KENNEDY'S CASE

Case Description

- Kennedy is a 22-year-old female who is currently using intranasal (IN) and intravenous (IV) heroin, about 10 bags daily, up from 3 bags last year. She is concerned because the patient has had another overdose.
- The FP had some prior knowledge about buprenorphine, but was never interested in obtaining an x-waiver to prescribe. She shamefully confided; "I didn't think there were 'addicts' in my practice.
- An appointment with you is scheduled for the next day.
- Kennedy started binge drinking at parties on the weekends when she was 13. She is currently also smoking cannabis daily.
- Kennedy's opioid use started in high school with non-prescribed oxycodone tablets, which her friends were crushing and snorting to get "high." Her friends convinced her it was fun to do.
- At first, Kennedy did not like the feeling from the oxycodone—it made her nauseous and vomit. But after a few more tries, she found the oxycodone relaxing, and her anxiety magically disappeared.
- She felt like this was what her brain was "missing."
- Kennedy was sexually abused by an older male cousin when she was 9 years old. Kennedy is crying as she speaks of this traumatic event
- Kennedy had been evaluated by a psychiatrist as a teenager, and a diagnosis of PTSD was made. She was prescribed an SSRI, and started seeing a therapist.
- In her senior year, her oxycodone supplier was arrested, and a new boyfriend introduced her to heroin, which was more available and considerably cheaper. She was snorting the heroin to get high, and she subsequently stopped both the SSRI and the therapy.
- She managed to graduate high school and enroll in her local community college. Due to her continued substance use, however, she was unable to continue her studies, and dropped out after one semester.
- Soon, she segued into injection drug use (IVU). She obtains sterile needs and syringes from a needle exchange. She admits to two overdoses, and was reversed with naloxone by her boyfriend both times. Fentanyl contamination was suspected in both cases, which she was unaware of.
- Kennedy has entered medically-managed withdrawal three times (lasting from 3-5 days) and one 28-day rehab. She unfortunately relapsed in less than one week. She has attended a few NA meetings with her boyfriend. She thinks medications, such as methadone and buprenorphine, would just be trading one addiction for another. These medications have never been prescribed, there is no history of street use.
- At this point, it is unknown if MOUD has ever been offered.
- Currently, she lives with her boyfriend, who also uses IV heroin. He works part time in construction. She has reliable transportation, but is unemployed, and looking for work. She denies any legal ramifications related to her substance use.
- Her parents divorced when she was 12. She is estranged from her father, and claims her mother is supportive, but with minimal resources. She has a 28 yo brother with a history of alcohol use disorder (AUD) whose last use was 2 years ago. There is no other family history of SUD.

- PMH is noncontributory other than for PTSD; NKDA.
- She is currently on no prescribed medications, or OTC or herbal remedies.
- Kennedy has recently enrolled in the Medicaid program. She claims that her boyfriend is not eligible for Medicaid.
- Physical Exam: young, thin, disheveled female, sedated, with pinpoint pupils (miosis), and slurred speech. Bilateral upper extremities reveal fresh track marks on antecubital fossae, no abscess or streaking.
- COWS= 3
- Patient not aware of her HIV status or Hep C status.
- UDT(POC): + opiates, +THC, +fentanyl, and +cocaine.
- Kennedy states her last use of heroin was 2 hours ago. She admits to the use of cannabis, but denies the use of fentanyl and cocaine.

Prompting Questions

- Based on the case, what follow-up questions would you ask?

Reflections

Questions, Thoughts, Key Terms, Main Ideas	Notes
Summary	

KENNEDY'S CASE

Case Description

- Kennedy is a 22-year-old female who is currently using intranasal (IN) and intravenous (IV) heroin, about 2 bags daily, up from ½ bag last year. She is concerned because the patient has had another overdose.
- The FP had some prior knowledge about buprenorphine, but was never interested in obtaining an x-waiver to prescribe. She shamefully confided; "I didn't think there were 'addicts' in my practice.
- An appointment with you is scheduled for the next day.
- Kennedy started binge drinking at parties on the weekends when she was 13. She is currently also smoking cannabis daily.
- Kennedy's opioid use started in high school with non-prescribed oxycodone tablets, which her friends were crushing and snorting to get "high." Her friends convinced her it was fun to do.
- At first, Kennedy did not like the feeling from the oxycodone—it made her nauseous and vomit. But after a few more tries, she found the oxycodone relaxing, and her anxiety magically disappeared.
- She felt like this was what her brain was "missing."
- Kennedy was sexually abused by an older male cousin when she was 9 years old. Kennedy is crying as she speaks of this traumatic event
- Kennedy had been evaluated by a psychiatrist as a teenager, and a diagnosis of PTSD was made. She was prescribed an SSRI, and started seeing a therapist.
- In her senior year, her oxycodone supplier was arrested, and a new boyfriend introduced her to heroin, which was more available and considerably cheaper. She was snorting the heroin to get high, and she subsequently stopped both the SSRI and the therapy.
- She managed to graduate high school and enroll in her local community college. Due to her continued substance use, however, she was unable to continue her studies, and dropped out after one semester.
- Soon, she segued into injection drug use (IVU). She obtains sterile needs and syringes from a needle exchange. She admits to two overdoses, and was reversed with naloxone by her boyfriend both times. Fentanyl contamination was suspected in both cases, which she was unaware of.
- Kennedy has entered detox three times (lasting from 3-5 days) and one 28-day rehab. She unfortunately relapsed in less than one week. She has attended a few NA meetings with her boyfriend. She thinks medications, such as methadone and buprenorphine, would just be trading one addiction for another. These medications have never been prescribed, there is no history of street use.
- At this point, it is unknown if MAT has ever been offered.
- Currently, she lives with her boyfriend, who also uses IV heroin. He works part time in construction. She has reliable transportation, but is unemployed, and looking for work. She denies any legal ramifications related to her substance use.
- Her parents divorced when she was 12. She is estranged from her father, and claims her mother is supportive, but with minimal resources. She has a 28 yo brother with a history of alcohol use disorder (AUD) whose last use was 2 years ago. There is no other family history of SUD.

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Prompting Questions

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Reflections

What I Observe (Record what you see in the case)	**Questions I have** (Record questions you have)

KENNEDY'S CASE

Prompting Questions

- Based on the case, what follow-up questions would you ask?

Case Reflections

Case Information	My Notes
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