



Opioid and Naloxone Education

Medication Safety Questionnaire

Patient name: _____ (blinded to ONE Program)

Patient age: _____ Patient birth gender: M F

How is the patient 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

**Provide education about medication storage*

Prior to today's interventions, how is the patient disposing of unused or expired medications?

- Medication not discarded
- Medication discarded in trash
- Medication disposal with approved measures:
 - Pharmacy MedSafe
 - Local public health unit
 - Police station
 - Kitty litter, coffee grounds, or other
 - Medication disposal product (Deterra, DisposeRx, etc.)
 - Other: _____

**Provide education about medication disposal*

Does the patient forget to take medications?

- Never
- Occasionally
- Frequently

**Provide education about medication adherence*

Does the patient 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

THE RESULTS OF THIS DOCUMENT MUST BE ENTERED INTO REDCAP



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Outcomes Worksheet

For all patients:			
Yes	No		Education about medication storage was provided to the patient
Yes	No		Education about medication disposal was provided to the patient
Yes	No		Education about medication adherence was provided to the patient
Yes	No		Patient was provided a Dterra bag for medication disposal
Yes	No		Patient was provided a pill organizer to assist with medication adherence
For patients taking an opioid :			
Yes	No		Patient was identified as at risk for accidental opioid overdose based on current disease states, current medications, or age <i>If yes, this was discussed with the patient</i>
Yes	No		Today, patient was identified with potential for opioid misuse <i>If yes, this was discussed with the patient</i>
Yes	No	Not indicated for this patient	Naloxone was provided to the patient
Yes	No	Not indicated for this patient	1 in 4 brochure was provided for this patient
Yes	No	Not indicated for this patient	A medication lock box was provided for this patient

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Opioid Risk Assessment

Patient age: _____

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