Urine Drug Screen Toolkit
Community Care of Wake and Johnston Counties

This is a tool that may be used to assist providers in prescribing medications safely when treating individuals with chronic pain.
# TABLE OF CONTENTS

Introduction to the Urine Drug Screen Toolkit ................................................................. 3

I. Core Elements .................................................................................................................. 4
   * Information for Staff .................................................................................................... 5-6
   * Information for Patients .......................................................................................... 7-8

II. Polices and Procedures .................................................................................................. 9
   a. Preparing the office ................................................................................................... 10
   b. Routine Procedure .................................................................................................... 10
   c. Performing the Test .................................................................................................. 10

III. Reading and Interpreting the Results ........................................................................... 11
   a. Preliminary Positive .................................................................................................. 12
   b. Negative .................................................................................................................. 12
   c. Invalid .................................................................................................................... 12
   d. Special Consideration .............................................................................................. 12
      i. Abnormal Results: Negative for Prescribed Medication ........................................ 12
      ii. Abnormal Result: Positive for an Unprescribed/Illlicit Substance ...................... 12

IV. Documenting Results .................................................................................................... 13
   * UDS Log ...................................................................................................................... 14

V. Additional Resources ................................................................................................... 15
Introduction

This Urine Drug Screen Toolkit is a resource that may be used to assist medical care providers in treating and managing individuals with chronic pain.

These are some recommendations and you are encouraged to adopt and utilize practices in this toolkit that you find helpful.
I. CORE ELEMENTS
Information for Staff

Who to Test

- Patients on chronic opiate regimen
- New patients already on narcotics
- Patients that you inherit
- Suspicious/ unusual behavior: “Pseudo-addiction”
- Patients with a history of addiction or currently in recovery

When to Test

- Frequency: The decision on how often to collect samples is up to the practitioner and can vary depending on the individual patient. For example, take into account patient characteristics such as:
  - Patient behavior
  - Past positive tests
  - Indications of abuse or addiction
- Schedule: Research suggests it is best practice to collect samples on an unannounced basis. Two to three collections per year may be enough for pain patients who do not show signs of abnormal behavior
- First Visit
- At the beginning of the visit-before a prescription is written
- Before starting controlled substances
- Change in medication type or dosage
- Decline in patients level of functioning/mental status

How to Test

- Lab or Rapid Urine Drug Screen Testing
- Routine, Monitored, or Observed

  a. When to complete a monitored or observed collection
     - Tampering is suspected as evidenced by: temperature not WNL, observation of sample appears diluted, cloudy, or bubbly, or observations of patient’s behaviors and/or actions convey possible tampering.
     - If the physician requests a monitored or observed collection

How to Respond to Results

- If tampering is suspected, may want to consider offering the patient an option to retest. If you allow retesting it is encouraged to repeat the test on the same day the original is administered.
• Common adulterants typically produce telltale signs of tampering: Drano, bleach and vinegar change the specimen's pH outside the normal range, goldenseal tea causes the specimen to turn brown, soap causes the specimen to become cloudy or bubble when shaken, table salt forces the sample's relative density out of the normal range.

• If results are positive, for illicit substances or prescription medications that are not prescribed, it should be discussed in a non-judgmental, supportive way with the patient to see if there might be another cause of the positive result. Sometimes detecting an illicit substance can be used as a motivation to change.

A referral to addiction specialist should be considered and is strongly encouraged to rule in or out any substance abuse or dependency issues.
Our practice is committed to delivering high quality and safe care to our patients.

A growing patient safety problem is unintended overdoses and deaths among patients using prescribed pain medications.

In response to this problem, patients who are receiving on-going prescriptions for pain medications may be asked to complete a Pain Management Agreement with their provider and provide a urine sample to check for medications in their system.
Information for Patients

Your doctor wants to make sure you are receiving safe and quality care. Under some circumstances you may be asked to provide a urine sample while you are receiving treatment.

Q. How Can Testing My Urine Help My Doctor?

A. Urine screens are used as a tool to help your doctor learn more information about the medications in your system. The information in your results can help the doctor detect dangerous drug interactions and protect you from any risk. The doctor uses your results to:

- Guide you in your treatment
- To assist you in receiving better treatment
- To help your doctor manage your prescription medications
- Monitor adherence of medications being prescribed
- To detect possible substance misuse

Q. My doctor hasn’t been testing me. What made him decide to test me now?

A. Providing a sample for urine drug monitoring is not an indication that your doctor suspects anything or that you may be doing anything wrong. Your doctor may be doing randomized testing of many patients. What that means is that rather than having to decide who might best benefit from testing, he or she will pick patients for testing at random intervals. That way, no patient is ever singled out and no patient is accidentally skipped over.

Q. Can I refuse to be tested?

A. When a doctor chooses to use urine drug monitoring as a part of his or her treatments, it is usually an important part of how he or she makes important decisions regarding your care. It also indicates that the drugs prescribed as part of your medication regimen should be closely monitored. Refusing to be tested may make it impossible for your doctor to continue your treatment in a manner that he or she sees as effective and safe. As a patient you have the right to refuse testing, however, your doctor also has the right to decide how, if, and what kind of treatment he or she will provide. Please remember that your doctor is committed to your well-being and safety.

Under Some Circumstances You May Be Asked To:

- Remove any unnecessary outer clothing (e.g., coat, jacket, hat, etc.) and to leave any purse, or other personal items you may have with the collector.
- To empty your pockets.
- To wash your hands prior to giving the urine sample.
- Wait to flush the toilet before giving your urine sample to the collector.
Different Types of Collections May Include Monitoring or Observed Collections.

What is the Difference between a Monitored and an Observed Test?

- **Monitored Test:** The collector may stand outside the restroom and listen, but will not watch you. You may be asked to place one hand on the wall and/or stop urinating mid-stream.
- **Observed Test:** The collector may enter the restroom with you and will observe urine filter from your body directly into the collection cup.

What about the Results of My Test?

- If your test is negative for any prescriptions that should be detected in your urine, positive for prescriptions you are not prescribed, or positive for illegal substances your doctor will discuss his or her concerns with you.

- **Please direct any questions, comments, or concerns about testing with your doctor and not the individual collecting your urine sample.**
II. POLICIES & PROCEDURES FOR IN-OFFICE TESTING
a. Preparing the Office

- Storage for CLIA-X Multiple Drug Test Cup
  - Store at room temperature 59-86 degrees F or refrigerate at 35-45 degrees F in sealed pouch, away from direct sunlight.
  - Do not Freeze
  - Do not use after expiration date on package (average lifespan = 1 year)

- Materials Needed for CLIA-X Multiple Drug Test Cup
  - One (1) CLIA-X Multiple Drug Cup Test reaction urine cup and one moisture absorbent packets in sealed pouch
  - One (1) plastic sealable bag
  - Disposable Gloves
  - Clock or stopwatch

b. Routine Procedure for Preparing to Collect Urine Sample

  - Explain the basic collection procedures to the patient.
  - You may want to have patient remove any unnecessary outer clothing (e.g., coat, jacket, hat, etc.), empty pockets, and leave any purse, or other personal belongings with the collector.
  - Instruct and observe patient washing his/her hands. Collector should also wash hands at this time and follow with placing disposable gloves on hands.

c. Perform the Test

1. Remove the CLIA-X Multiple Drug Cup Test from its protective foil wrapper.
2. Open the cap of the cup and have patient urinate into the cup so that the sample level falls above the minimum urine level marks printed on the label. (If you collect the urine sample in another clean and dry glass or plastic container, just open the cap of the cup and pour the urine sample into the cup).
3. Secure the lid tightly to the filled specimen collection cup.
4. Peel label indicated with “TAB” to view results.
5. Read each individual test strip result within five (5) minutes after the urine is added to the cup.
6. Wash hands after collecting the urine sample and performing the CLIA-X Multiple Drug Cup Test.

IMPORTANT: Refer to the green color as indicated on the temperature label. If the test cup is cold, allow cup to equilibrate to room temperature before you begin.
III. Reading and Interpreting the Results
Each target drug that is being tested for has its own test strip. Each strip should be read individually and independently of one another. (Use illustration on page one of testing instructions provided with testing materials).

a. **Preliminary Positive:** One rose-pink band is visible in the control zone (top band). No color band appearing in the appropriate test zone (bottom band) indicates a preliminary positive result for the corresponding drug of that specific test zone.

b. **Negative:** Two rose-pink color lines are visible in each both the control zone and test region, indicating that the concentration of the corresponding drug of that specific test zone is below the detection limit of the test.

c. **Invalid:** If a color band is not visible in each of the control zones, the test is invalid. Another test should be run to re-evaluate the specimen.

   *Note: There is no meaning attributed to line color intensity or width.*

d. **Special Considerations**

i. **Abnormal Results: Negative for Prescribed Medication**

   While absence of the prescribed drug could indicate diversion, there are other possible explanations:

   - The patient may have run out of the medication before submitting a sample due to increasing the dose or frequency of administration.
   - The patient is taking less than the prescribed amount of medication.
   - In an attempt to cover up illicit drugs, the patient has tampered with his or her sample.
   - If immunoassay testing that was not specific for a single drug was used, it will usually not detect semi-synthetic and synthetic opioids - i.e., buprenorphine, oxycodone, hydrocodone, hydromorphone, fentanyl, and methadone. In this case, confirmatory testing should be considered.

ii. **Abnormal Results: Positive for an Unprescribed/Illlicit Substance**

   Testing can be a good tool to screen for substance abuse, but a positive result does not mean the patient has an abuse or dependency problem and the following should be taken into consideration:

   - False positives can occur due to cross-reactivity, where OTC and non-illicit drugs can look like illicit drugs and result in a positive.
   - Recreational use
IV. DOCUMENTING RESULTS
# On-Site UDS Testing Log

<table>
<thead>
<tr>
<th>Medicaid ID or Initials/DOB</th>
<th>Date</th>
<th>Lot#</th>
<th>Expected</th>
<th>Did This Result Change Management?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>√ = Yes</td>
</tr>
</tbody>
</table>

---

15
V. ADDITIONAL RESOURCES
Interpreting Urine Drug Screens

### General Information
- Before ordering a urine toxicology screen, review the patient’s medication record to ensure it is accurate and up-to-date.
- False positives and negatives are possible on initial urine screens but can be ruled out on confirmation screens.
- Contact the laboratory if results of urine toxicology screen are abnormal, or not as expected.
- Common adulterants typically produce telltale signs of tampering: Drano, bleach and vinegar change the specimen’s pH outside the normal range, goldenseal tea causes the specimen to turn brown, soap causes the specimen to become cloudy or bubble when shaken, table salt forces the sample’s relative density out of the normal range.

### Included in Standard Urine Toxicology Screen for CLIA 11 Multi Drug Test Cup

<table>
<thead>
<tr>
<th>Substance (compound targeted by assay)</th>
<th>Window of Detection</th>
<th>Cut-Off Level</th>
<th>Substances which can cause false positives</th>
<th>Notes &amp; Clinical Pearls</th>
</tr>
</thead>
</table>
| Amphetamines (d-amphetamine, d-methamphetamine) | 3 – 72 hours | 1,000ng/mL | - Common OTC products containing: Ephedrine, pseudoephedrine, phenylephrine;  
- Prescription stimulants used for ADHD, Hyperactivity, narcolepsy & anorexiants: Benzphetamine, dextroamphetamine, methamphetamine, methylphenidate, phentermine;  
- Psychotropics: bupropion, chlorpromazine, promethazine, thioridazine;  
- Misc: Amantadine, Desipramine, doxepin, ranitidine, trazadone, trimethabenzamide | Cross reactivity possible with many over-the-counter products; contact laboratory for details. Must specify with laboratory if testing for ecstasy (metabolites are present for < 24 hours) or ephedra. |
| Phencyclidine (PCP) | | 25ng/mL |  |  |
| Barbiturates (Secobarbital) | 1 – 21 days | 300ng/mL | Dilantin, Fiorinal, and Fioricet. |  |
| Benzodiazepines (Nordiazepam) | Short – acting (e.g. alprazolam, lorazepam) 72 hours  
Long-acting (e.g. diazepam) 30 days | 300ng/mL | Oxaprozin (Daypro®), Sertraline | Assay unable to distinguish between specific benzodiazepines; contact toxicology laboratory if screening for a specific agent.  
Windows of detection depend on specific agents; shorter-acting benzodiazepines (e.g., alprazolam, lorazepam) will have shorter windows of detection while longer-acting agents (e.g., diazepam) will be present for longer.  
Temazepam and oxazepam are hepatic metabolites of diazepam and may be positive in confirmation screens for diazepam. Due to the long elimination half-life of benzos, an individual using these drugs for months or |
## Interpreting Urine Drug Screens

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Detection Window</th>
<th>Concentration</th>
<th>Specific Medications and Interpretation of Results</th>
</tr>
</thead>
</table>
| **Cannabinoids** (THC metabolites) | 0 – 21 days | 50 ng/mL | - Window of detection depends on duration of use; single uses are generally detectable for 2-4 days; moderate use for 1 week or more; chronic use may last up to several weeks  
- After discontinuing marijuana, cannabinoids distribute from the tissue and may result in positive screens for over days to weeks; results may also be affected by underlying fluid status (i.e., dehydration vs. fluid overload)  
- A positive result cannot be explained by passive smoke inhalation; also unlikely with hemp ingestion  
- Visine® eye drops (if added to urine) may cause false negative results |
| **Cocaine** (Benzoylecgonine) | 12 – 72 hours | 300 ng/mL | - topical anesthetic use |
| **Methadone** | 72 hours | 300 ng/mL | |
| **Opiates** (Codeine, Morphine) | 2 – 5 days | 3,000 ng/mL | - Cough suppressants with Dextromethorphan (DXM) Nyquil  
- Antibiotics: levofoxacin, ofloxacin, gatifloxacin, moxifloxacin, ciprofloxacin, and norfloxacin  
- Specific medications and interpretation of results (Confirmation Screens)  
  - **Codeine**: expect codeine and morphine on urine screen. Codeine alone is possible if patient is deficient in CYP2D6 pathway. Small amounts of hydrocodone may also be present.  
  - **Morphine**: expect morphine on urine screen; high doses may result in small amounts of hydromorphone (< 5%) due to an alternate metabolic pathway. Morphine alone may also indicate heroin use within the previous 1-2 days.  
  - **Hydrocodone**: expect hydrocodone on urine screen; may also produce small quantities of hydromorphone, as it is the primary metabolite of hydrocodone.  
  - **Hydromorphone**: expect only hydromorphone on urine screen.  
  - **Oxycodone**: may not be detected on initial urine drug screen (i.e., about 75% sensitivity), so confirmation may be necessary; other opioids should not be seen on urine screen  
  - Synthetic and semisynthetic opioids (e.g., fentanyl, oxycodone, buprenorphine) may not be reliably detected on urine screen; must specifically order test for detection of fentanyl |