



*Opioid and Naloxone Education*

## Essentia Health Collaboration

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[www.one-program.org](http://www.one-program.org)



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## **Table of Contents**

### **A. Triage Tool**

Use this flowchart to determine which services to offer to your clients.

### **B. Medication Safety Questionnaire and Outcomes**

FRONT: Use this questionnaire for **every patient** and re-assess every 6 months

BACK: Use this to document what services were provided to each patient

Provide Deterra bag and pill organizer as needed. For more supplies, contact [heidi.eukel@ndsu.edu](mailto:heidi.eukel@ndsu.edu)

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### **For clients with opioid:**

### **C. Screening and Outcomes**

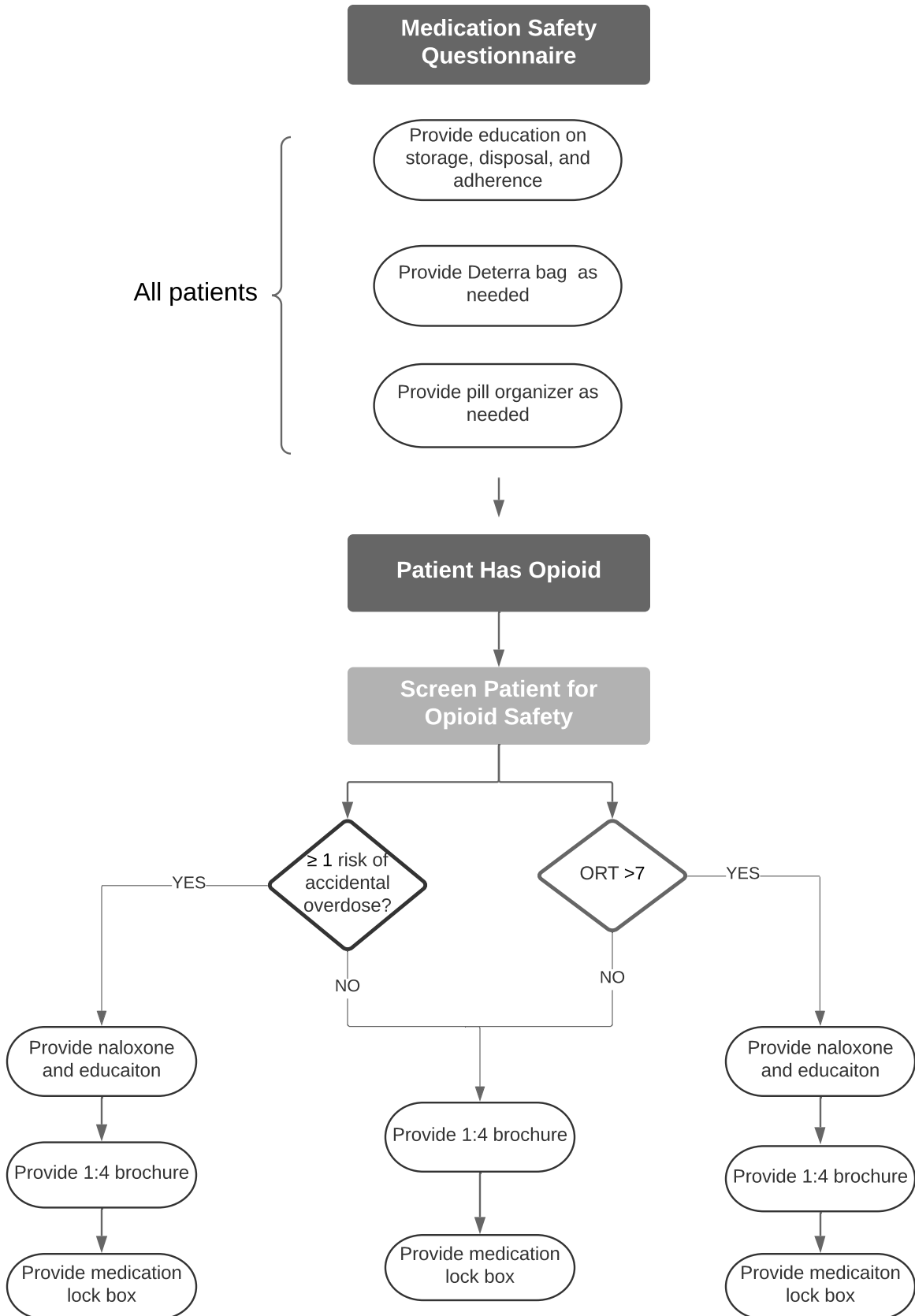
FRONT: Use this tool to screen each patient for opioid misuse and overdose risk

### **D. Patient Brochure for Opioid Safety**

Provide one of these brochures to each patient who is actively taking or has an opioid medication in the home

For more brochures, contact [heidi.eukel@ndsu.edu](mailto:heidi.eukel@ndsu.edu)

### **E. FAQ document**





## 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 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:
  - 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*



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### 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 ≥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



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### 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

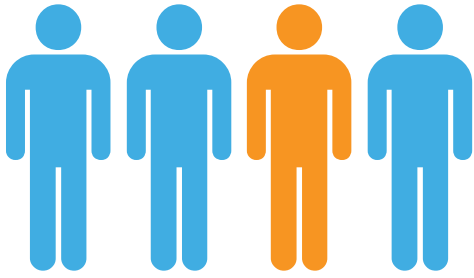
Examples: Flexeril® (cyclobenzaprine), Skelaxin® (metaxalone), Soma® (carisoprodol)

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







# 1 in 4




people receiving  
long-term opioid therapy

## STRUGGLES WITH ADDICTION

### Prescription opioid addiction A GROWING EPIDEMIC...

-  Opioids work by blocking the feeling of pain without fixing the underlying cause.
-  Prescription opioids may be habit forming and lead to addiction even when taken as prescribed.
-  Patients taking prescription opioids are also at risk for impaired breathing, unintentional overdose or death.
-  Caution when taking prescription opioids with:
  - alcohol
  - benzodiazepines (ex. Xanax®, Valium®)
  - muscle relaxers (ex. Soma®, Flexeril®)
  - hypnotics (ex. Ambien®, Lunesta®)

### KEEP YOURSELF AND YOUR LOVED ONES SAFE:

-  **1 Lock**  
Keep medication out of sight and in a safe and secure place.
-  **2 Monitor**  
Keep track of medication and take only as directed.
-  **3 Take Back**  
Drop off unused medication at local Take Back locations.  
To find a location near you, go to [www.takeback.nd.gov](http://www.takeback.nd.gov).



Developed in partnership with the ND  
Board of Pharmacy and ND  
Pharmacist Association

For more information, go to:  
[prevention.nd.gov/takeback](http://prevention.nd.gov/takeback)

### IF YOU ARE CONCERNED:

- Talk to your pharmacist or practitioner about **naloxone**, a treatment to reverse overdose.
- Follow-up with your practitioner
- Find behavioral health treatment providers at [www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov).



## Frequently Asked Questions

- **How often should I screen my patients?**
  - Clients should be screened initially or at admission and then every 6 months thereafter. If there is a significant event (i.e. surgery) please feel free to
- **For the ORT, what level of “family history” is suggested?**
  - Family history includes first degree biological family members (parents, siblings, and children)
- **With OTC sleep aids, do you count herbals such as valerian root and melatonin?**
  - On the patient intake form, we are more concerned with products that contain diphenhydramine. Herbals have been shown in a few small case reports but when taken at normal doses, this isn't as much of a concern.
- **What if a patient refuses the opioid screening or medication lock box?**
  - These are services above and beyond your standard care. Clients have an option to refuse. Simply document this.
- **For Narcan Nasal, what training could be used to instruct clients on use?**
  - Here is a valuable video! <https://www.youtube.com/watch?v=WnjgrRNMfKM>