injection



Gluteal IM Injection



RARE SIDE EFFECTS OF SUBLOCADE



Dizziness



Fatigue



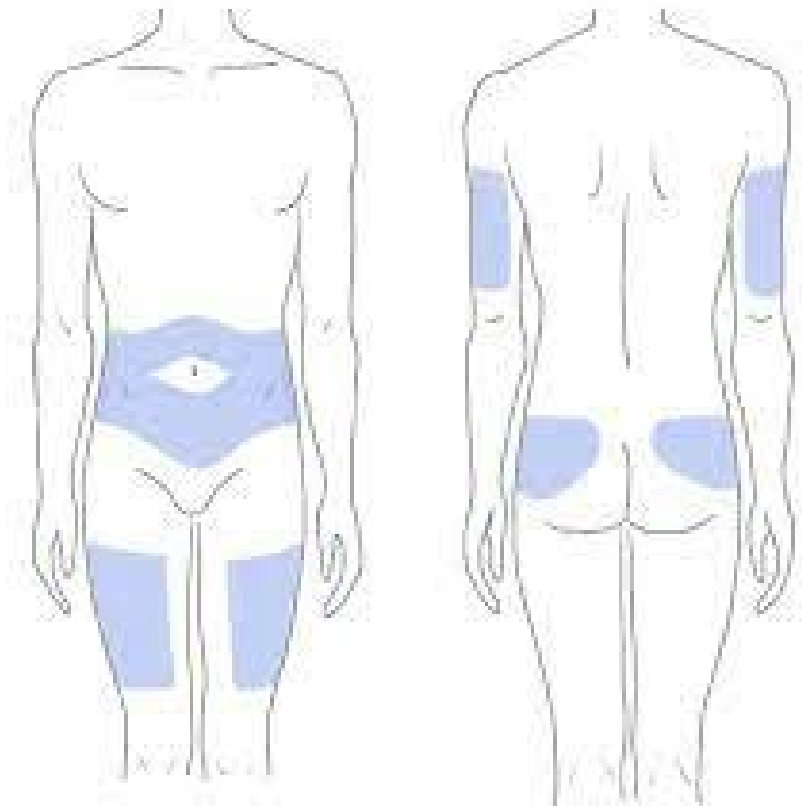
Injection site
reactions



Increased liver
enzymes



Sublocade Injection Site



Sublocade Sub-Q Injection

- ▶ Buprenorphine attaches to opioid receptors in the brain
- ▶ Suboxone given prior to administering first dose of Sublocade to avoid precipitated withdrawals
- ▶ Lidocaine 1%(5ml) Sub-Q prior to giving suboxone for pain.
- ▶ 300mg First two doses of Sublocade 21 days apart
- ▶ Suboxone is sometimes proscribed for 7-14 days to cover patient to allow first dose to be absorbed.
- ▶ Some patients will step down to 100mg Sublocade after first two injections
- ▶ Approval needed from VP Hospital -Susan Wheeler prior to ordering 1st time Sublocade. Once approved no further approval needed for subsequent doses.

Suboxone



Onset of effects

30-60 minutes

Peak clinical effects

1-4 hours

Duration of effects

8-12 hours at low dose (e.g. 2 mg)

24-72 hours at high dose (e.g. >16 mg)

Types of Inductions

Standard

- ❖ 3 day induction (9am-5pm) in a clinic setting
- ❖ Patient sober after midnight
- ❖ Clinical Opiate Assessment Scale (COWS) on intake and every hour
- ❖ Suboxone proscribed based on Cows score with Target below 4
- ❖ Higher acuity patient close observation

Micro

- ❖ Patient can begin while under the influence of Opioids- usually long acting like Fentanyl
- ❖ Gradual step approach starting at a very low dose (0.5mg)
- ❖ Can be done remotely
- ❖ Takes 7 days to complete
- ❖ Multiple follow-ups needed

Macro

- ❖ Patient can begin while under the influence of Opioids
- ❖ Gradual step approach starting at moderate dose (4mg-8mg)
- ❖ Can be done remotely
- ❖ Shorter duration than Micro
- ❖ Multiple follow-ups needed

Additional Substances Used by our Patients

- ▶ Methamphetamine
- ▶ Cocaine/Crack
- ▶ PCP/Angel Dust
- ▶ Kratom Stimulant (low dose) Sedative (high dose)
- ▶ Gabapentin
- ▶ Alcohol
- ▶ Bath Salts
- ▶ Marijuana

Additional Substance Use Disorder Treatment

Alcohol

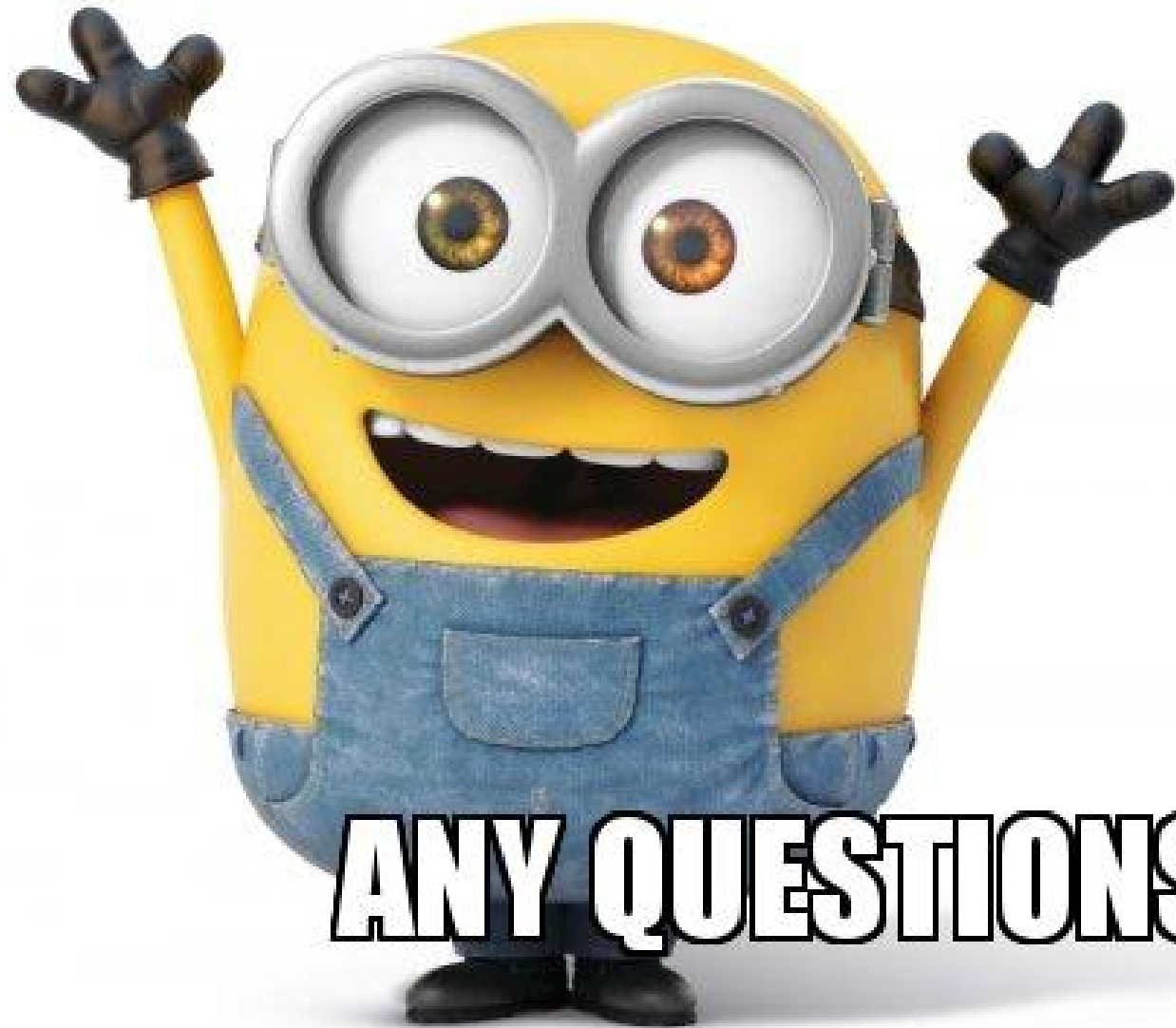
- ❖ Vivitrol oral or IM
- ❖ Acamprosate oral
- ❖ Disulfiram (Antabuse)
- ❖ Topiramate

Methamphetamine

- ❖ Wellbutrin
- ❖ Mirtazapine

Kratom

- ❖ Suboxone
- ❖ Wellbutrin



ANY QUESTIONS?

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