



## 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 potential for opioid misuse <i>If yes, this was discussed with the patient</i>
Yes	No		Medication take-back program was introduced to the patient
Yes	Patient declined	Not indicated for this patient	The opioid prescription was partially filled
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 for this patient	Pharmacist identified the patient needs naloxone
Yes	No	Not indicated for this patient	Patient accepted naloxone to take home
Yes	No	Not indicated for this patient	The prescriber of the opioid medication was contacted <i>If yes, what was changed?</i> <i>medication strength directions quantity nothing</i> <i>medication was discontinued and changed to non-opioid alternative</i>
			How many minutes did the pharmacist spend with the patient? _____ minutes

**THE RESULTS OF THIS DOCUMENT MUST BE ENTERED INTO REDCAP**