

ROUND
[15 min]

2

Opioid Epidemic IPE Pilot Event

Round 2 – INTER Professional Teams


CONSULT/DISCUSS

- Consult your IPE team on your patient
- Select at least 1 more patient to discuss (Handout at p. 3, p. 4).
- Share ideas, concerns and questions developed by your Round 1 Team

CONSIDER

- People at risk for opioid misuse and overdose (who, with what, when, where)
- Barriers to care (e.g., bias, beliefs, behaviors of various professionals and how to minimize these)
- Whether, how and why you might address various patient populations differently

REPORT

- Did your INTER professional team address questions or concerns identified by your first team?
-  **Click here to access Poll Everywhere** -To what extent did your discussions in Round 2 reveal new or differing perspectives on how to approach your patient(s)? (Answer individually)

INTERPROFESSIONAL CONSULT

[NOTE: This is the SAME PATIENT you considered in Round 1, included here for your convenience.

Please consult your interprofessional team. Raise questions, concerns and ideas generated by your discussion with your Round 1 Team.

- **On Exam:** The RA (Resident Assistant) at campus dorm brings the patient (19 yo male) to the emergency room at 10 pm with an apparent opioid overdose. Pt=19 yo male, no known medical history; pinpoint pupils; no visual acuity; non-responsive to name; makes incomprehensible sounds; does not follow verbal commands; eyes wince when pricked with pin; O₂ Sat rate, 75%; respiratory depression, severe; pulse, 49
- **Tx:** Naloxone successfully restores patient's breathing to normal; patient responsive to commands, able to speak coherently; reports he's "tired", "sleepy" and "wants to go home".
- **Family/Social History:** First semester at UArizona; EMR indicates his mother is the insured on his healthcare policy; she lives in California; left voicemail, no return call. RA says patient has family in town but is not sure who they are or where they live.

Assume all 6 patients below had the same clinical presentation as your first patient.

Select at least 1 to discuss with your IPE Team:

- You may discuss this case with the other case or separately.
- Would you take a different approach? How? Why?
- How would you encourage your team to approach this patient with compassion?

CLICK HERE
Which patients did
you select?

TEAM RESPONSE



Patient #1

- 76 yo female patient with diabetes and rheumatoid arthritis, history of alcoholism; in assisted living community
- Fell a year ago; received Rx for Oxycodone. Took it for several months.
- Is able to drive and walk without assistance but reports continued pain.
- She had a problem during recent hospitalization, possibly withdrawal from pain meds, missed an assessment. No plan of care to address possible addiction.



Patient #2

- 22 yo transgender college student , pronouns: They/Their/Them
- From out of state; family is not accepting of their identity; Lives off-campus with friends; medical history includes asthma.
- A few months ago, patient's close friend died of an accidental overdose; began feeling "really depressed"; started drinking more, felt better after using a friend's Rx opioid meds; roommate introduced them to Heroin.
- Last month, Pt overdosed on Heroin, was given Naloxone in ER; discharged w/ appointment to addiction clinic; never followed up.
- Today, patient reports feeling "desperate", "hopeless" and "scared of dying".



Patient #3

- 40 yo woman who has been homeless for the last 9 years
- No confirmed medical history
- Reports feeling constant pain since she breaking her ankle 10 years ago.
- States, "I lost my job because of this. The doctors said my cast fixed it, but that's a lie! It's constantly burning into me all the way up my leg."

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Patient #4

- 20 yo first year undergrad from Virginia, at U Arizona on a football scholarship
- Avid weight lifter and self-described "health nut"
- Injured his knee on the field a year ago, prescribed Oxycontin, has taken it until Rx expired a few months ago. No refills permitted.
- Patient says he started "borrowing benzos" from his teammates, and drinking alcohol "to ease the pain; takes "meth" occasionally with friends and "Kartom" to "calm his nerves" and rest.
- He is worried about the team's random drug screening and losing his scholarship because he's been "late to practice quite a bit", but says "luckily my UA was clean last week so I can still play"



Patient #5

- 36 yo mother of 3 children, separated from her husband
- Injured on the job 6 months ago, prescribed OxyCodone for pain, Ibuprofen for swelling, gabapentin for "burning pain", diagnosed with severe ankle sprain.
- She reports feeling "edgy" and "losing patience quickly"; she has been unable to return to work full time
- Routine pregnancy test in the ER, positive; estimate: 8 weeks.
- She does not have regular insurance; it lapsed after prolonged absence from work and cannot afford to reinstate it. Injury is covered by workers compensation but there are many delays in getting healthcare. She has poor communication with her ex-husband with whom she shares custody.



Patient #6

- 42 yo veteran with PTSD, was a medic in Iraq/Afghanistan Wars. Pt is father of 3 children, separated from his spouse.
- He knows a pharmacist and physician who can get him prescription pain killers when he feels "dope sick".
- He wants to reconcile with his wife but is worried their family is "headed for a bad outcome". He is alternately tearful and angry during examination.