



## Medication Safety Questionnaire – Home Health

Patient name: \_\_\_\_\_ Patient age: \_\_\_\_\_ Patient birth gender: M F

Choose one:  admission  discharge  annual re-screen

### 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:
  - Community pharmacy (MedSafe, others)
  - 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*

### Was medication reconciliation performed at this visit?

- No
- Yes

#### If yes, were there discrepancies?

- No
- Yes

### 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, OxyContin, fentanyl, hydrocodone, morphine, hydromorphone, methadone, codeine)

*If yes, proceed to opioid screening*

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



Opioid and Naloxone Education

### ONE Program 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 or other disposal device 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		<b>ACCIDENTAL OVERDOSE RISK ASSESSMENT</b> Today, the patient was identified as at risk for accidental overdose based on current disease states or current medications
Yes	No		<b>OPIOID MISUSE RISK ASSESSMENT</b> Today, the patient was identified at high risk for future opioid misuse (ORT $\geq$ 8) <i>If yes, the risk of opioid misuse 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



Opioid and Naloxone Education

### 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
Age between 16 - 45 years		1	1
History of preadolescent sexual abuse		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\*\***

Medical history: Circle all those which apply:

COPD/emphysema    sleep apnea    liver disease    kidney disease

Accidental Overdose Risk Assessment

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

YES NO Medication used to treat anxiety called a benzodiazepine

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

YES NO Medication used to treat nerve pain

Examples: Neurontin® (gabapentin), Lyrica® (pregabalin)

YES NO Medication known as a muscle relaxer

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

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

YES NO Alcohol

YES NO Currently taking other opioid medication(s)

Examples: Duragesic (fentanyl), Oxycontin (oxycodone), Vicodin (hydrocodone), morphine