**How to use this example guideline**

This document is an example to hospitals of a written guideline from which content can be borrowed and applied to individual hospital guideline templates. Not all information needs to be included in a guideline or the body of a guideline. Hospitals must still use their internal approval process for publishing practice documents.

**Screening for substance use**

1. Verbal screening for substance use
	1. Procedure
		1. It is best to screen patients:
			1. After they have been told that all patients are screened
			2. With their permission
			3. Without others present who may influence the patient’s response
		2. The 5Ps is validated as a verbal screening tool
		3. Answers will be documented in the EHR
	2. Screening per phase of care:
		1. OB triage:
			1. RNs will verbally screen all patients for substance use during an OB triage visit using the 5Ps validated screening tool, and document in the EHR.
			2. Can be waived if SUD screening with a validated tool has been documented during the last 3 months.
		2. Admission
			1. RNs will verbally screen all patients for substance use within 8 hours of admission using the 5Ps validated screening tool, and document in the EHR.
		3. Exclusions:
			1. Patients being seen for a scheduled procedural visit (i.e., NST or IV iron infusion).

*CONSIDERATIONS:*

*Not all institutions will screen all patients at every patient interaction (i.e., scheduled procedural visit, being seen in triage 3 times in one week). Consider listing exclusions, if you have any.*

*Include your SUD verbal screening tool of choice in the documentation navigator that RNs use during triage and admission.*

*Outpatient prenatal verbal screening may be difficult to find in the EHR. Consider ways to make this visible.*

* 1. Upon positive verbal screen:
		1. OB provider:
			1. If substance use was unknown prior to verbal screening, the RN will notify the OB provider immediately to consider plan of care.
			2. If substance use was known prior to verbal screening, the RN will notify the provider as needed (i.e., questions about plan of care, orders needed).
		2. Social worker:
			1. The RN will place an order for a social worker consult, including reason for consult, substances used, prenatal care, and other pertinent information.
		3. Newborn provider
			1. After delivery, RN will notify newborn’s provider of neonatal exposure to substances during pregnancy.

*CONSIDERATIONS: Some newborn provider groups will prefer to be notified prior to delivery during working hours if possible, versus being notified at delivery. Limitations exist to this, such as missed communication / handoff. Discuss notification requests with newborn providers, with a goal to have one standardized process.*

1. Urine substance use screening (birthing patient)
	1. Considerations
		1. Implicit bias and racial disparities have been documented surrounding perinatal urine substance use screening practices.
		2. Evidence shows that despite equivalent drug use rates, Black birth parents are reported to child welfare at rates 4 times higher than white birth parents when all birth parents undergo universal drug testing.
		3. Not all patients, including those with known or disclosed substance use, require urine substance use screening.
		4. Positive urine substance use screenings during pregnancy do not predict positive urine substance use screenings postpartum.
	2. Urine substance use screening must be collected with a provider order, and with patient knowledge and verbal permission. Patients are allowed to decline this screening.
	3. Prior to collecting urine, the RN or provider will have a conversation with the patient about what to expect based on the urine screening results and reasons for collection.

*CONSIDERATIONS: Best practice is to have a provider order following robust discussion and verbal permission from the patient. These screening tests are rarely time-sensitive, so urine should be collected following verbal permission.*

* 1. Indications:
		1. Indications for urine substance use screening include: No prenatal care, less than 4 prenatal care office visits, unexplained placental abruption.
		2. Indications may also include a history of the following during this pregnancy:
			1. Illegal substance use
			2. Non-prescribed substance use
			3. Misuse of prescribed substances
		3. Exception: Routine urine substance use screenings will not be performed on patients without other indications who disclose marijuana use.
	2. Following a positive urine substance use screen:
		1. Confirmatory testing should be ordered if urine substance use screening results are inconsistent with the patient’s report.