



Opioid and Naloxone Education

Medication Safety Questionnaire

Patient name: _____ (blinded to ONE Program)

Patient age: _____ Patient birth gender: _____

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 (Detera, 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.)

If yes, proceed to opioid screening

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
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 - 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

For all patients:			
Yes	No		Education about medication storage was provided
Yes	No		Education about medication disposal was provided
Yes	No		Education about medication adherence was provided
Yes	No		Education about medication diversion was provided to the patient
Yes	No		Patient was provided a Dterra 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) <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