Kayeli Garber
Mentor: Misty Gonzalez
Title: *Examining characteristics of opioid withdrawal treatment before implementation of standardized order set*

In light of the increasing rates of opioid use disorders in the community, it is important that hospital physicians are equipped with standardized order sets to ensure appropriate treatment of opioid withdrawal symptoms when these individuals are hospitalized, as well as characteristics of patients at a higher risk of 30-day readmission. This analysis provides context ahead of a triggered order set for opioid disorder treatment at a large tertiary care hospital. Patients (n=1632) with an opioid-related ICD-10 diagnosis code or positive opioid urine screen with no corresponding diagnosis (July 31, 2016 through July 31, 2017) were included in the analysis. Electronic medical record data from this time period indicated that patients admitted to the hospital were 58% male, with an average age of 42.5 years old. Sixty four percent of patients with suspected or documented opioid use disorder received opioid analgesics without indication. Relevant to the upcoming order set intervention, clonidine, buprenorphine and methadone were prescribed simultaneously with these potentially inappropriate opioid analgesics in 12.5% of patients. It was found that other substance use disorders, cardiovascular disease, infectious diseases, and psychiatric disorders are common among patients with opioid use disorder. In addition, 5% of those treated with opioid analgesics left against medical advice (AMA), 20% of patients had at least one emergency room visit, and of those patients 47% were readmitted within 30 days. It was concluded that there are clinically meaningful and modifiable factors within this population which contribute to 30-day readmission and that further analysis of these patients' comorbidities and inpatient medications is needed.