**Lab assessment Info**

-For labs, it is standard to check:   CBC, CMP, PT/INR, Magnesium, Urine drug screen, and in females UPT or HCG.   If treating anyone with history of IVDU, also check HIV/Hepatitis panel.

-some caregivers want to be more comprehensive or have suspicions and additionally check TSH, B12/Folate, Vit D levels.

-If someones LFTs return elevated (>3-5 upper limit of normal)  it makes sense to send a Hepatitis panel.  Often these levels are elevated from the direct hepatic inflammation from alcohol and will decrease once the patient stops drinking during detox (within the week)   If someone is positive for chronic hepatitis C or B, it is not a contraindication for naltrexone.  In fact, it is more imperative they quit drinking or patient has significantly higher likelihood of cirrhosis and HCC.   If LFTs elevation, always ensure they are not additionally taking hepatotoxic drugs such as tylenol or statins.   It is recommended that LFTs are below 3x ULN prior to naltrexone treatment.

-In addition to standard detox meds and gabapentin, many practices will supplement every patient with a super B complex, Vitamin D, Multivitamin, Magnesium and Zinc.