



Outcomes Worksheet

Patient Name: _____ Date of Birth: _____

Yes	No	Not screened	Today, patient was identified as at risk for accidental overdose based on current disease states, current medications, or age
Yes	No	Not screened	Today, patient was identified with one or more red flags of opioid use disorder <i>If yes, these red flag concerns were discuss with the patient</i>
Yes	No	PDMP not checked	Today, patient was identified with potential opioid use issues based on PDMP results <i>If yes, these issues were discussed with the patient</i>
Yes	No		Medication take-back program was introduced to the patient
Yes	No	Not offered	The opioid prescription was partially filled <i>If no, please indicate reason (check all that apply):</i> <input type="checkbox"/> Pharmacist oversight <input type="checkbox"/> Prescription quantity too small <input type="checkbox"/> Less than 3 days supply prescribed <input type="checkbox"/> Increased cost to patient
Yes	No	Not indicated for this patient	Opioid use disorder was explained to the patient
Yes	No	Not indicated for this patient	Community support/treatment services information was discussed with the patient
Yes	No	Not indicated for this patient	The benefits of naloxone were explained
Yes	No	Not indicated	Naloxone was prescribed by the pharmacist
Yes	No	Not indicated	Naloxone was received by the patient: <i>If yes, which dosage form: nasal spray Evzio injectable atomizer</i>
			<i>If yes, how much did the patient pay out of pocket (copay)</i> Free from a grant \$0 to \$10 \$11-20 \$21-\$30 \$31-\$40 >\$41
			<i>If no, please indicate the reason (select all that apply):</i> Cost Patient didn't perceive a need Patient was in a hurry Other (please explain)
Yes	No	Not indicated	The prescriber of the opioid medication was contacted <i>If yes, what was changed?</i> medication strength directions quantity nothing
			How long did the pharmacist spend with the patient? _____ minutes

THE RESULTS OF THIS DOCUMENT MUST BE ENTERED INTO REDCAP