



Opioid and Naloxone Education

## Medication Safety Questionnaire

Patient name or MRN: \_\_\_\_\_

Patient gave verbal consent for their de-identified information to be shared with NDSU for research purposes.

### How does the patient typically store 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*

### How does the patient typically dispose of unused or expired medications?

- Not applicable/no meds to dispose of
- Medication not discarded
- Medication discarded in trash/flushed
- Other potentially unsafe method
- 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*

### Has the patient used someone else's or given their medications to someone else before (diversion)?

- Patient has diverted a prescription medication at least 1 time
- Patient has been approached with request to divert their medication at least 1 time
- Patient has taken a diverted medication at least 1 time
- No /Not applicable

*\*Provide education about avoidance of medication diversion*

### Does the patient take medication(s) for pain or opioid use disorder?

- No, not taking medication for pain or opioid use disorder
- Yes, taking medication for pain
  - Taking a non-opioid for pain (Celebrex, NSAID, etc.)
  - Taking an opioid for pain (oxycodone, hydrocodone, morphine, etc.)

**Please complete the opioid risk screening questionnaire on the next page for all patients.**

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

YES NO Has the patient taken an opioid medications in the last 60 days prior to incarceration?  
 Examples: fentanyl (Blue 30, others), Oxycontin® (oxycodone), Vicodin® (hydrocodone), morphine, heroin

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

	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 disorder, schizophrenia		2	2
Depression		1	1

Total Score: \_\_\_\_\_  
 Low risk: 0 - 3  
 Moderate risk: 4 - 7  
 \*\*High risk: ≥ 8\*\*

Patient's age: \_\_\_\_\_ (at risk if > 64 years old)

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: fentanyl (Blue 30, others), Oxycontin® (oxycodone), Vicodin® (hydrocodone), morphine, heroin

YES NO Have you previously been or are you currently in treatment for opioid use disorder?

YES NO Have you previously been or are you currently prescribed a medication for opioid use disorder?  
 Examples: Suboxone, methadone

IF YES: Would you be interested in continuing it while incarcerated, if available? YES/NO

IF NO: Would you be interested in starting to take a medication for opioid use disorder while incarcerated if it were available and prescribed for you? YES/NO

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## Outcomes Worksheet

Education:		
Yes	No	Education about <b>medication storage</b> was provided
Yes	No	Education about <b>medication disposal</b> was provided
Yes	No	Education about <b>medication adherence</b> was provided
Yes	No	Education about <b>medication diversion</b> was provided to the patient
Interventions:		
Yes	No	Patient was provided a medication disposal device (i.e. Deterra, DisposeRx)
Yes	No	Patient was provided a pill organizer to assist with medication adherence
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	Naloxone was provided to the patient
Yes	No	1 in 4 brochure was provided for this patient
Yes	No	A medication lock box was provided for this patient