**Medically Urgent CD Committee Narrative & Presentation Guidelines**

Impression:

Recommendations:

Personal History:

* Birthplace and where they grew up
* Education and Learning disabilities
* How much education? High school? College?
* Employment History
* Marital Status
* Children and ages
* Living arrangements

Functional Status:

* ADLs
* Ambulation
* Medications
* Home care, Physical Therapy
* Transportation
* Housekeeping/yardwork

Hobbies:

Financial:

* Insurance Coverage
* Medication Coverage

Caregiver/Support Plan:

* Primary caregiver identified, their health status and sobriety
* Other family support
* Church support
* Friend support

Mental Health History/Coping:

* Alert and oriented? Tired? Encephalopathic?
* Openly answering questions or guarded responses?
* Psychiatric History
* Depression
* Difficult times in patient’s life

Alcohol and Drug Details:

* First use? What was the drug/drink of choice? How often? How much? Patterns of use? Progression?
* AOD treatment (length of treatment, timeframe, level of treatment)
* Was patient told to abstain from use? How many times? Why is it different now? Why patient did not start treatment?
* AOD legal history
* Family history of AOD
* Withdraw symptoms
* Date of last use corroborated by others
* Toxicology screens
* Relapses
* Failed treatments

CAGE Question Responses:

Diagnosis of Chemical Disorder:

* What are the symptoms that meet the diagnosis (Mild, Moderate, Severe)?
* What are the conditions that meet the recidivism risk level chosen (Low, Medium, High)?

In so far as it reasonably practical, based on first person and/or collateral resources, medically urgent criteria patients will be evaluated regarding:

1. A good understanding of how substance misuse has had an impact on their current health; and
	* Does the patient acknowledge the link between their use/drinking to their organ failure or are they still in denial?
	* Has the patient been medically compliant with the team’s CD requirements?
	* What is the patient’s attitude toward health care recommendations?
	* Are there patterns of non-compliance or denial in other areas of their life? Are they compliant with medical/legal appointments as recommended?
2. Insight into their past substance misuse;
* Does the patient demonstrate the ability to be responsible and take charge of his/her life?
* Do they have a good understanding of how their drinking has affected their life? Significant impact on relationships, past-employment, housing?
* How are things going to be different now, how are they going to change their existing situation?
* Are they able to identify triggers?
* Able to describe how they rationalized use/drinking? Did they hide use, how?
* Did patient minimize use to physicians or SW now, or previously?
1. Engagement and treatment/sobriety progress:
	* Has the patient refused to go to treatment, now or in the past?
	* ***Has the patient demonstrated the ability to be sober in the community outside of a protective environment such as a hospital or nursing home?***
	* Has the patient started treatment outside of being hospitalized? If no, why not?
	* What has the patient and/or family done to initiate or have they already started in AA/recovery program?
	* Have they started working any of the steps?
2. Adequate coping skills for dealing with stressors:
	* What substitute activities will replace use/drinking in the patient’s daily life?
	* How will they cope differently?
	* Have they developed a relapse prevention plan?

Additionally, other prognostic factors for abstinence will be taken into consideration, such as:

1. The presence of a sober, stable social network which will be available both pre and post-transplant to offer ongoing support;
	* Does the patient have a poor relationship with any close family member?
	* Does the family acknowledge the link between their use/drinking to their disease or are they still in denial?
	* Is the overall social picture supportive of sobriety? Work? Friends?
	* Do any of the caregivers have an addition problem? Do they need an alternate caregiver?
2. A stable work history; and
	* Has the patients employment been affected by drinking?
	* After transplant, does the patient plan to reenter the workforce?
	* Will the patient need to change their place/type of employment after transplant?
	* Are there any financial stressors that need to be addressed?
3. The presence of a family unit which acknowledges the issues posed by substance misuse and will support the patient’s commitment to abstinence.
* Is the family supportive of patient seeking treatment or are there family issues that may impact the recovery process?
* Has the family initiated Al-Anon services or are they going to AA meetings with the patient? How involved are they?
* Is the home free of alcohol? Is the significant other abstinent from alcohol?

Understanding of Transplant:

* Education
* Willingness to meet transplant patients

Advance Directives:

* Living Will
* Medical Power of Attorney