

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 <u>safe</u> designated area

Medication is stored in <u>unsafe</u> 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



ONE Program Outcomes Worksheet

For all patients:								
Yes	No	Education about medication storage was provided to the patient						
Yes	No	Education about	Education about medication disposal was provided to the patient					
Yes	No	Education about	Education about medication adherence 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 taking an opioid:								
Yes	No		ACCIDENTAL OVERDOSE RISK ASSESSMENT Today, the patient was identified as at risk for accidental overdose based on current disease states or current medications					
Yes	No		OPIOID MISUSE RISK ASSESSMENT Today, the patient was identified at high risk for future opioid misuse (ORT ≥ 8) If yes, the risk of opioid misuse was discussed with the patient					
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 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.

	Yes	F	Μ
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: Low risk: 0-3Moderate risk: 4-7****High risk:** \geq **8****

Medical history: Circle all those which apply:

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 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*