Quick Reference Guide

Urine Drug Screen for Adult Patients on Chronic Opioid Therapy

The urine drug screen (UDS) is a valuable tool for monitoring adherence to chronic opioid therapy (COT) as well as the evaluation of possible substance misuse and/or diversion. Urine is the preferred specimen for monitoring compliance as testing is noninvasive, often more cost effective, and can provide rapid results when using point-of-care (POC) testing. This regular testing is done for the safety of the patient. It should be viewed as a medical test just as you monitor a metabolic panel or CBC to ensure the safety of the patient prescribed certain medications. By regularly checking a UDS, you are following the recommendations of the CDC and the NC Medical Board.

POC Point-of-Care. An immunoassay POC screening test can be done in your office and provides rapid results. This test has a higher incidence of false positives and false negatives.

GC-MS Gas Chromatography-Mass Spectometry. This test must be sent to a lab but can provide more in-depth analysis of the urine sample. Results may take a week to obtain, but have better specificity and sensitivity. This test should be ordered when a provider is faced with an unexpected finding that a patient does not acknowledge.

Results will frequently include an interpretation. Most will also have a phone number for you to contact a toxicologist at the lab to review any findings that might not be clear.

THE ESTABLISHED PATIENT POC

Ongoing random POC UDS collection should be done no less than once a year. This should be done randomly and not at a predetermined time. For higher-risk patients, a UDS should be collected more frequently.

Collection: This is not forensic testing; there is no chain of custody. Urine collection does not need to be observed; however, we do recommend that patients not take coats or bags into the bathroom when they are providing the specimen. They should also not go to the bathroom with anyone.

Interpreting: POC tests have issues with false positives and negatives. Send out a confirmation test if something is unclear. Do not make clinical decisions on POC tests disputed by the patient.

UNEXPECTED FINDINGS WITH POC

These will happen!

- Ask patient, with open-ended questioning, if you should expect to find anything in the UDS. Often patients will acknowledge findings.
- If patient does not acknowledge unusual findings, discuss findings in a non-accusatory manner.
- If patient continues to deny, do not take action at this time. Send specimen for GC-MS testing. Provide patient with shorter Rx and make plans for follow-up in 1-2 weeks. Results of the POC test should not be relied on for making final decisions regarding COT.
- If GC-MS results are also aberrant, this is the time to take action.

Red Flags:

- Negative for all substances when patient reports daily use. Could indicate diversion.
- Positive for non-prescribed controlled substance. Check the NCCSRS* database to see if these are Rx. Consider SBIRT if you have concerns.
- Positive for alcohol (ETOH)

IMPORTANT TO REMEMBER

- Do not discharge patient for aberrant UDS. Evaluate for substance misuse. Do not prescribe medicines patient has misused but continue to see patient for medical issues. Consider referral to substance abuse provider.
- Do not delegate UDS discussions to staff; this should be done by the prescribers.
- UDS should be done in conjunction with checking the NCCSRS*, regular visits, possible pill counts, substance misuse screening, and depression screening (PHQ9). Using these tools together is the key to providing safe care to patient on COT.
- Document aberrant findings in the chart; place alerts for other providers and staff.
- Remember the POC is a screening test and unless the patient acknowledges findings DO NOT make clinical judgments of this data. Order a GC-MS test. This is your confirmatory test and you CAN make a clinical judgment on these findings.
- It is important to know what your test is actually testing. Not all of them test for all substances, especially the POC test.
- The GC-MS lab provides a toxicologist/pharmacist to review results with you. Utilize this resource for any questions or concerns.

* **NCCSRS:** NC Controlled Substance Reporting System. All prescribers should have access to this database and regularly do so to monitor appropriate prescribing history.

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