**ILPQC OUD Clinical Care Checklist**



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| **Checklist Element****Illinois Referral Helpline****Opiods & other substances:**1-833-2FINDHELP Helpline.IL.org | **Date** | **Comments** |
| **Antepartum Care** |  |  |
| **Counsel on MAT for OUD and arrange appropriate referrals** |  |  |
| **Counsel and link to behavioral health counseling /recovery support services** |  |  |
| **Social work consult or navigator who will link patient to care and follow up** |  |  |
| **Obtain recommended lab testing-*** HIV / Hep B **/ Hep C** (if positive viral load & genotype)
* Serum Creatinine/ Hepatic Function Panel
 |  |  |
| Institutional drug testing policies and plan for testing reviewed |  |  |
| Urine toxicology testing for confirmation and follow up (consent required) |  |  |
| **Discuss Narcan** as a lifesaving strategy **and** **prescribe** for patient / family |  |  |
| **Neonatology/Pediatric consult** provided, discuss NAS, engaging mom in non-pharmacologic care of opioid exposed newborn, and plan of safe care. |  |  |
| DCFS Reporting system reviewed, discuss safe discharge plan for mom/baby |  |  |
| Screen for alcohol/tobacco/non-prescribed drugs and provide cessation counseling  |  |  |
| Screen for co-morbidities (ie: mental health & domestic violence) |  |  |
| Consent for obstetric team to communicate with MAT treatment providers |  |  |
| Consider anesthesia consult to discuss pain control, L&D and postpartum |  |  |
| **Third Trimester** |  |  |
| Repeat recommended labs (HIV/HbsAg/Gc/CT/RPR) |  |  |
| Ultrasound (Fluid/Growth) |  |  |
| Urine toxicology with confirmation (consent required), and review policy |  |  |
| Review safe discharge care plan and DCFS process |  |  |
| **Patient Education: OUD/NAS, participating in non-pharmacologic care of the opioid exposed newborn, including breastfeeding, and rooming in.**  |  |  |
| **Comprehensive contraceptive counseling provided and documented** |  |  |
| **During Delivery Admission** |  |  |
| **Social work consult, peds/neonatology consult**, (consider) anesthesia consult |  |  |
| **Verify appointments for support services (MAT/BH / Recovery Services)**  |  |  |
| Confirm **Hep C**, HIV, Hep B screening completed |  |  |
| **Discuss Narcan** as a lifesaving strategy **and prescribe** for patient / family |  |  |
| **Provide patient education** **& support for non-pharmacologic care of newborn** |  |  |
| **Review plan of safe care including discharge plans for mom/infant** |  |  |
| Schedule early postpartum follow-up visit (within 2 weeks pp)  |  |  |
| **Provide contraception or confirm contraception plan****SBIRT Billing Codes:****G0396:** Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min  **G0397:** Alcohol and/or substance abuse structured screening and brief intervention services greater than 30min  |  |  |

**BOLD** Text = elements tracked with monthly data collection for all women with OUD. Also track completion of checklist for all women with OUD.