See Also:

Patient Responsibilities - Penn Medicine

Code of Conduct - Penn Medicine

01.124 Occurrence Reporting Policy

01.165 Facility Guidelines

01.204 Search and Seizure of Belongings for Safety

02.106 Patient Rights and Responsibilities

11.107 Patient Visitation Rights, Responsibilities, and Procedures

88.001 Suicide Precautions

19-003 Nursing P&P Continuous Observation for

Guideline Statement

Substance use may occur among hospitalized patients and is often a response to untreated substance use disorders or psychiatric conditions, withdrawal, pain, stress, or stigma. As a result, the following guidance for Penn Medicine hospital care teams was prepared by a group of institutional experts in addiction, hospital, emergency, and family medicine, social work, and nursing, with input from key stakeholders in security, legal, and administration.

Penn Medicine has an ethical and legal duty to provide care to all patients and to ensure the safety of patients, families, visitors, staff, and volunteers. All Penn Medicine hospitals are substance-free zones consistent with the Code of Conduct (See Code of Conduct | Penn Medicine).

Purpose

The purpose of this document is to guide healthcare team members around their roles and responsibilities when caring for patients with substance use disorders (SUDs) who use or are at risk for using substances during their admission. The goals are to:

- Ensure a safe environment for staff, patients, and families.
- Promote respect for all patients through a non-judgmental approach.
- Standardize care to promote equity
- Prevent the harms associated with in-hospital substance use

Implementation

These guidelines are for staff that work at Penn Presbyterian Medical Center when managing patients with substance use disorders. The guidelines may be modified based on clinical indication, if appropriate and documented, or in emergency or unusual circumstances.

SUPERSEDES: NEW	ISSUED BY: /s/ Patrick Kim, MD, MHCI, FACS President, Medical Staff Chair, MEC

Scope Statement

These guidelines apply to Penn Presbyterian Medical Center (PPMC) and those parts of the Clinical Practices of the University of Pennsylvania (CPUP), which practice at or in conjunction with PPMC operating under the PPMC license. This policy also applies to the following: (i) those practices and sites that are on or off campus facilities or departments of PPMC and operating under its license; (ii) those ambulatory surgical facilities operating under PPMC's governing body when indicated, including the Surgery Center at Penn Medicine University City (Surgery Center) and Penn Digestive and Liver Health Center University City (PDLH); (iii) Presbyterian Center for Continuing Care (PCCC); (iv)all ambulatory care facilities (ACF) that are off campus departments of PPMC operating in New Jersey including the Penn Presbyterian Infusion Services (PPIS); (v) private practices or entities that lease space in property owned or leased by PPMC only if and to the extent that they provide contracted clinical services to PPMC; and (vi) personnel that provide contracted clinical services to PPMC patients.

Best Practice Guidelines for clinicians treating patients with concern for substance use.

Practice Guidelines	Recommendations with examples
1. *Assess patients on admission/intake for evidence of substance use disorder and educate the patient/family regarding the hospital policy which prohibits the use of illicit substances in the healthcare setting. Reinforce expected behaviors as outlined in Penn Medicine's Patient Responsibilities and Code of Conduct.*	Assess the patient's knowledge about the risks of substance use, their stage of behavior change, and their specific goals related to substance use. Assessment should also include a frank discussion about the risks and consequences of in-hospital/ healthcare settings. Patients should be informed of hospital policy and the possibility of a search. For example, *"We understand that you may have cravings or feel the need to use in the hospital/healthcare setting while receiving medical care. We care about your safety and comfort and want to work with you to prevent in-hospital/healthcare substance use. If you start feeling the urge to use, will you let us know so that we can better understand your symptoms and address your needs? We do not permit substance use in the healthcare setting."*

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<table>
<tr><th>Practice Guidelines</th><th>Recommendations with examples</th></tr>
<tr><td>2. Determine the level of concern for in-hospital/healthcare substance use</td><td>
<u>Patients with Substance Use Disorders (SUDs) should not be stigmatized or face discriminatory practices.</u>

They should not be treated differently because of a SUD diagnosis.

For example, patients should not be subjected to room or belongings searches, behavioral limitations, visitor restrictions or enhanced surveillance solely due to a SUD diagnosis.

The below grid is a guide to determining the level of risk:

<table>
<tr><th colspan="2">Determining Level of Concern for In-Hospital/Healthcare Substance Use</th></tr>
<tr><td>Low Concern</td><td>• No evidence of previous or current in-hospital/healthcare use</td></tr>
<tr><td>Moderate Concern</td><td>• Evidence of IV, PCA, or line access tampered.
• Family or visitors raise concerns about the patient having access to substances.
• Recent (past 3 months) hospital admission with confirmed in-hospital substance use/healthcare substance use</td></tr>
<tr><td>High Concern</td><td>• Substances or paraphernalia found in the patient's room or on the patient
• Changes in mental status without alternative explanation
• Changes in mental status after visitors present.
• Physical exam findings indicating likely use of substances (e.g. sudden changes in pupils, vital signs, mental status, or infectious sources)</td></tr>
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Practice Guidelines	Recommendations with examples
	Confirmed: • Witnessed substance use. • Patient acknowledges substance use. • Acute mental status changes reversed with naloxone. • Note: A "positive" urine drug screen (UDS) does not confirm in-hospital substance use, as toxicology results must be interpreted with respect to expected drug elimination.
3. *Responses to **Moderate Concern**, **High Concern**, or **Confirmed** In-Hospital Substance Use*	The below grid provides specific examples of responding to patients with moderate and high concern or confirmed in hospital/ use. For ambulatory practice patients, the attending ambulatory provider overseeing the patient's care should guide the patient in getting help for substance use concerns.

Risk Category	**Recommended Action**
Responses to consider for patients with MODERATE or HIGH concern or CONFIRMED substance use:	**Talk to the patient**: The clinical team should ask the patient if they have used substances in the hospital, and also inquire about the following: ▪ **Ask** if they are experiencing untreated symptoms such as pain, withdrawal, or cravings, and address any such symptoms. ▪ **Remind** patients about patient/visitor responsibilities posted in

Practice Guidelines	Recommendations with examples	
		each department, as well as the Penn Medicine Code of Conduct, resources are posted on the hospital intranet. Apply the information in this guideline as needed which prohibits substance use in the hospital. ▪ **Set expectations** about next steps and other responses if further concerns for in-hospital use are raised.
	Responses to consider for HIGH concern or CONFIRMED substance use:	▪ **Room & property searches:** The PPMC policy, Search and Seizure of Belongings for Safety, 01.204, should be followed for any search of a patient's room or property that may be indicated. If good reason to search is in place, then for the safety of the patient, staff, and visitors, Security or a designee in an ambulatory setting will search the room if indicated. When possible, the search of a person and/or their

Practice Guidelines	Recommendations with examples	
		property should be voluntary. It is recommended that a provider member of the healthcare team be contacted before a search. When searching a patient's person or property a PPMC staff should be present when possible. ▪ **Visitor restrictions are per the PPMC policy, Patient Visitation Rights, Responsibilities, and Procedures, 11.107.** In some cases where staff are concerned about a patient's access to drugs, visitors may be restricted. The decision to restrict visitors should be carefully weighed against the loss of important socialization and support which the patient may experience as a consequence. Visitor restrictions and exceptions must be discussed with the patient and the clinical team as the need for support during critical moments in hospitalization may warrant extra support

Practice Guidelines	Recommendations with examples	
		such as for patients in oncology or palliative care experiencing additional stressors of severe illness." ▪ **Expert consultation:** Clinical teams bear ultimate responsibility for developing treatment plans with patients. However, substance use disorder consultation services (Psychiatry CL or Addiction Medicine Consult Services, where available) can provide multi-disciplinary specialty assistance. ▪ **Documentation:** For patients with high suspicion or confirmed use and/or a search revealed controlled substances, the covering provider should write a "Significant Event Note" stating the facts of what happened and should use non-stigmatizing language. An occurrence report should be entered to catalog resources and opportunities for improved processes, per

Practice Guidelines	Recommendations with examples
	the PPMC Occurrence Reporting Policy, 01.124.
*Note: Regarding Responses to, **High Concern**, or **Confirmed** In-Hospital Substance Use (Continued)*	Concern for in-hospital/healthcare substance use is not a justification for withholding treatment. ▪ Withholding medications for substance use disorders (e.g., buprenorphine or methadone), antibiotics or other essential medications: **Medications should not be stopped without clinical cause and an order from a provider.** ▪ Discharging patients should have medications, wound care supplies, other medical treatments, or linkage to follow-up care as needed. **Patients should have these essential discharge medications and treatments provided, regardless of concern for in-hospital substance use. In the case of a self-directed (against medical advice (AMA)) discharge, every effort should still be made to provide patients with essential medications and follow-up.** ▪ Routine use of continuous observation for the patient at risk for hospital/healthcare substance use is generally not indicated unless meeting the criteria as outlined in the PPMC policy Suicide Precautions, 88.001 or the policy on Continuous Observation for Safety (Non-Suicide), 19-003 Nursing P&P. **Note:** If the patient offers to surrender substances or drug-use equipment, it will be securely transferred to Security for disposition.
Ambulatory Practices and Departments	*For ambulatory, clinicians are encouraged to refer the concern to the patient's provider of care for further evaluation for substance use services and counseling. Available social work staff may also be consulted. For those patients experiencing any signs of clinical*

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Practice Guidelines	Recommendations with examples
	instability as a result of potential substance use, the staff should adhere to their emergency procedures and transfer the patient to the next level of care as needed. If there is a concern about the onsite use of illicit substances, staff should consult with Security.

REFERENCES/RESOURCES

1. Allen D, Brouwer J, Dong K, et al. Management of substance use in acute care settings in Alberta: guidance document. Edmonton: Canadian Research Initiative on Substance Misuse (CRISM); 2020. Available at: https://crismprairies.ca/management-of-substance-use-in-acute-care-settings-in-alberta-guidance-document/
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7. A Harm Reduction Approach, Alberta Health Services, August 2019. Available at: https://www.albertahealthservices.ca/assets/info/hrs/if-hrs-a-harm-reduction-approach.pdf
8. Lennox R, Martin L, Brimner C, O'Shea T. Hospital policy as a harm reduction intervention for people who use drugs. Int J Drug Policy. 2021 Nov;97:103324. doi: 10.1016/j.drugpo.2021.103324. Epub 2021 Jun 18. PMID: 34153628.

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9. Martin M, Snyder HR, Otway G, Holpit L, Day LW, Seidman D. In-hospital Substance Use Policies: An Opportunity to Advance Equity, Reduce Stigma, and Offer Evidence-based Addiction Care. J Addict Med. 2023 Jan-Feb 01;17(1):10-12. doi: 10.1097/ADM.0000000000001046. Epub 2022 Aug 2. PMID: 35914181; PMCID: PMC9897266.
10. Penn Medicine intranet links**:**

    Patient Rights and Responsibilities at Penn Medicine

    Patient Rights - Penn Medicine

    Penn Medicine Patient and Visitor Code of Conduct

    Code of Conduct | Penn Medicine

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