Headway

Documentation Guidance

CONTROLLED SUBSTANCES

GENERAL NOTE CONTENT REQUIREMENTS

- ☐ **Checking your state's PDMP**
  - Provider's must document checking the relevant state's PDMP if a controlled substance is prescribed.
  - Example: "State PMP was checked on _____ (date) without evidence of overuse, multiple prescribers, or early fill."
- ☐ **Substance use screen**
  - When initiating a new controlled substance, the provider should document the patient's current and previous patterns of substance use including any prior substance abuse and current use of substances that could contribute to the patient's presenting symptoms.
- ☐ **Diagnostic rationale**
  - Documentation must justify diagnosis of a DSM-V condition for which it is appropriate to prescribe the controlled substance listed.
- ☐ **Informed consent (see page 3 for examples)**
  - Prescribers must document informed consent, covering risks, benefits, and alternatives for the controlled substance, including abuse and addiction risks. Guardian consent is required for minors and dependents.
- ☐ **Follow up**
  - When initiating a new controlled substance, the prescriber should document plan to schedule follow up within 1 month
- ☐ **Editing each progress note (clone risk)**
  - Ensure each progress note reflects the patient's unique clinical picture. While copying some content is acceptable, most of the note should be session-specific. Including person-centered details tailors treatment, boosts engagement, improves outcomes, and supports compliance.
- ☐ **Rationale for exceeding max dosage**
  - For doses above FDA-approved limits, providers must document a clinical rationale and informed consent, noting risks and expected benefits. Rationales may include treatment resistance, inherited regimens, unique metabolism, tolerance, or multidisciplinary consensus.
  - Example: Patient is aware this medication is being prescribed at a dose above that which has been approved by the FDA for management of their condition. This dosage is required to adequately treat their symptoms of _____ in the setting of _____ . Patient is aware of the increased risk of side effects at this dose including _____. Patient's response to this dosage will be closely monitored with plan to decrease dose as tolerated."
- ☐ **Polypharmacy justification**
  - Example: Due to the patient's unique symptoms and lack of response to other treatments, multiple controlled substances have been prescribed per clinical judgment and best practices. The patient has been informed of risks, including addiction, withdrawal, and overdose, particularly when combined with sedatives, opioids, or alcohol. Safety measures, such as minimizing doses, staggering times, and recognizing overdose signs, were discussed. The patient will be closely monitored, with dosages adjusted or tapered as needed to balance symptom management and risks.

STIMULANT NOTE CONTENT REQUIREMENTS

☐ **Diagnostic criteria for ADHD**

- When initiating a stimulant for ADHD, providers must document the following DSM-5 criteria:
  - Five or more hyperactive/impulsive or inattentive symptoms
  - Symptom onset before age 12
  - Symptom persistence for at least six months
  - Impairment in functioning or quality of life

BENZODIAZEPINES NOTE CONTENT REQUIREMENTS

☐ **Dosing instruction**

- When a benzodiazepine is prescribed, documentation must include clear instructions for when the patient should take the benzodiazepine, including listing an indication for any "as needed" dosing (e.g., take prn for panic)?
  - Documentation should include one unique, benzodiazepine-responsive target indication per "as needed" medication, dose and frequency. (e.g. take Ativan 1mg po daily prn panic attacks).

☐ **Prescribing accurately**

- Provider must be prescribing the benzodiazepines for a symptom that benzodiazepines are known to be safe and effective treating.

☐ **Safety instructions**

- Documentation must include education about the risk of mixing a benzodiazepine with alcohol, opiates, Z-drug/hypnotic, or other benzodiazepines. Documentation must also include education about the risks and symptoms of benzodiazepine withdrawal.

NON-BENZODIAZEPINES, Z-DRUG/HYPNOTICS NOTE CONTENT REQUIREMENTS

☐ **History of sleep and insomnia**

- When initiating a Z-drug or hypnotic, prescribers must document a sleep history that includes at least three key elements: issues with falling asleep, maintaining sleep, poor sleep quality, sleep/wake reversal, shortened sleep duration, excessive daytime tiredness, sleep hygiene habits, past sleep aid trials, substance use or medication side effects contributing to insomnia, current stressors or psychosocial factors, ruling out other conditions like sleep apnea, or any other relevant sleep history details.

☐ **Safety instructions**

- Documentation must include education about the risk of mixing a benzodiazepine with alcohol, opiates, benzodiazepine or other Z-drug/hypnotic. Documentation must also include education about the risks and symptoms of Z-drug/hypnotic withdrawal.

BUPRENORPHINE NOTE CONTENT REQUIREMENTS

☐ **Suboxone & Buprenorphine safety and risks**

- Prescriber must inform patient of the risks of overdose and death on prescribed buprenorphine and document that in clinical documentation

INFORMED CONSENT FOR CONTROLLED SUBSTANCES DOCUMENTATION EXAMPLES

General: The patient was informed of alternative treatments, the consequences of no treatment, and the expected duration of treatment. The patient appeared to appreciate the information conveyed in the consent process by asking appropriate questions and expressing understanding of these potential risks and benefits.

Benzodiazepines: The patient gave consent for the use of benzodiazepines. We discussed the potential benefits and risks, including sedation, dizziness, respiratory depression, development of drug tolerance, the potential for abuse, confusion, withdrawal symptoms (including potentially fatal withdrawal seizures), and others.

Stimulants: The patient gave consent for the use of stimulants. We discussed the potential benefits and risks, including potential for abuse, anxiety, agitation, irritability, psychosis, manic symptoms, depression, appetite suppression and weight loss, tremor, elevated blood pressure, stroke, MI, withdrawal symptoms, and others.

Z-drug/hypnotics: The patient gave consent for the use of a Z-drug. We discussed the potential benefits and risks, including potential for abuse, memory loss, confusion, and unusual behaviors such as sleepwalking, sleep driving, or eating while asleep. Some individuals develop dependency on the medication, experiencing withdrawal symptoms when they stop. Z-drugs can lead to hallucinations, mood changes, or even depression in some cases. Rare but serious risks include respiratory depression and allergic reactions, such as swelling or rash.

Buprenorphine: The patient gave consent for the use of buprenorphine. We discussed the potential benefits and risks, including potential for abuse, drowsiness, dizziness, and nausea, which can impair daily functioning. It has the potential to cause constipation, headache, sweating, and precipitated withdrawal. Respiratory depression, though rare, can occur, especially when combined with other sedatives or alcohol. Some individuals may experience dependency, withdrawal symptoms, or difficulty stopping its use. Mood changes, confusion, or unusual thoughts can also arise in certain cases. Serious risks include allergic reactions, such as swelling or difficulty breathing.

Esketamine: The patient gave consent for the use of esketamine. We discussed the potential benefits and risks, including potential for abuse, dizziness, drowsiness, and nausea, which can interfere with daily activities. It may also cause headache, increased blood pressure, and dissociation, a feeling of detachment from reality. Some individuals experience confusion, anxiety, or temporary memory impairment. Rare but serious risks include sedation, respiratory depression, and allergic reactions, such as swelling or difficulty breathing. Esketamine has the potential for misuse or dependency and should only be used as prescribed.