



*Opioid and Naloxone Education*

## Essentia Health Collaboration

Heidi.Eukel@ndsu.edu

Jayme.Steig@ndsu.edu

[www.one-program.org](http://www.one-program.org)



## Table of Contents

### A. Triage Tool

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

### B. Medication Safety Questionnaire and Outcomes

FRONT: Use this questionnaire for **every patient** and re-assess every 6 months

BACK: Use this to document what services were provided to each patient

Provide Detera bag and pill organizer as needed. For more Detera or pill organizers, contact [heidi.eukel@ndsu.edu](mailto:heidi.eukel@ndsu.edu)

**\*ENTER into REDCAP\***

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### For clients with opioid:

### C. Screening and Outcomes

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

**\*ENTER into REDCAP\***

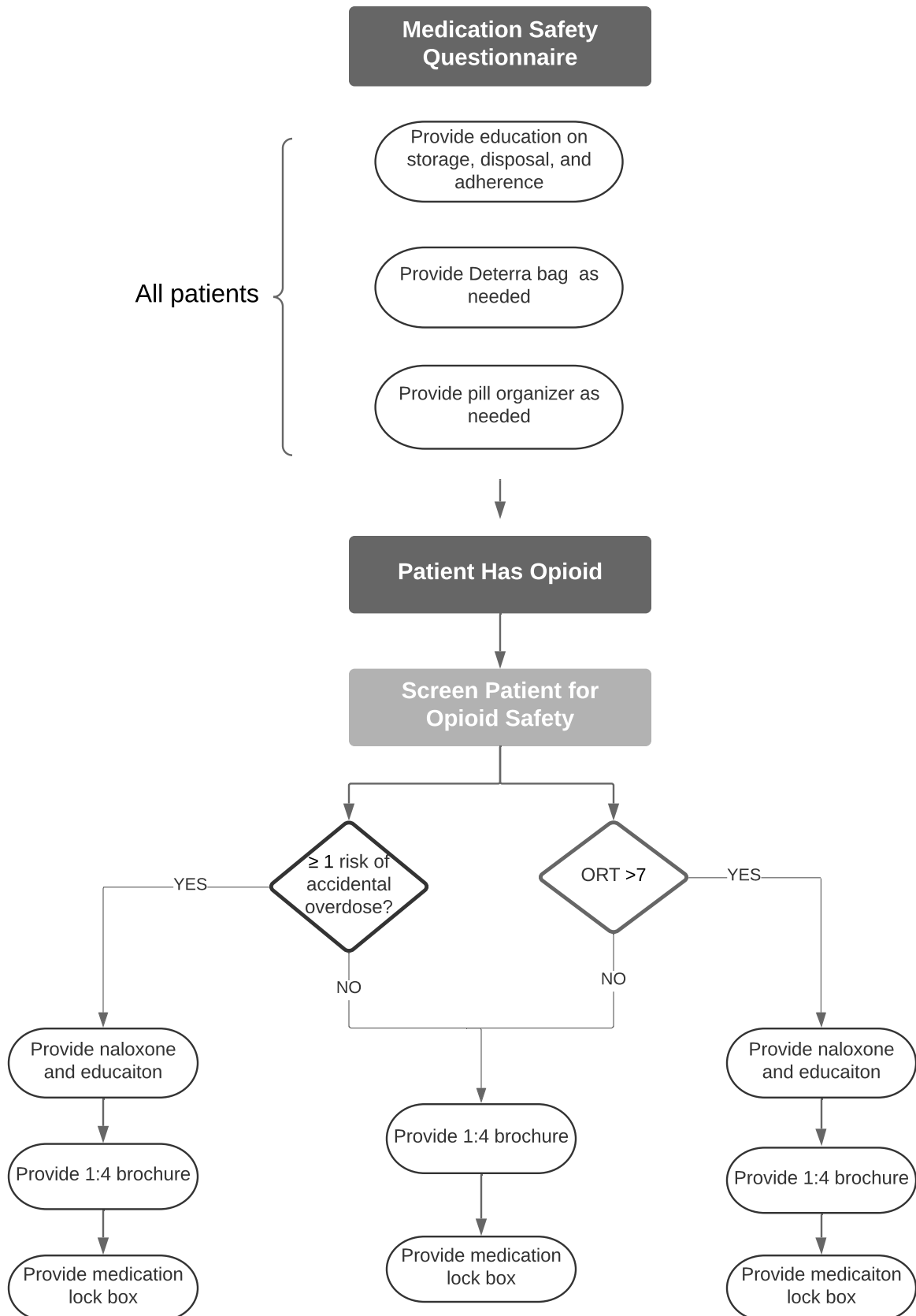
### D. Patient Brochure for Opioid Safety

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

For more brochures, contact [heidi.eukel@ndsu.edu](mailto:heidi.eukel@ndsu.edu)

### E. RedCAP directions for use

### F. FAQ document





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## 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***



## Outcomes Worksheet

For all patients:			
Yes	No		Education about <b>medication storage</b> was provided to the patient
Yes	No		Education about <b>medication disposal</b> was provided to the patient
Yes	No		Education about <b>medication adherence</b> was provided to the patient
Yes	No		Patient was provided a Deterra bag for medication disposal
Yes	No		Patient was provided a pill organizer to assist with medication adherence
For patients <b>taking an opioid</b> :			
Yes	No		Patient was identified as at risk for <b>accidental opioid overdose</b> based on current disease states, current medications, or age <i>If yes, this was discussed with the client</i>
Yes	No		Today, client was identified with potential for <b>opioid misuse</b> <i>If yes, this was discussed with the client</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

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



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

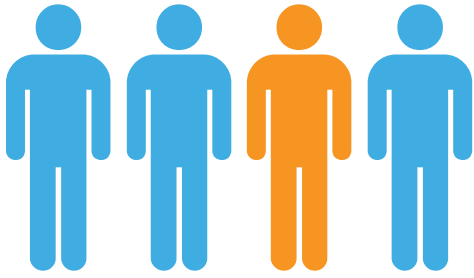
YES NO Medication used to aid in sleep (prescription or over the counter)

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



**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](http://prevention.nd.gov/takeback)

## KEEP YOURSELF AND YOUR LOVED ONES SAFE:



### Lock

Keep medication out of sight and in a safe and secure place.



### Monitor

Keep track of medication and take only as directed.



### Take Back

Drop off unused medication at local Take Back locations.  
To find a location near you, go to [www.takeback.nd.gov](http://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](http://www.findtreatment.samhsa.gov).

## Introduction

The REDCap Data Collection tool is used for both online and offline data collection. REDCap can be used for paperless data collection. REDCap is designed to follow the same format as the paper documentation provided in the training materials.

A REDCap user name will be emailed to you when you join the program. It is used to access the online data collection. The REDCap mobile application is used for offline data collection. The mobile app operates on iOS and Android systems. Those using Windows laptops can install an Android emulator which will allow for use of the REDCap mobile application. IT support is recommended for this installation.

## Online Data Collection

- Go to <https://redcap.qualityhealthnd.org/>
- Enter your login and password
- Select the ONE Program for Essentia Health project
- Data collection is accomplished through the Record Status Dashboard (in green circle in Figure 1)
  - You can edit existing records or Add a new record from this menu
- The Medication Safety Questionnaire is designed to follow the same order and format as the paper documents
- Responses to some of the items will generate additional tools to be completed
  - For example, stating a patient is on an opioid will open the Opioid Risk Assessment tool.
- When assessment is complete, finish the data collection by completing the Outcomes Worksheet items.
- Save your results
- A green circle beside a record indicates all information has been provided.
- A training video is available here: INSERT LINK TO ONE PROGRAM YOU TUBE PAGE

## Offline Data Collection

- Information and step by step instructions for downloading and set up the mobile app are available by clicking on the REDCap Mobile App menu item (enclosed in red box in Figure 1) in the online REDCap project
- Set up the project as directed (the videos are helpful)
- If using a Windows laptop for offline data collection, an Android emulator can be used to run the REDCap mobile app in Windows. IT support and approval will likely be needed.
  - We recommend using the AVD Manager in Android Studio
  - Make sure to set up the emulator device with Google Play
- Follow on screen prompts to collect data offline
- When device is again connected to internet, open the REDCap Mobile App and choose the Send Data to Server option. Follow the prompts on the screen to sync your data with the online server.
- A training video is available here: INSERT LINK TO ONE PROGRAM YOU TUBE PAGE





# Data Collection Using REDCap

REDCap®

Logged in as jayme.steig | Log out

My Projects

Project Home and Design

Project Home

Project status: Development

Data Collection

Record Status Dashboard

Add / Edit Records

Applications

Data Exports, Reports, and Stats

Data Import Tool

Data Quality

API and API Playground

REDCap Mobile App

Quality Health Associates of North Dakota

Help & Information

Contact jayme.steig

**ONE**

*Opioid and Naloxone Education*

Project Web Site

**ONE Program for Essentia Health** PID 134

Project Home

The tables below provide general dashboard information, such as a list of all users with access to this project, general project statistics, and upcoming calendar events (if any).

Project Statistics	
Records in project	9
Most recent activity	12/01/2021 5:29pm
Space usage for docs	0.06 MB

Figure 1 – REDCap Project Home

Please contact [jayme.steig@ndsu.edu](mailto:jayme.steig@ndsu.edu) with any questions.



## Frequently Asked Questions

- **How often should I screen my patients?**
  - Clients should be screened initially or at admission and then every 6 months thereafter. If there is a significant event (i.e. surgery) please feel free to
- **For the ORT, what level of “family history” is suggested?**
  - Family history includes first degree biological family members (parents, siblings, and children)
- **With OTC sleep aids, do you count herbals such as valerian root and melatonin?**
  - On the patient intake form, we are more concerned with products that contain diphenhydramine. Herbals have been shown in a few small case reports but when taken at normal doses, this isn't as much of a concern.
- **What if a patient refuses the opioid screening or medication lock box?**
  - These are services above and beyond your standard care. Clients have an option to refuse. Simply document this.
- **For Narcan Nasal, what training could be used to instruct clients on use?**
  - Here is a valuable video! <https://www.youtube.com/watch?v=WnjgrRNMfKM>