Opioid and Naloxone Education

Sanford Health
Collaboration

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www.one-program.org

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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 **<u>every patient</u>** 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

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<u>For clients with opioid:</u>

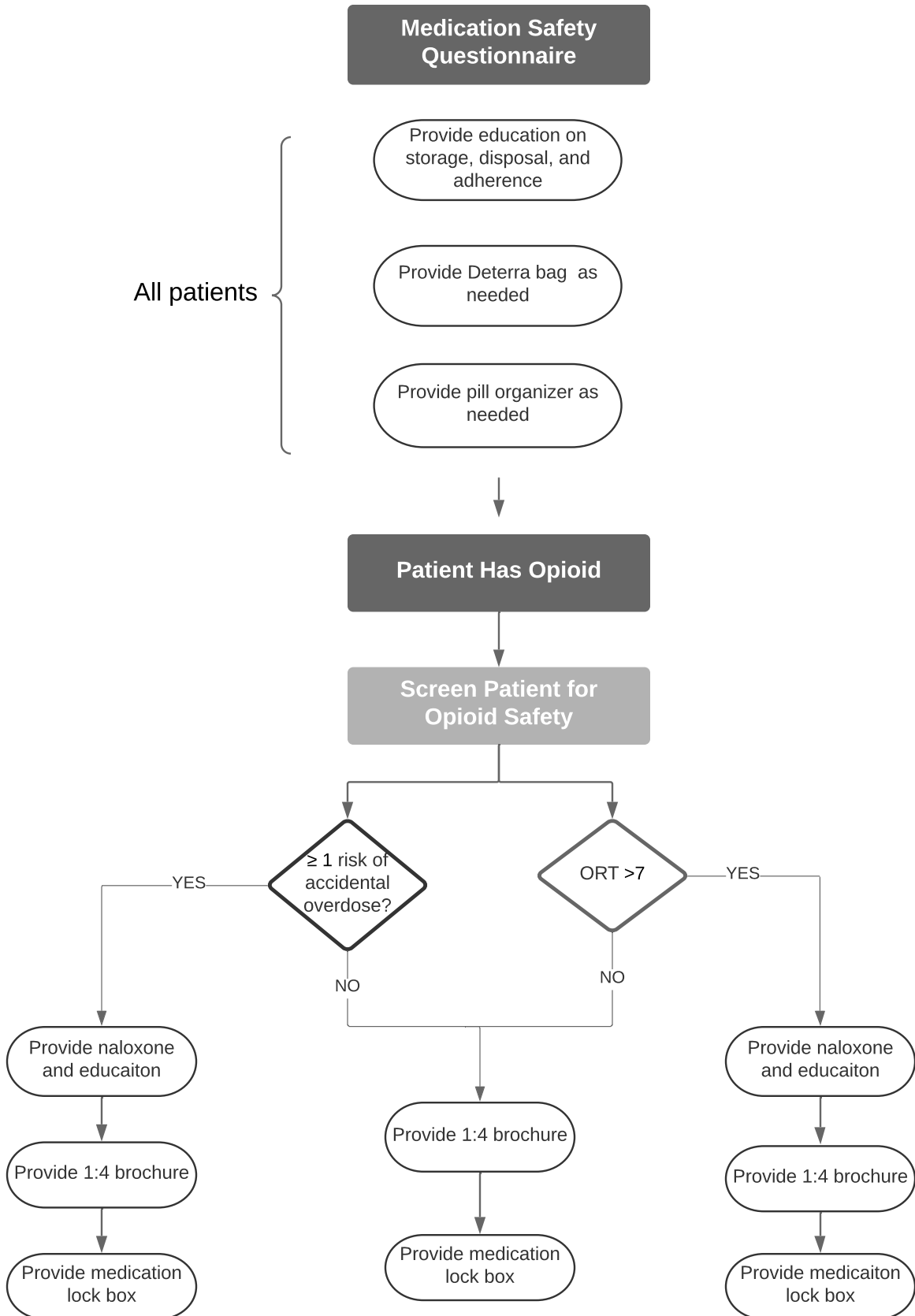**C. Screening and Outcomes**

    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

E. FAQ document

ONE
Opioid and Naloxone Education

Medication Safety Questionnaire

All patients

- Provide education on storage, disposal, and adherence
- Provide Deterra bag as needed
- Provide pill organizer as needed

Patient Has Opioid

Screen Patient for Opioid Safety

≥ 1 risk of accidental overdose?

YES → Provide naloxone and educaiton → Provide 1:4 brochure → Provide medication lock box

NO → Provide 1:4 brochure → Provide medication lock box

ORT >7

YES → Provide naloxone and educaiton → Provide 1:4 brochure → Provide medicaiton lock box

NO

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

<mark>*Provide education about medication storage*</mark>

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: _____

<mark>*Provide education about medication disposal*</mark>

Does the patient forget to take medications?

☐ Never
☐ Occasionally
☐ Frequently

<mark>*Provide education about medication adherence*</mark>

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 **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 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.

Opioid Misuse Risk Assessment

	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

- -

Accidental Overdose Risk Assessment

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)*

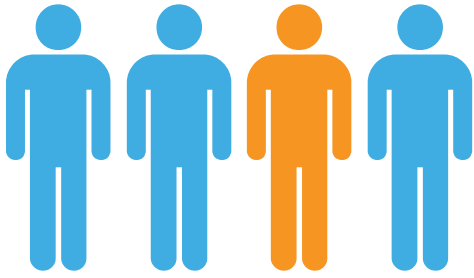> **YES NO**   Medication known as a muscle relaxer
> *Examples: Flexeril® (cyclobenzaprine), Skelaxin® (metaxalone), Soma® (carisoprodol)*

> **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*

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**.

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**.

north dakota
department of human services

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

For more information, go to:
prevention.nd.gov/takeback

Frequently Asked Questions

- **How often should I screen my patients?**
    - o 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?**
    - o 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?**
    - o 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?**
    - o 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?**
    - o Here is a valuable video! https://www.youtube.com/watch?v=WnjgrRNMfKM