**Severe Injection-Related Infection (SIRI) Team Consult Note**  
  
Name: \_  
MRN: \_  
Date of birth: \_  
Date of admission: \_  
  
Primary team: \_   
  
Consult request: evaluation and treatment of injection-related infection  
  
History of Present Illness:  
\_   
  
DSM 5 Criteria - Substance: \_

|  |  |
| --- | --- |
| Preset? | In the last year have you: |
| \_ | 1. using more or longer than intended |
| \_ | 2. tried to cut down but couldn’t |
| \_ | 3. lots of time spent using or recovering from drug use |
| \_ | 4. wanted to use so badly you couldn't think of anything else |
| \_ | 5. found that using or being sick from using often interfered with taking care of your home or family? Or caused job troubles? Or school problems? |
| \_ | 6. continued to use even though it was causing trouble with your family or friends? |
| \_ | 7. given up important or enjoyable activities in favor of drug use |
| \_ | 8. use in hazardous situations |
| \_ | 9. use despite it causing depression, anxiety, or medical problems |
| \_ | 10. tolerance |
| \_ | 11. withdrawal |
| \_ | Total: Mild 2-3; Moderate 4-5; Severe ≥6 |

Substance Use History:  
· Current opioid use: \_  
· Other substances used: \_  
· Alcohol: \_   
· Tobacco: \_   
· Cannabis: \_   
· Which substance injected: \_  
· Past hx of opioid treatment (including suboxone/methadone/detox): \_   
· Past hx of opioid overdose: \_  
· Past hx of medical complications from drug use: \_  
· Last use (substance and timing): \_  
· PDMP report: \_

Social History:  
· Housing: \_  
· Occupation: \_   
· Education: \_  
· Relationships: \_

· Sexual activity: \_  
· Supportive people in life: \_

Review of Systems:  
\_  
  
Pertinent Medical/Surgical History:  
\_   
  
Fam Hx of addiction:  
\_   
  
Allergies:  
\_  
  
Medication List:  
\_

Vitals:

\_  
  
Physical Exam:  
\_  
  
Labs/Path:  
\_  
  
Microbiology:  
\_  
  
Imaging:  
\_  
  
Assessment and Recommendations:  
\_  
  
RECOMMENDATIONS:  
\_  
  
==============================================  
SIRI team quality measures  
*Screening tests (to be done now and then at least annually):*  
o HIV: \_

o HAV (total Ab): \_  
o HBV: \_   
o HCV: \_   
o Syphilis: \_   
o Gonorrhea/Chlamydia: \_  
o TB: \_  
  
*Vaccinations –please administer during hospitalization*  
o Hepatitis A vaccine: \_   
o Hepatitis B vaccine: \_  
o PPV-23 vaccine:\_  
o Tdap: \_  
  
*Medications:*  
o PrEP: \_   
o ART: \_   
o Medications for opioid use disorder: \_   
  
*Follow-up/Discharge*  
o If patient desires to leave AMA:  
 o Call SIRI phone ASAP at 305-XXX-XXXX   
 o AMA antibiotic contingency plan: \_  
 o Order antibiotic to JMH pharmacy, call 305-585-XXXX  
o Patients will OUD are provided Naloxone (narcan) at bedside by SIRI team  
o Referred patient to IDEA SSP with card including address, phone, hours  
o Counseled patient prior to discharge on safer injection practices