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Medication Safety Questionnaire

- Use this questionnaire for **every client** and re-assess every 6 months
- NOTE: Use specific form for HOSPICE or HOME HEALTH

To print more, go to www.one-program.org/PHnursing

For Home Health clients with opioid:

Workflow Document

- If a client is using an opioid, this is the step-by-step process to use for opioid safety

Triage Tool

- Use this flowchart to determine which services to offer to your clients.

MALE or FEMALE Opioid Risk Screening

- Use this tool to screen each patient for opioid misuse and overdose risk

Outcomes Worksheet

- Document interventions provided based on risks

To print more, go to www.one-program.org/PHnursing

Narcan for Clients

- Use this document to coordinate getting Narcan for a client

Patient Brochure for Opioid Safety

- Provide one of these brochures to each patient who is actively taking or has an opioid medication in the home

For more, contact heidi.eukel@ndsu.edu



Medication Safety Questionnaire [Home Health]

Client name or MRN: _____

How does client receive medication?

- ☐ Local community pharmacy pick up
- ☐ Local community pharmacy delivers
- ☐ Local community pharmacy mails
- ☐ Mail order pharmacy

Does client have difficulty with getting medications when needed?

- ☐ Yes
- ☐ No

How is the client storing his or her medications?

- ☐ Medication is stored in locked box
- ☐ Medication is stored in safe designated area
- ☐ Medication is stored in unsafe designated area
- ☐ Medication storage not designated

Medication disposal of unused or expired medications:

- ☐ Medication not discarded
- ☐ Medication discarded in trash
- ☐ Medication disposal with approved measures
- ☐ Has unused opioids in the home

Does the client take medication(s) for pain?

- ☐ No, not taking medication for pain

☐ Yes, taking medication for pain

☐ Taking non-opioid for pain (Celebrex, NSAID, etc.)

☐ Taking opioid for pain (oxycodone, hydrocodone, tramadol, etc.)

If yes, proceed to opioid screening



Medication Safety Questionnaire [Hospice]

Client name or MRN: _____

How does client receive medication?

- ☐ Local community pharmacy pick up
- ☐ Local community pharmacy delivers
- ☐ Local community pharmacy mails
- ☐ Mail order pharmacy

Does client have difficulty with getting medications when needed?

- ☐ Yes
- ☐ No

How is the client storing his or her medications?

- ☐ Medication is stored in locked box
- ☐ Medication is stored in safe designated area
- ☐ Medication is stored in unsafe designated area
- ☐ Medication storage not designated

Medication disposal of unused or expired medications:

- ☐ Medication not discarded
- ☐ Medication discarded in trash
- ☐ Medication disposal with approved measures
- ☐ Has unused opioids in the home

Does the client take medication(s) for pain?

- ☐ No, not taking medication for pain
- ☐ Yes, taking medication for pain

Taking non-opioid for pain (Celebrex, NSAID, etc.)

Taking opioid for pain (oxycodone, hydrocodone, tramadol, etc.)

If yes, proceed to opioid screening

Was a Deterra bag provided to this client for medication disposal?

Yes

No

Was a medication lock box provided to this client?

Yes

No



Patient Intake Form

Patient Name: _____ Date of Birth: _____

Circle patient's gender: MALE FEMALE

YES NO Have you taken this or other opioid medications in the last 60 days?
Examples: Duragesic® (buprenorphine), Oxycodone® (oxycodone), Vicodin® (hydrocodone), morphine

Put a check in the box next to these items which apply to the patient.

Family history of substance abuse	
Alcohol	
Illegal drugs	
Prescription medication misuse	
Personal history of substance abuse	
Alcohol	
Illegal drugs	
Prescription medication misuse	
Age between 18 - 49 years	
History of psychiatric/mental abuse	
Psychological disease	
Examples: attention deficit disorder (ADD), obsessive compulsive disorder (OCD), bipolar disorder, schizophrenia	
Depression	

Circle the age the patient is in: Less than 45 45-64 Greater than 64

Medical history: Circle all those which apply to the patient.
asthma depression anxiety COPD/emphysema sleep apnea liver disease kidney disease

While using this medication is there a chance the patient may consume any of the following? YES NO
Medication used to treat anxiety
Examples: Xanax® (alprazolam), Ativan® (lorazepam), Valium® (diazepam) Klonopin® (clonazepam)

YES NO Medication used to treat depression
Examples: Zanax® (alprazolam), Zoloft® (sertraline)

YES NO Medication used to aid in sleep (prescription or over the counter)

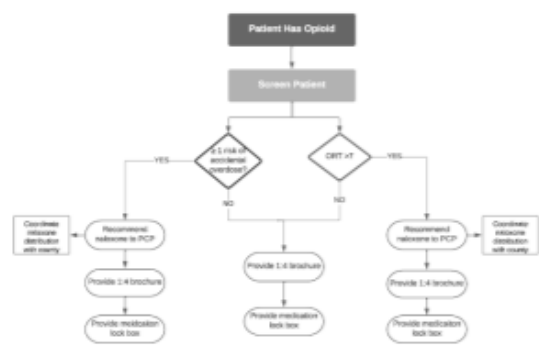
YES NO Cough or cold medication

YES NO Alcohol

YES NO Are you currently taking other opioid medications?
Examples: Duragesic (buprenorphine), Oxycodone (oxycodone), Vicodin (hydrocodone), morphine

THE RESULTS OF THIS DOCUMENT MUST BE ENTERED INTO REDCAP

Determine risk of
opioid misuse^A
and/or
overdose^B



Screen the client

Triage the client

- 1:4 Brochure¹
- Medication lock box¹
- Naloxone education²

1: All patients with an opioid
2: Patients with an opioid and risk of misuse or overdose

Outcomes Worksheet

Yes	No	Not screened	Today, client was identified as at risk for accidental overdose based on current disease states, current medications, or age If yes, this was discussed with the client
Yes	No	Not screened	Today, client was identified with potential for opioid misuse If yes, this was discussed with the client
Yes	No	Not indicated for this patient	The benefits of naloxone were explained
Yes	No	Not indicated for this patient	Naloxone order was requested from primary care provider
Yes	No	Not indicated for this patient	Deterra bag was provided for this client
Yes	No	Not indicated for this patient	1 in 4 brochure was provided for this client
Yes	No	Not indicated for this patient	A medication lock box was provided for this client

Turn in forms

Provide interventions
based on risk

Document outcomes



Opioid and Naloxone Education

Patient Has Opioid

Screen Patient

≥ 1 risk of
accidental
overdose?

YES

Recommend
naloxone to PCP

Coordinate
naloxone
distribution
with county

Provide 1:4 brochure

Provide medication
lock box

ORT >7

YES

Recommend
naloxone to PCP

Coordinate
naloxone
distribution
with county

Provide 1:4 brochure

Provide medication
lock box

NO

Provide 1:4 brochure

Provide medication
lock box

NO

@ONE Program



FEMALE

Patient Name: _____ Date of Birth: _____

YES NO Has the patient taken this or other opioid medications in the last 60 days? Examples:
Duragesic® (fentanyl), Oxycontin® (oxycodone), Vicodin® (hydrocodone), morphine

Put a check in the box next to those items which apply to the patient.

Opioid Misuse Risk Assessment

	Yes	Score
Family history of substance abuse		
Alcohol		1
Illegal drugs		2
Prescription medication misuse		4
Personal history of substance abuse		
Alcohol		3
Illegal drugs		4
Prescription medication misuse		5
Age between 16 - 45 years		1
History of preadolescent sexual abuse		3
Psychological disease		
Examples: attention deficit disorder (ADD), obsessive compulsive disorder (OCD), bipolar		2
Depression		1

Total Score: _____

Medication Overdose Risk Assessment

Circle the age the patient is in: 16-25 26-44 45-64 Greater than 64

Medical history: Circle all those which apply to the patient.

asthma depression anxiety COPD/emphysema sleep apnea liver disease kidney disease

While using this medication is there a chance the patient may consume any of the following?

YES NO Medication used to treat anxiety

Examples: Xanax® (alprazolam), Ativan® (lorazepam), Valium® (diazepam) Klonopin® (clonazepam)

YES NO Medication used to treat depression

YES NO Medication known as a muscle relaxer

Examples: Flexeril® (cyclobenzaprine), Skelaxin® (metaxalone)



MALE

Patient Name: _____ Date of Birth: _____

YES NO Has the patient taken this or other opioid medications in the last 60 days? Examples:
Duragesic® (fentanyl), Oxycontin® (oxycodone), Vicodin® (hydrocodone), morphine

Put a check in the box next to those items which apply to the patient.

Opioid Misuse Risk Assessment		Yes	Score
	Family history of substance abuse		
	Alcohol		3
	Illegal drugs		3
	Prescription medication misuse		4
	Personal history of substance abuse		
	Alcohol		3
	Illegal drugs		4
	Prescription medication misuse		5
	Age between 16 - 45 years		1
	History of preadolescent sexual abuse		0
	Psychological disease		
	Examples: attention deficit disorder (ADD), obsessive compulsive disorder (OCD), bipolar		2
	Depression		1

Total Score: _____

Accidental Overdose Risk Assessment	Circle the age the patient is in:	16-25	26-44	45-64	Greater than 64
	Medical history: Circle all those which apply to the patient.				
	asthma depression anxiety COPD/emphysema sleep apnea liver disease kidney disease				
	While using this medication is there a chance the patient may consume any of the following?				
	YES NO Medication used to treat anxiety Examples: Xanax® (alprazolam), Ativan® (lorazepam), Valium® (diazepam) Klonopin® (clonazepam)				
	YES NO Medication used to treat depression				
	YES NO Medication known as a muscle relaxer Examples: Flexeril® (cyclobenzaprine), Skelaxin® (metaxalone)				
	YES NO Medication used to aid in sleep (prescription or over the counter)				
	YES NO Cough or cold medication				
	YES NO Alcohol				
YES NO Are you currently taking other opioid medications? Examples: Duragesic (fentanyl), Oxycontin (oxycodone), Vicodin (hydrocodone), morphine					



Outcomes Worksheet

Yes	No	Not screened	Today, client was identified as at risk for accidental overdose based on current disease states, current medications, or age <i>If yes, this was discussed with the client</i>
Yes	No	Not screened	Today, client was identified with potential for opioid misuse <i>If yes, this was discussed with the client</i>
Yes	No	Not indicated for this patient	The benefits of naloxone were explained
Yes	No	Not indicated for this patient	Naloxone order was requested from primary care provider
Yes	No	Not indicated for this patient	Deterra bag was provided for this client
Yes	No	Not indicated for this patient	1 in 4 brochure was provided for this client
Yes	No	Not indicated for this patient	A medication lock box was provided for this client

NARCAN for CLIENTS

If Narcan is indicated due to risk of overdose or misuse, please **notify the client's PCP**.

Example communications:

I have conducted a risk assessment for Jane Doe (DOB 8./22.1984) for opioid misuse and overdose. Based on the objective screening results, Jane is at risk of overdose while using an opioid medication. I'd like to have Narcan added to her medication list. I will provide Narcan for at-home use and train her if you approve.

To receive a dose of Narcan for a client **at no cost**, please email the individual in the county which your client resides. You will pick up a dose of Narcan and deliver to him or her at your convenience.

Williston: Williams Holly Brekhus (Ward County) hibrekhus@nd.gov

Bismarck: Burleigh or Morton; Sue Kahler (Bismarck Burleigh Public Health)
skahler@bismarcknd.gov

Fargo: Cass; Robyn Litke Sall (Fargo Cass Public Health) rlitkesall@FargoND.gov

Wahpeton: Richland; Miranda Andel (Richland County Health Department)
mandel@co.richland.nd.us

Valley City:

Barnes; Katie Beyer (City-County Health District) kbeyer@barnescounty.us

Dickey; Abby Gibbs (Dickey County Health District) abby.gibbs@nd.gov

Foster; Lisa Hilbert (Foster County Public Health) lhilbert@nd.gov

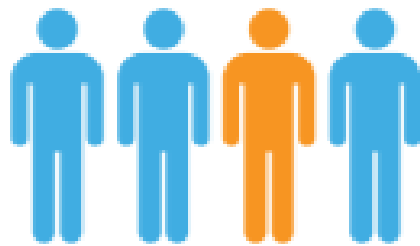
Ransom; Brenna Welton (Ransom County Health Department)

brenna.welton@co.ransom.nd.us

Wells; Joye Stolz (Wells County District Health Unit) rstolz@nd.gov





Dickinson: Stark; Jennifer Schaeffer, Danielle Romanyshyn & Karen Goyne (Southwestern District Health Unit) (email all at once).

kmgoyne@nd.gov; JSchaeffer@nd.gov; dromanyshyn@nd.gov



1 in 4
people receiving
long-term opioid therapy
**STRUGGLES WITH
ADDICTION**

Prescription opioid addiction A GROWING EPIDEMIC...




-  Opioids work by blocking the feeling of pain without fixing the underlying cause.
-  Prescription opioids may be habit forming and lead to addiction even when taken as prescribed.
-  Patients taking prescription opioids are also at risk for impaired breathing, unintentional overdose or death.
-  Caution when taking prescription opioids with:
 - alcohol
 - benzodiazepines (ex. Xanax®, Valium®)
 - muscle relaxers (ex. Soma®, Flexeril®)
 - hypnotics (ex. Ambien®, Lunesta®)



*Developed in partnership with the ND
Board of Pharmacy and ND
Pharmacist Association*

For more information, go to:
prevention.nd.gov/takeback

KEEP YOURSELF AND YOUR LOVED ONES SAFE:

-  **1 Lock**
Keep medication out of sight and in a safe and secure place.
-  **2 Monitor**
Keep track of medication and take only as directed.
-  **3 Take Back**
Drop off unused medication at local Take Back locations.
To find a location near you, go to www.takeback.nd.gov.

IF YOU ARE CONCERNED:

- Talk to your pharmacist or practitioner about [naloxone](#), a treatment to reverse overdose.
- Follow-up with your practitioner
- Find behavioral health treatment providers at www.findtreatment.samhsa.gov.