

# Wound Prevention and Care for Outreach and Direct Service Staff

Presenter:

Date:

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Opioid  
Response  
Network



NASTAD

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# Working with Communities

- ❖ The SAMHSA-funded *Opioid Response Network (ORN)* assists states, tribes, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- ❖ Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.

Funding for this initiative was made possible (in part) by grant no. 1H79TI088037 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

# Working with Communities

- ❖ The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.
- ❖ ORN accepts requests for education and training.
- ❖ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



*We gratefully acknowledge that parts of this training have been collaboratively developed over the years by the many community members who have graciously shared their expertise, knowledge, and experience for the benefit of our communities.*

# Objectives:

- ❖ Review current health guidance and first aid techniques for the prevention of wounds and other viral and bacterial health concerns.
- ❖ Provide an overview of common injection-related health conditions.
- ❖ Increase insight into xylazine-related wound care and prevention, based on current information.
- ❖ Help empower your program participants to advocate for themselves in medical settings.

# Public Health Acronyms

<b>PWH(A)</b>	Person With HIV(/AIDS)
<b>HAV, HBV, HCV</b>	Hepatitis A, B, C Virus
<b>HIV</b>	Human Immunodeficiency Virus
<b>SSTI</b>	Skin & Soft Tissue Infection
<b>STI</b>	Sexually Transmitted Infection
<b>IDU</b>	Injection Drug Use (as an action, not an identity)
<b>SUD</b>	Substance Use Disorder
<b>OUD</b>	Opioid Use Disorder
<b>MOUD/MAT</b>	Medications for Opioid Use Disorder/Medication-Assisted Treatment

# Suggestions for Wound Care Kit Supplies:

For programs seeking to distribute basic wound care kits, recommended supplies include:

- ❖ **Nitrile Gloves:** to wear before changing dressing
- ❖ **Hand Sanitizer or Sanitizer Wipes:** to disinfect hands
- ❖ **BZK Wipes:** to clean wound and surrounding area
- ❖ **A and D Ointment:** to apply around perimeter of wound
- ❖ **Antibiotic Ointment:** to apply on top of the wound after cleaning and before applying dressing
- ❖ **Gauze:** to dress the wound, non-adherent if possible
- ❖ **Adhesive bandage:** to cover dressing

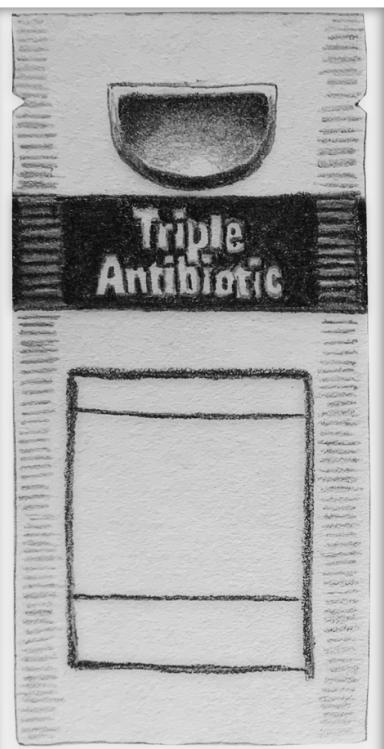


Image: [www.zerostigma.art](http://www.zerostigma.art)

# Dressings And Bandages

Dressings	Bandages
Comes into direct contact with the wound	May or may not be in direct contact with the wound
Gauze or other material placed directly on top of the wound	Used to support the dressing and keep it in place
Should be highly absorbent to absorb anything exuded from the wound (exudate)	Helpful if it is adhesive to better hold the dressing in place
May apply antibacterial solutions or other gels/ointments used to protect surface of wound	Should stay dry and as clean as possible. Can be applied quickly (such as an adhesive bandage)



Photos: Creative commons



# *Why is it important for direct service providers to understand the basics of wound care?*



Photo: UW ADAI Empathy Lens Collection

# What to Know:

- ❖ This training is intended for service providers to have a general knowledge of some of the health issues that may result from injection drug use, for the purposes of prevention, care, and triage to other medical services.
- ❖ Service providers may use this information to inform conversations with and education provided to program participants.
- ❖ This information may also inform choices related to program inventory and supplies provision to participants.
- ❖ Some symptoms, infections, or wounds may present similarly but have different causes or treatments. Recognizing the limitations of your knowledge is vital when providing participants with information about health issues they may be experiencing.

# Engaging with Participants



Photo: UW ADAI Empathy Lens Collection

- ❖ Approach with respect, curiosity, and compassion.
- ❖ Ask informed questions.
- ❖ Understand real-life conditions.
- ❖ Use a risk reduction approach.
- ❖ Understand that participants' needs and priorities may change over time.
- ❖ Provide timely information without judgement.
- ❖ Be prepared to learn from your program participants.
- ❖ Celebrate any positive change.



# Common Conditions and Concerns

Pictures start now

# Abscesses

- ❖ An abscess is a bacterial infection.
- ❖ Abscesses are painful collections of pus that develop under the skin.
- ❖ They are most often caused when bacteria collects under the skin after a missed shot.
- ❖ Initial symptoms include redness/grey/ashy discoloration, swelling, and tenderness.



Photo: Amrith Ra

# Basic Abscess Care

**For participants presenting with a possible abscess, share the following suggestions and, if possible, provide wound care supplies:**

- ❖ To reduce the likelihood or severity of abscesses, directly after missing a shot, raise the limb to prevent swelling, and ice the area.
- ❖ Once an abscess has formed (usually 1-3 days following a missed shot or other bacteria exposure), apply heat to the area for about 20 minutes, 4 times per day.
- ❖ Except for when you are applying heat, keep abscess dry and covered.
- ❖ Use the driest, most sterile materials—preferably gauze and medical tape—to which you have access.
- ❖ Change the bandages if they get wet.
- ❖ If able, wear gloves and/or wash hands before removing or replacing dressings and bandages.
- ❖ Over-the-counter pain relievers may help reduce the swelling and discomfort caused by an abscess.

# Basic Abscess Care

- ❖ Elevate the abscess above the heart as often as possible to decrease swelling.
- ❖ To avoid further wound trauma, avoid any injections on or near the abscess or on the same limb as the abscess.
- ❖ Some abscesses will go away without opening up.
- ❖ If the abscess begins to open and drain, wash the wound out with soap and warm water.
- ❖ Keep the area clean and dry. Wash with soap and water once a day, if possible.
- ❖ Continue to use warm compresses for as long as it's draining but discontinue soaking in hot water/baths.
- ❖ Apply dressing, cover with a bandage, and change it daily, if possible.
- ❖ Continue to monitor abscess for signs of worsening infection or failure to improve.

# Responding to a Hit Nerve

**While there is no definitive guidance around how to respond to a hit nerve, the following recommendations have been gathered from community members:**

## **Pain:**

- ❖ Pain has been described as a mild feeling of pins and needles to intense burning or feeling an electric shock moving through the limb.

## **Reducing the pain of a hit nerve:**

- ❖ Icing the area immediately after hitting a nerve can help.
- ❖ Over-the-counter pain relievers and heat in the days following may help.
- ❖ Rest the area—avoid injecting into that limb or area while the body heals.
- ❖ Pain/pins and needles sensation typically improve within a few days or weeks.

# Responding to a Hit Artery

**Because punctured arteries may present an immediate danger from blood loss as well as possible unseen complications, providers may want to educate program participants on how to respond.**

Apply pressure, elevate limb above the head, if possible, for at least 10 minutes.

- ❖ If weak from blood loss, try to get help applying pressure from a friend or other bystander.
- ❖ Apply a tourniquet 2-3 inches above the wound and seek emergency medical services, if possible.

Even if the bleeding stops on its own, seeking medical services as soon as possible may decrease the risk of further complications.

# Cotton Fever

**Because Cotton Fever may initially present as a virus, other infections, or withdrawal, it may be something to advise participants to look out for.**

Cotton fever is a short acting bacterial infection believed to be caused by bacteria that can live in used cotton filters.

- Cotton fever is not usually life-threatening.
- It may be characterized by a rapid onset of symptoms.
- Common symptoms may include chills, fever, shaking, hot flashes, nausea, vomiting, abdominal pain, back pain and headache.
- If symptoms last longer than 6 hours, consider visiting the ER as it might be a more serious condition.



Image: [www.zerostigma.art](http://www.zerostigma.art)

# Cellulitis

- ❖ A bacterial infection of the skin and subcutaneous tissue.
- ❖ May occur when bacteria enters the skin.
- ❖ Appears as a swollen, discolored area of the skin that feels hot and tender.
- ❖ Can give the skin a pitted, orange peel-like or blistered texture.
- ❖ Cellulitis is treated with antibiotics and needs medical attention.



Photo: Creative Commons

# Staph Infection

**For program participants presenting with painful bumps under the skin, cuts that look swollen and filled with pus, sores that look like spider bites, or fluid filled blisters it may be helpful share the following information about Staph and MRSA. Distribute hand sanitizer, soap, and adhesive bandages if possible.**

Staph infections are caused by *Staphylococcus* bacteria. This bacteria is commonly found on our skin and most of the time does not cause harm. However, it can enter the body through a break in the skin and cause an infection. Staph infections may be dangerous if left untreated.



[Photo: Skin Infections Caused by \*Staphylococcus aureus\* | HTML | Acta Dermato-Venereologica](#)

- ❖ Staph infections can look like pimples, boils or other skin conditions.
- ❖ Staph infections can cause sepsis, pneumonia, endocarditis, and bone infections (osteomyelitis).
- ❖ People who inject drugs, have chronic conditions, have weakened immune systems, who are hospitalized or recovering from surgery may be at greater risk for infection.
- ❖ Most staph infections can be treated with antibiotics.

# MRSA

MRSA (methicillin-resistant *Staphylococcus aureus*) is a form of staph bacteria that is resistant to many common antibiotics and can be difficult to treat.

- ❖ MRSA bacteria can be spread from skin-to-skin contact or sharing towels, razors, syringes, or anything else someone has touched.
- ❖ Initial presentation of MRSA infection may look like a spider bite or abscess.
- ❖ Because a MRSA infection may be difficult to identify, it is important to seek medical attention if the wound is not improving on its own or getting worse after a few days.
- ❖ Untreated MRSA infection can lead to sepsis or death.



Photo Credit: Gregory Moran, M.D.

# MRSA Infection

MRSA infections are serious conditions requiring medical attention.

- ❖ Avoid touching, squeezing or poking sores.
- ❖ Cover sores with a bandage if possible.
- ❖ Follow directions when taking antibiotics and finish taking all antibiotics, even if the infection seems to have improved.
- ❖ More advanced infections may require having the wound drained and being placed on intravenous (I.V.) antibiotics, which typically involves a hospital stay.

**Active MRSA infections are contagious!**



Photo Credit: Gregory Moran, M.D.

- ❖ Wash hands frequently, especially after contact with the infected area. Use alcohol-based sanitizer if soap and water are not available.
- ❖ Bathe daily, if possible, to help reduce number of bacteria on the skin.
- ❖ Change clothes daily and wash them before wearing if possible.
- ❖ Keep skin moisturized with lotion to avoid cracking.
- ❖ Wash any cuts or scrapes with soap and water and cover with adhesive bandage.
- ❖ Preventing other people and pets from coming into contact with the infection is the best way to avoid spreading it.

# MRSA, Additional Images



Photo Credit: Gregory Moran, M.D.



Photos: [MRSA Photos](#) | [Community](#) | [MRSA](#) | [CDC](#)

# Infective Endocarditis

**Infective Endocarditis is an infection of the heart lining that is caused by infectious build-up around the heart valves that weakens the heart. Because of the damage that can be caused by endocarditis and the intensive treatment process, early detection can be lifesaving. Service providers should be familiar with early signs and risks of infection.**

- ❖ Symptoms may include fever, chills, joint pain, confusion, shortness of breath, swelling of feet and legs, chest pains, blood in urine, stomach pain, pain or numbness in an arm or leg.
- ❖ Heart murmurs may develop or pre-existing ones may change.
- ❖ Treatment may be complex and requires IV antibiotics; sometimes surgical interventions are necessary.
- ❖ Even successfully treated endocarditis can lead to chronic health issues.
- ❖ If untreated, infective endocarditis is fatal.

# Sepsis

Sepsis is also known as blood poisoning. It is caused by a systemic (throughout the body) infection, usually caused by bacteria. Sepsis is a life-threatening medical emergency and can progress rapidly.

**Anyone displaying signs of sepsis should dial 911 or go to the Emergency Department as soon as possible. They may include:**

- ❖ Thin dark line may be visible on skin
- ❖ Line moves up the arm, for example
- ❖ Fever, shivering, feeling cold to the touch
- ❖ Extreme pain or discomfort
- ❖ High heart rate or weak pulse
- ❖ Shortness of breath
- ❖ Clammy or sweaty skin
- ❖ Confusion or disorientation



# Impact of Xylazine on People Who Use Drugs

# *How are you seeing xylazine show up in your community?*



Image: [www.zerostigma.art](http://www.zerostigma.art)

# What to Know:

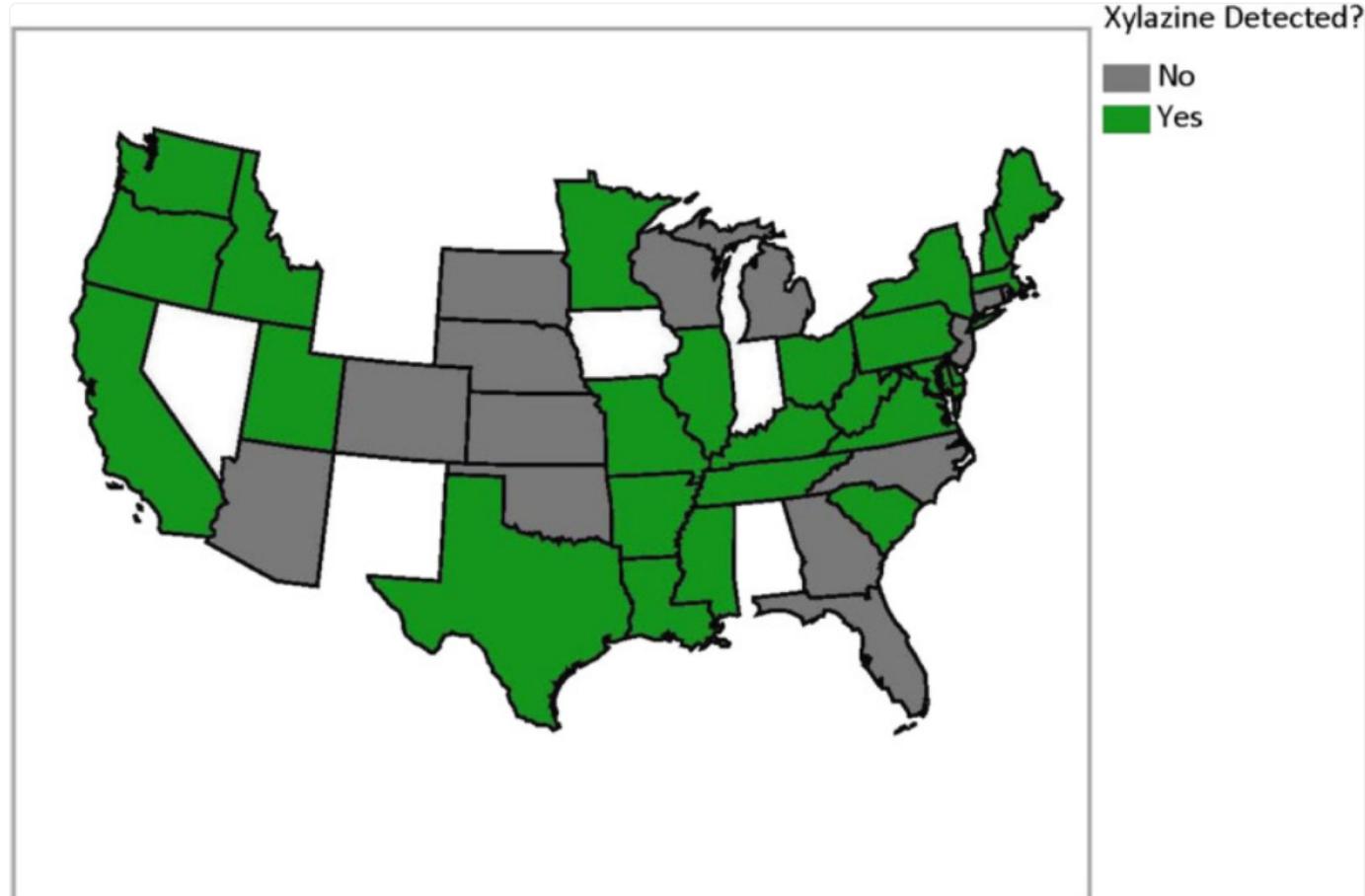
- ❖ Service providers should understand the various harms that may be caused by xylazine.
- ❖ Providers can help educate their program participants on basic first aid for xylazine-associated wounds as well as distribute wound care supplies if possible.
- ❖ When distributing naloxone or discussing overdose response, service providers should be able to communicate the effects of a xylazine-involved opioid overdose as well as provide resources around rescue breathing.
- ❖ Providers should offer risk mitigation strategies around the harms that may be caused by extreme sedation.
- ❖ Providers can better understand how xylazine withdrawal may impact treatment for MOUD and help educate program participants as well as other service providers and medical professionals.

# About Xylazine

Historically, xylazine has been used as a veterinary sedative and is not approved for human medicine.

- ❖ In the early 2000s, xylazine entered the heroin and cocaine supply in Puerto Rico.
- ❖ It appeared around 2006 in the Philadelphia drug supply with a notable increase in the mid to late 2010s.
- ❖ Detected spread of xylazine throughout other states began around 2019.

# Spread of Xylazine, 2021 – 2022



# Potential Impacts of Xylazine Use

While we are still learning about long-term effects of xylazine use, it can cause:

- ❖ Sedation
- ❖ Difficulty breathing
- ❖ Dangerously low blood pressure
- ❖ Slowed heart rate
- ❖ Skin and soft tissue wounds
- ❖ Severe withdrawal symptoms

# Xylazine-Related Wounds

- ❖ May appear in areas other than at or near the injection site.
- ❖ Initial presentation varies by person but may appear in clusters that resemble blisters or burns.
- ❖ May be more painful than expected and localized pain may present before wound.
- ❖ Wounds may develop rapidly and can “tunnel” below the surface to surrounding tissue, muscles, and tendons.
- ❖ Early treatment using wet wound care techniques can reduce advancement of wound.
- ❖ Wounds may require long term care including debridement, regular cleaning, and changing of dressing.
- ❖ Monitor closely for signs of infection.

# Medical Care May Be Necessary

**Infected wounds may require more advanced medical care. Signs of infection may include:**

- ❖ Painful or increased pain/too painful to move area
- ❖ Hot to the touch
- ❖ An increased change in color to the area outside of the wound (such as red or grey, depending on skin tone)
- ❖ Swelling
- ❖ Fever/chills/fatigue
- ❖ Nausea/vomiting
- ❖ Increased drainage/wound fills with pus
- ❖ Wound emits odor that may smell like rotten eggs or meat

# Graphic Images Ahead



## Initial Presentation



Photos Courtesy of Jason Beinert



1



2

Photos Courtesy of Jason Beinert



Photos Courtesy of Jason Beinert

# Xylazine Related Wounds and Antibiotics

**In the absence of clear symptoms of an infection, a xylazine-related wound does not necessarily require antibiotics. Service providers can discuss antibiotic use and safety with program participants.**

- ❖ Xylazine-related wounds may harbor bacteria from the skin, but this does not mean the wound is infected.

# Self-Treating Xylazine-Related Wounds

Given what we know right now, the recommendations to care for xylazine-related wounds are similar to recommendations for caring for other skin and soft-tissue infections using **wet wound care methods**.



Photo: Public Domain



# Basics of Wet Wound Care

# Basics of Wet Wound Care:

## 1

**Depending on your role and the capacity of your program, it may be helpful to perform a bandage change with a participant, so they are clear on process and supplies. Providers can help participants understand the importance of hygiene in wound care and help problem solve how to create a hygienic environment for bandage changes.**

- ❖ Wash your hands with soap and water, use hand sanitizer or wear new disposable gloves before dressing bandages.
- ❖ Try to create a clean workspace by either wiping the area down with a surface cleaner or use some sort of barrier such as cling wrap, foil, or newspaper.
- ❖ Lay your supplies out before you start changing bandages.
- ❖ Gently wash the wound and surrounding area with soap and water, saline, or water.

Image: [www.zerostigma.art](http://www.zerostigma.art)



# Basics of Wet Wound Care:

## 2

- ❖ Apply an ointment such as A&D or petroleum jelly on the healthy surrounding skin.
- ❖ For the dressing, apply the ointment onto non-stick gauze and place directly onto the wound.
- ❖ For the bandage, wrap with roll gauze and tape.
- ❖ For added protection you may want to lightly wrap the gauze with athletic wrap.

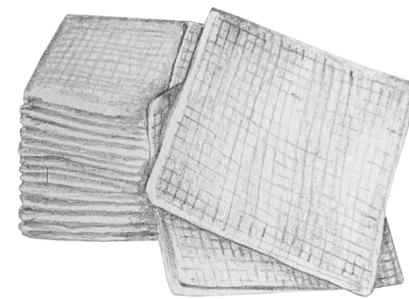


Image: [www.zerostigma.art](http://www.zerostigma.art)

# Basics of Wet Wound Care:

## 3

- ❖ If able, change your bandage daily or more often if the bandage soaks through.
- ❖ Not everyone will have access to all of these supplies or as much as they need to change their bandages regularly.
- ❖ Try suggesting other options a person may have access to, such as menstrual pads, clean cotton t-shirts, socks, etc.
- ❖ Keep the bandages as clean as possible.
- ❖ Dispose of gloves after changing bandages.

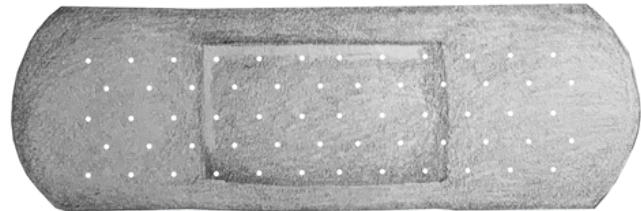


Image: [www.zerostigma.art](http://www.zerostigma.art)

# Basics of Wet Wound Care:

## 4

- ❖ Keep the wounds as clean as possible, keep them covered, and change wound dressing daily using moist/wet wound care technique.
- ❖ Store wound care supplies in the cleanest, driest place possible.
- ❖ Seek medical care if wounds get larger, emit pus or become necrotic.

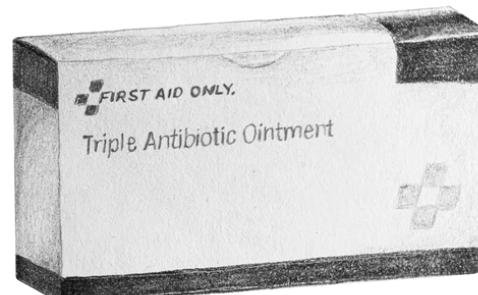


Image: [www.zerostigma.art](http://www.zerostigma.art)

# Basics of Wet Wound Care:

## 5

- ❖ Educate people not to use peroxide, alcohol, or bleach to clean their wounds.
- ❖ As wounds heal, encourage people to massage their scars to break down the scar tissue.
- ❖ Encourage range of motion exercises for healed areas with thick scar tissue.
- ❖ What are other pointers you can share with people about wound care/bandage changes that they may not know?



Image: [www.zerostigma.art](http://www.zerostigma.art)

# XYLAZINE :



## what is that?!



Xylazine is a veterinary anesthetic used to sedate animals of all sizes during surgery and other procedures. While xylazine is not FDA approved for use in humans, people have used it on its own and alongside opioids like heroin and fentanyl for over 20 years.

It has been called: **tranq, tranq dope, horse tranquilizer.**

## Other Strategies for Reducing Risks Related to Xylazine



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# Program participants that are not injecting drugs may still be at risk for xylazine related wounds.

- ❖ It seems many people are reporting that xylazine-related wounds are primarily associated with injection drug use.
- ❖ Without more research, no route of administration can be described as “safer.”

# Naloxone and Xylazine-Involved Overdose

- ❖ Naloxone will still reverse opioid overdoses, even if xylazine is involved. Continue to encourage people to carry and use naloxone.
- ❖ Xylazine sedation—and depressed breathing—may still occur once the opioid overdose is reversed.
- ❖ Encourage people to learn and use rescue breathing to supplement naloxone administration and other opioid overdose response strategies.

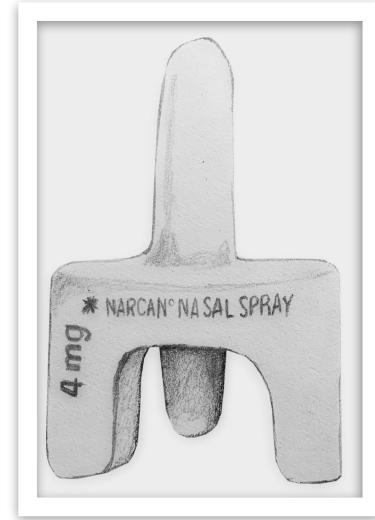


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# After Using Naloxone...

- ❖ After naloxone is administered, a person's usual coloring may return to their face and fingers and they may take slow, shallow breaths without returning to consciousness.
- ❖ If a person resumes breathing but is still not waking to consciousness, you do not need to administer more naloxone.
- ❖ For a person who is breathing but not awake, count breath rate per minute to determine if they are in need of supplemental oxygen. Rescue breathing or supplemental oxygen may be necessary if respiration is under 8 to 10 breaths per minute.
- ❖ Service providers can teach program participants how to count breaths per minute (BPM) and how to provide rescue breathing.

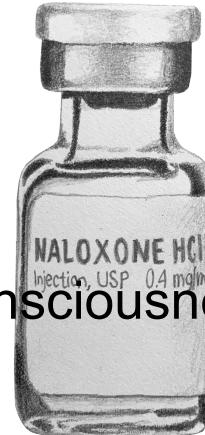


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# Managing Sedative Effects

**Xylazine can cause prolonged periods of sedation, during which people remain immobile.**

**Complications from immobility may include:**

- ❖ Muscle weakness
- ❖ Blood clots (Deep vein thrombosis)
- ❖ Decreased range of motion in joints
- ❖ Respiratory complications
- ❖ Pressure ulcers
- ❖ Heat burns, freezing, or other environmental harm caused by immobility outdoors
- ❖ Increased vulnerability to physical assaults and robbery

# Managing Sedative Effects

**Due to long periods of sedation, a person may be at greater risk of developing musculoskeletal, nerve and pressure injuries as well as deep vein thrombosis (deep clots).**

- ❖ Try to lay people on flat and smooth surfaces.
- ❖ Try to move people every two hours.
  - If they are laying down, move them from side to side.
  - If they are sitting up, be aware of the position of their limbs to ensure their circulation is not being cut off; shift as needed every few hours.
- ❖ Try to use padding, such as pillows or clothing under body parts that are in contact with hard surfaces.
- ❖ Advise people to use with other people they feel safe with, as sedation may put people at greater risk of physical assault, robbery and other injury.
- ❖ In extreme heat or cold, advise people to use in a place where they can be protected from the elements,

# Xylazine Withdrawal

People that have developed dependence on xylazine may experience severe withdrawal.

- ❖ Symptoms are not always well-defined and may include severe anxiety and agitation as well as elevated blood pressure and heart rate.
- ❖ Xylazine withdrawal may begin before, after, or be concurrent with opioid withdrawal.
- ❖ Timeline for which xylazine withdrawal occurs is unknown but it has been reported as starting within 6-12 hours after discontinued use.
- ❖ People taking medication for opioid use disorder may opt to discontinue treatment, as MOUD does not ease symptoms of xylazine withdrawal.
- ❖ Medical facilities are learning how to medically manage xylazine withdrawal, with medical professionals collaborating in real-time to identify best practices for treatment.



# Medical Self-Advocacy

Why is it important that people who use drugs (and the people that support them) know how to advocate for themselves (and their participants) in medical settings?

# What to Know:

- ❖ As service providers it is important to understand the barriers that may keep people from seeking routine medical care.
- ❖ While we work towards excellent and stigma-free care for all people, we can help empower program participants in the meantime to advocate for themselves in medical settings.
- ❖ The following slides include suggestions and considerations that participants may find helpful when accessing care.

# General Guidance When Seeking Medical Care

**Service providers can share information about finding providers, tips on preparing for a medical visit, navigating the medical visit, and steps to take after an appointment.**

Important to remember:

- ❖ The relationship between patient and medical provider should be nonjudgmental and patients should be able to comfortably talk with their providers about drug use and other aspects of their lives to the extent that they want to disclose.
- ❖ It is NOT the fault of a person who uses drugs if their medical provider is judgmental towards them or makes them feel stigmatized—it is a medical provider's job to provide care without judgment.



Image: Creative Commons

# Finding a Provider

- ❖ Community health fairs may offer opportunities for preventative services, routine examinations, and testing.
- ❖ It isn't always possible to choose your provider—some areas have a limited number of doctors or clinics, or covered providers may be limited by your insurance plan. In emergency situations, getting to the ED should be the priority—but it can be helpful to be familiar with how the hospitals or providers in your area treat people who use drugs.
- ❖ Ask friends, community members, and participants and staff at SSPs or other allied organizations for recommendations of places to go and places to avoid.
  - Even if nobody can recommend a compassionate provider, it helps to know what to expect should you decide to seek care.

# Before a Medical Visit

- ❖ If you're feeling uncomfortable or nervous about an appointment, ask a trusted friend, family member, or other peer support to go with you as an observer and/or advocate..
- ❖ If nobody can join you in person at the appointment, you might be able to have them join your appointment by phone.
- ❖ Some medical facilities have peer support available by request—ask if this is the case when scheduling.
- ❖ If you are on MOUD and you have an upcoming stay at a hospital, ask staff how they incorporate MOUD into daily care.
- ❖ If you are anticipating staying overnight or longer at a hospital, make a checklist of what needs to be done at home prior to leaving, or taken care of while you're away.

# Before a Medical Visit

- ❖ If nervous about talking to medical staff or worried you'll forget something, you can make a list of the following information:
  - List of symptoms and how long you've had them
  - Current medications
  - Relevant family history
  - Questions for the provider
  - If receiving take-home medication, your preferred pharmacy
  - Any other concerns
- ❖ If someone is accompanying you on your visit, you can ask them to take notes and advocate for you.



Photo: Billy Golden

# Before a Medical Visit

- ❖ If you're on MOUD or any psychiatric medications, be sure to bring along the name and contact info for your clinic, prescriber, and/or psychiatrist. If admitted to the hospital overnight, this will make it easier for staff to reach your providers and minimize disruptions in your care.



Photo: Creative Commons

- ❖ Bring a pen and paper or your phone to take notes for documentation.
- ❖ Prepare for your visit—you may be in the waiting room and/or with staff for a long time.

# During a Medical Visit



- ❖ You **never** have to discuss your substance use if you feel uncomfortable or unsafe doing so.
- ❖ If you feel comfortable disclosing any substance use, you can ask your medical provider questions about any potential interactions with prescribed medications.
- ❖ Take notes, or if you've brought someone else along, ask them to take notes for you.
- ❖ Sometimes nursing students or medical students will stay in the room for observation. If you feel there are too many people in the room, you can request to just speak with the doctor.

# During a Medical Visit

- ❖ You have a right to informed consent and your provider should explain any procedures, interventions, or treatments to you before they're performed.
- ❖ You have the right to agree to treatment or to refuse it.
- ❖ Medical staff will usually ask you to sign a refusal of treatment form if you do refuse treatment.
- ❖ Refusing care can sometimes result in negative treatment from staff.
- ❖ Try not to get pulled into a negative exchange, Remember, you have the right to ask for a different provider.



Photo: Creative Commons

# During a Medical Visit

- ❖ If a provider refuses treatment for any reason (for example, substance use, weight, mental health issues, gender identity, sexuality, medical history), you can request that they document in your chart that you were denied care and for what reason.



Photo: Creative Commons

- ❖ Ask questions if you don't understand something. Ask as many times as necessary.
- ❖ If having a wound lanced and drained, lidocaine or another numbing agent should be offered. If not, you can always request it.
- ❖ You can request to see your medical chart at any time, for any reason.
- ❖ This is YOUR appointment—you can end it at any time, for any reason.

# After a Medical Visit

- ❖ If you find you have other questions or need further clarification after the visit, you can contact the provider. Many health systems now use web-based messaging in addition to calls.
- ❖ You have a right to a second opinion and to seek medical care from a different provider.
- ❖ If your doctor or any other medical provider acts unethically or does you harm, you can file a complaint about them to your state's medical board.
- ❖ Most medical facilities will have a mechanism to file a complaint internally.
- ❖ If you have Medicaid or Medicare, the Center for Medicaid & Medicare Services has instructions on how to file a complaint about provider behavior, improper treatment, and/or unsafe hospital conditions.

# After a Medical Visit



Photo: UW ADAI Empathy Lens Collection

If participants are comfortable doing so, they can let staff at the community-based organizations they frequent know about their experience, whether positive, negative, or neutral. This may help other people who plan on going to that clinic, hospital, or provider in the future know what to expect.

# When Visiting the Emergency Department

**According to the Legal Action Center, for drug- or alcohol- related emergencies, the ED should offer:**

- ❖ Screening and diagnosis for substance use disorder
- ❖ Medications for opioid use disorder
- ❖ Arrangements for follow-up SUD care after ED discharge
- ❖ Naloxone at discharge

Even if these services are available, patients are not required to accept them.

**Did we miss anything?  
Are there any tips you  
would add?**

# Resources

[Abscess care basics](#)

[BeEmpowered\\_final.pdf \(lac.org\)](#)

[CAMP-Xylazine-Best-Practices-1.pdf](#)

[Clinicians Xylazine Wound Management Guidelines](#)

[Edie Springer's Worker Stances for Clients Who Use Drugs & Harm Reduction Worker: Best Practices – Space Hacks](#)

[<https://mydoctor.kaiserpermanente.org/ncal/Images/>](#)

[Care\\_for\\_Wound\\_Draining\\_Abscess\\_tcm75-635378.pdf](#)

[Introduction to Common Wounds for PWID by Alec Dunn and Tim Gauthier by nextdistro – Issuu](#)

[Legal Action Center | Know Your Rights in the Emergency Room](#)

[Living with MRSA](#)

[Opioid Response Network, Treatment and Care for Patients with Wounds](#)

[PDF-Wound-Care-And-Triage.pdf \(nastad.org\)](#)

[Reducing the harms of xylazine: clinical approaches, research deficits, and public health context – PMC](#)

[Rescue Breathing](#)

[Trauma-Informed Approaches Toolkit | NASTAD](#)

[Update Tranq Guide PDF \(everywherereproject.org\)](#)

[Webinar: Beyond the Alerts: Practical Guidance for Responding to Xylazine | NASTAD](#)

[What You Should Know About Xylazine | Overdose Prevention | CDC](#)

[Xylazine: Clinical Management and Harm Reduction Strategies for Patients](#)

# Contact the Opioid Response Network

- ❖ To ask questions or submit a technical assistance request:
  - Visit [www.OpioidResponseNetwork.org](http://www.OpioidResponseNetwork.org)
  - Email [orn@aaap.org](mailto:orn@aaap.org)
- ❖ The **NASTAD Drug User Health** team also provides free resources and technical assistance to support health department and community-based overdose prevention and infectious disease programs. To submit a technical assistance request, email [druguserhealthTA@nastad.org](mailto:druguserhealthTA@nastad.org).

# Trainer Contact Info

- ❖ Insert trainer contact info

# ORN Evaluation Survey Link

The grant that provided funding for this training requires that we request you to complete the brief survey linked below. Your feedback is important and provides support for this type of work to continue. Scan the QR Code to access the SAMHSA feedback survey.

Insert QR Code

Link to Survey: [Insert Link]

The survey will ask about your satisfaction with the training program you just completed as well as some basic demographic information. Your responses will help the Opioid Response Network improve the services they provide.

Thank you in advance for completing this survey!

