

Medication Safety Questionnaire – Hospice

Patient name: Patie	nt age: Patient birth gender: M F
Choose one: \square admission \square discharge \square annual	re-screen
How is the patient storing his or her medications?	
Medication is stored in locked box Medication is stored in <u>safe</u> designated area Medication is stored in <u>unsafe</u> designated are Medication storage not designated	*Provide education about medication storage a
Prior to today's interventions, how is the patient disp	oosing 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, Discontinuous) Other:	
Does the patient forget to take medications?	
Never Occasionally Frequently	*Provide education about medication adherence
Was medication reconciliation performed at this visi	t?
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, NSAII	D. etc.)
	n, fentanyl, hydrocodone, morphine, hydromorphone, methadone, codeine)

THE RESULTS OF THIS DOCUMENT MUST BE ENTERED INTO REDCAP



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 Deterra bag for medication disposal
Yes	No		Patient was provided a pill organizer to assist with medication adherence
Yes	No	Not indicated for this patient	A medication lock box was provided for this patient