SITE EXAMPLE

Epic Dot Phrases for SUNs

We are sharing independent examples from selected hospital sites for the purpose of providing insight into how different sites treat substance use disorder. Please note CA Bridge is not responsible for the content of any site examples, and we do not formally recommend them as best-practices.

View sample Epic dot phrases used at UC Davis Medical Center below. For hospitals with a different EHR, these may be a starting point for creating a note within your system.

Included in this document:
Substance Use Navigator - Initial Assessment
Substance Use Navigator - Progress Note
Substance Use Navigator - 5-day Post Discharge Follow up Call
Substance Use Navigator - 30-day Post Discharge Follow up Call

Substance Use Navigator - Initial Assessment

Demographics	
Patient Name	@NAME@
D.O.B./Age	@DOB@, @AGE@
Gender/Ethnicity	@CAPSex@ The patient's reported race is @UCDRACE@. @CAPHE@ identifies as @EPT135@.
Date of Visit	@ED@
Note Date and Time	@TD@, @NOW@
Referred By	@
Reason for Referral	{:19300}
Chief Compliant	@CHIEFCOMPLAINT@
Language of Care	{:10786}
Interpreter	{:950026}
Patient Information was Obtained From	{:19288}
Financial	{:21848}

Veteran Status	{:19297}
Living Situation	{:350021028}
Patient Contact Information	Phone: @PH@ Address: @ADD@
Discharge Information *Verify same as contact information*	Phone: @PH@ Address: @ADD@

Alcohol Use Disorder Identification	**(AUDIT Questions)**
Currently Intoxicated	{:19759}
History of Withdrawal Symptoms	{:19759}
Last Use	{:19769}
Alcohol Type	{:19765}
Environment Typically Uses	{:19770}
Reported Characteristics of Use	{:19771}
Attempts to Quit	{:19773}
Longest Period of Sobriety	{:19774}
Withdrawal Pattern	{:19775}
BAC	@BRIEFLAB(ETOH)@ @UCDFLOWSHOWBLANKS(8259:LAST)@

Drug Abuse Screening Test	**(DAST Questions)**
Currently Intoxicated	{:19759}
History of Withdrawal Symptoms	{:19759}
Substance Use Status -Street Drug/Medication/Inhalant	{:19789}
Intravenous drug use current and past	{:19759}
Last Drug Use	{:19769}
Street Drug/Medication/Inhalant Type	{:19777}
Environment Typically Use	{:19780}
Reported Characteristics of Use	{:19781}

Readiness to Change	{:19782}
Attempts to Quit	{:19784}
Longest Period of Sobriety	{:19785}
Withdrawal Pattern	{:19783}
Smokes Cigarettes	{:19759}
Started Buprenorphine	{:19759}
UTOX	@BRIEFLAB(BARBSSCRNU, BENZOSSCRNU, COCAINESCRNU,AMPHETSCRNU,OPIATESSCRU)@

Pattern of Utilization	
Number of Visits 3 Months Prior to Visit	***
Number of Visits 6 Months Prior to Visit	***
Number of Visits 3 Months After SUN Intervention	***
Number of Visits 6 Months After SUN Intervention	***
Total Number of Visits with a SUN	***

Interventions	
Interventions	{:21861}
Counseling Provided	{:19759}
Recognize danger situations/triggers	{:21865}
Assist patient to identify supportive individuals at home and within the community	{:19759}
Development of Coping Skills	{:21866}
Suggested Treatment	{:21867}
Educated patient on the stages of sobriety	{:19759}

Discussed and emphasized patients responsibility to fully participate in making necessary arrangements for rehabilitation as recommended by Substance Abuse Counselor	{:19759}
Referral to Alcohol rehab program	Name:*** Address:*** Telephone contact:*** Staff contact:***
Placed inpatient AOD Treatment	{:19759}

Assessment/Plan
Performed a brief intervention focused on increasing the patient's understanding of the impact of substance use their health. Encouraged patient to ***. Patient was engaged in a joint decision-making process, and plans for follow-up were discussed: ***.

Total time spent on patient (5 minute increments):

Electronically Signed by:
@ME@

Substance Use Navigator
Pager: 816-***

Substance Use Navigator - Progress Note

MRN: @MRN@

Substance Use Navigator Progress Note

Comments: ***

Further follow-up needed: ***

Date: @TD@
Time: @NOW@

Electronically Signed by:
@ME@

Substance Use Navigator
Pager: 816-***

Substance Use Navigator 5-day Post-Discharge Follow up Call

NAME@ MRN: @MRN@

Substance Use Navigator 5-Day Post-Discharge Follow-up Call

Contact with patient: {:21930}

Status of discharge treatment plan: {:21929}

New treatment plan initiated: {:19759}

Medication Intervention(s): {:19759}

Comments: ***

Further follow-up needed: Patient added to SUN 30-day call list.

Date: @TD@
Time: @NOW@

Electronically Signed by:
@ME@

Substance Use Navigator
Pager: 816-***

Substance Use Navigator 30-day Post-Discharge Follow up Call

NAME@ MRN: @MRN@

Substance Use Navigator 30-Day Post-Discharge Follow-up Call

Contact with patient: {:21930}

Status of discharge treatment plan: {:21929}

New treatment plan initiated: {:19759}

Medication Intervention(s): {:19759}

Comments: ***

Further follow-up needed: ***

Date: @TD@
Time: @NOW@

Electronically Signed by:
@ME@

Substance Use Navigator
Pager: 816-***

Materials provided through CA Bridge may be utilized for the sole purpose of providing information for the treatment of substance use disorders. CA Bridge is not responsible for the content of any site examples.