

Opioid addiction has been declared a public health emergency in the United States. It is vital that organizations and providers provide high quality clinical documentation, to guarantee the data which drives research and education on this topic is based on the correct information. There are seven characteristics of high quality clinical documentation. If a provider learns how to document using these characteristics to guide their documentation habits, they will provide trustworthy documentation.

The tip sheet below has been developed to guide providers in learning the documentation elements that are needed when documenting opioid use, abuse, or dependency. In the tip sheet below each of the seven characteristics of high quality clinical documentation are listed in the first column. Under the example column are scenarios of when each of these characteristics is missing within the clinical documentation. The final column provides an example of poor documentation that is frequently seen in opioid documentation. Then there is an explanation of the missing clarity followed by what a high quality documentation statement would look like.

Opioid Addiction-Documentation Tip Sheet		
Seven Characteristics of High Quality Clinical Documentation	Example	Opioid Documentation Specificity
Clear	Symptoms documented without a clarification of a supporting diagnosis	<u>Poor Quality:</u> 27-year-old male admitted with lethargy. History of drug use. <u>Missing Clarity:</u> Was the lethargy due to the drug use? Was this drug abuse or dependence? <u>High Quality:</u> 27-year-old male admitted with lethargy due to opioid dependency and overdose.
Consistent	Conflicting documentation	<u>Poor Quality:</u> 39-year-old male patient was admitted for opioid use. This is the second admission for opioid abuse in the last two weeks for her. <u>Missing Clarity:</u> Was the admission for opioid abuse or use? Is this a woman or a man? <u>High Quality:</u> 39-year-old female is being admitted for opioid abuse. This is the second admission for opioid abuse in the last two weeks for her.
Complete	Abnormal findings without associated condition	<u>Poor Quality:</u> 42-year-old female admitted for somnolence and abnormal drug screening. <u>Missing Clarity:</u> What is the diagnosis to support the abnormal finding? <u>High Quality:</u> 42-year-old female admitted with drug dependence and intoxication of Oxycodone as evidenced by positive drug screen for opioids.

Reliable	Treatment provided without documented condition	<p><u>Poor Quality:</u> 72-year-old female admitted for systolic CHF exacerbation. Continue methadone therapy, consult Psychiatry.</p> <p><u>Missing Clarity:</u> Why is the patient taking methadone?</p> <p><u>High Quality:</u> 72-year-old female admitted for systolic CHF exacerbation. This patient is dependent on OxyContin and is on a methadone therapy which will be continued during this admission. Psychiatry will be consulted to manage opioid dependency.</p>
Precise	Unspecified Diagnosis	<p><u>Poor Quality:</u> 42-year-old male will be admitted to rehab for illegal drug use.</p> <p><u>Missing Clarity:</u> What type of drug? Is it occasional use, abuse, or dependency?</p> <p><u>High Quality:</u> 42-year-old male will be admitted to rehab for heroin dependency.</p>
Legible	Documentation that is difficult to decipher	<p><u>Poor Quality:</u> Day one of admission: 33-year-old female admitted with acute respiratory failure secondary to Percocet abuse with intoxication. Day 3 of admission: Problems: acute respiratory failure and opioid intoxication will admit to rehab.</p> <p><u>Missing Clarity:</u> Has there been any improvement in the conditions?</p> <p><u>High Quality:</u> Day 3 of admission: 33-year-old female originally admitted with acute respiratory failure secondary to Percocet abuse and intoxication. The acute respiratory failure and Percocet intoxication has resolved. She is to be admitted to rehab for treatment of the Percocet abuse.</p>
Timely	Documentation at the time of care being delivered	<p><u>Poor Quality:</u> H&P Documentation: 55-year-old male admitted with right torus fracture of the distal right tibia after falling off of his front porch. Day 3 of admission: Right torus fracture of the distal tibia is healing. Will be admitted to rehab for drug dependency and mental health issues.</p> <p><u>Missing Clarity:</u> Were the patient's drug dependency and mental health issues present on admission? What drug is the patient dependent on? What is the mental health issue?</p> <p><u>High Quality:</u> H&P Documentation: 55-year-old male admitted with right torus fracture of the distal right tibia after falling off of his front porch. He has type I Bipolar disorder and is addicted to Fentanyl and had overdosed which resulted in the fall from the front porch. Day 3 of admission: Right torus fracture of the distal tibia is healing. Will be admitted to rehab for Fentanyl dependency and type I bipolar disorder.</p>

Here is an example of the high quality documentation elements needed when documenting opioid use, abuse, or dependency. There is also an example of a completed high quality documentation statement.

High Quality Documentation Statement:

<u>(fill in age and gender of patient)</u>	was	<u>(fill in with one of the following)</u>	with opioid	<u>(fill in with one of the following)</u>	<u>(fill in with one of the following)</u>	<u>(fill in with one of the following)</u>	and	<u>(fill in with one of the following)</u>
		<ul style="list-style-type: none"> • admitted • assessed • examined 		<ul style="list-style-type: none"> • use, • abuse, • dependency, 	<ul style="list-style-type: none"> • with intoxication, • without intoxication, 	<ul style="list-style-type: none"> • with withdrawal, • without withdrawal, 		<ul style="list-style-type: none"> • without a mental disorder. • type 1 bipolar. • type 2 bipolar. • major depressive disorder.

Example of a Completed High Quality Documentation Statement:

25 year old female was admitted with opioid abuse, intoxication, withdrawal, and type II Bipolar disorder.

Resources:

Centers for Disease Control and Prevention (CDC). Retrieved from: <https://www.cdc.gov/drugoverdose/opioids/index.html>

National Institute on Drug Abuse: Advancing Addition Science. Retrieved from: <https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-opioids-heroin-prescription-drug-abuse>



Newman, K. (10/26/2017). Opioid Crisis Declared a Public Health Emergency. Retrieved from: <https://www.usnews.com/news/national-news/articles/2017-10-26/donald-trump-officially-declares-opioid-crisis-a-public-health-emergency>