CHI Health at Home

Collaboration

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www.one-program.org

Opioid and Naloxone Education

Table of Contents

A. Triage Tool
Use this flowchart to determine which services to offer to your clients.

B. Medication Safety Questionnaire and Outcomes
　　*NOTE: Use specific form for HOSPICE or HOME HEALTH
- FRONT: Use this questionnaire for **<u>every patient</u>** and re-assess every 12 months
- BACK: Use this to document what services were provided to each patient

Provide medication disposal product (Deterra, DisposeRx) and pill organizer as needed. For more medication disposal products, contact lisa.nagel@ndsu.edu

ENTER into REDCAP

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

C. Workflow Document:
If a HOME HEALTH client is using an opioid, this the the step-by-step process to use for opioid safety

D. Opioid Risk Screening
Use this tool to screen each patient for opioid misuse and overdose risk

ENTER into REDCAP

E. 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 lisa.nagel@ndsu.edu

F. FAQ document

G. Narcan for Clients
Use this document to coordinate getting Narcan for a client

ONE
Opioid and Naloxone Education

Screen the patient

Patient Intake Form

Patient Name: _____ Date of Birth: _____

Circle patient's gender: MALE   FEMALE

YES   NO   Have you 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
Family history of substance abuse	
Alcohol	
Illegal drugs	
Prescription medication misuse	
Personal history of substance abuse	
Alcohol	
Illegal drugs	
Prescription medication misuse	
Age between 16 - 45 years	
History of preadolescent sexual abuse	
Psychological disease	
Examples: attention deficit disorder (ADD), obsessive compulsive disorder (OCD), bipolar disorder, schizophrenia	
Depression	

A: (ORT>7)

Circle the age the patient is in: Less than 45   45-64   Greater than 64

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)
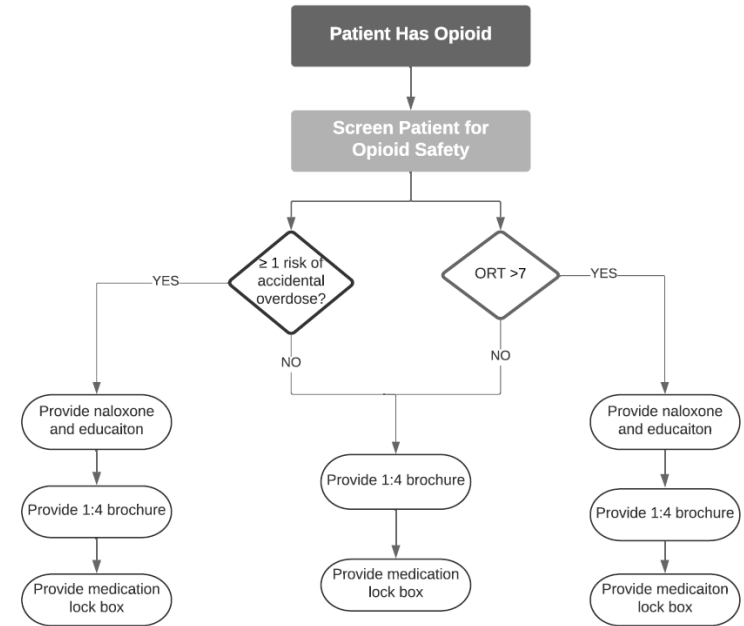YES   NO   Cough or cold medication
YES   NO   Alcohol
YES   NO   Are you currently taking other opioid medications?
Examples: Duragesic (fentanyl), Oxycontin (oxycodone), Vicodin (hydrocodone), morphine

B: (Yes to any)

THE RESULTS OF THIS DOCUMENT MUST BE ENTERED INTO REDCAP

Determine risk of opioid misuse[A] and/or overdose[B]

Triage the patient

Patient Has Opioid

Screen Patient for Opioid Safety

≥ 1 risk of accidental overdose?   ORT >7

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

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

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

NO

Provide interventions based on risk

Provide medication lock box[a]

Provide 1:4 brochure[a]

Provide naloxone and education[b]

a: all patient using an opioid
b: patient at risk of misuse or overdose

Document outcomes

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
For patients taking an opioid:			
Yes	No		Patient was identified as at risk for **accidental opioid overdose** based on current disease states, current medications, or age *If yes, this was discussed with the client*
Yes	No		Today, client was identified with potential for **opioid misuse** *If yes, this was discussed with the client*
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

Sync in RedCap

ONE
Opioid and Naloxone Education

Medication Safety Questionnaire – Hospice

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, OxyContin, fentanyl, hydrocodone, morphine, hydromorphone, methadone, codeine)

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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

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Medication Safety Questionnaire – Home Health

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, OxyContin, fentanyl, hydrocodone, morphine, hydromorphone, methadone, codeine)
    - ***If yes, proceed to opioid screening***

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
For patients **taking an opioid:**			
Yes	No		Patient was identified as at risk for **accidental opioid overdose** based on current disease states, current medications, or age *If yes, this was discussed with the client*
Yes	No		Today, client was identified with potential for **opioid misuse** *If yes, this was discussed with the client*
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 screening and associated interventions (Narcan, 1 in 4 brochure) are only indicated for home health patients. Do NOT use the tools that follow for Hospice patients.

ONE
Opioid and Naloxone Education

Screen the patient

Patient Intake Form

Patient Name: _____ Date of Birth: _____

Circle patient's gender: MALE FEMALE

YES NO Have you 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
Family history of substance abuse	
Alcohol	
Illegal drugs	
Prescription medication misuse	
Personal history of substance abuse	
Alcohol	
Illegal drugs	
Prescription medication misuse	
Age between 16 - 45 years	
History of preadolescent sexual abuse	
Psychological disease	
Examples: attention deficit disorder (ADD), obsessive compulsive disorder (OCD), bipolar disorder, schizophrenia	
Depression	

A: (ORT>7)

Circle the age the patient is in: Less than 45   45-64   Greater than 64

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)
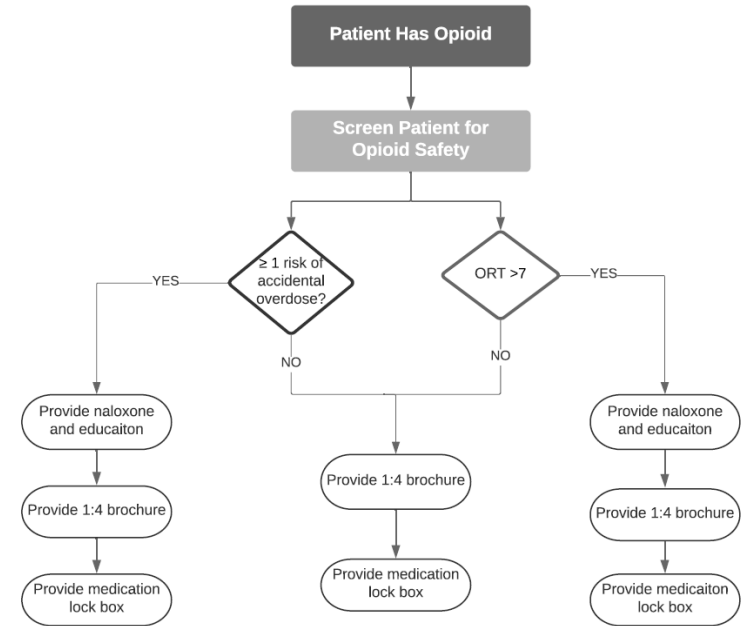YES NO Cough or cold medication
YES NO Alcohol
YES NO Are you currently taking other opioid medications?
Examples: Duragesic (fentanyl), Oxycontin (oxycodone), Vicodin (hydrocodone), morphine

B: (Yes to any)

THE RESULTS OF THIS DOCUMENT MUST BE ENTERED INTO REDCAP

→

Determine risk of opioid misuse[A] and/or overdose[B]

→

Triage the patient

Flowchart:
- Patient Has Opioid → Screen Patient for Opioid Safety
- ≥ 1 risk of accidental overdose? — YES → Provide naloxone and education → Provide 1:4 brochure → Provide medication lock box
- NO → Provide 1:4 brochure → Provide medication lock box
- ORT >7 — YES → Provide naloxone and education → Provide 1:4 brochure → Provide medication lock box
- NO

Provide interventions based on risk

Provide medication lock box[a]

Provide 1:4 brochure[a]

Provide naloxone and education[b]

a: all patient using an opioid
b: patient at risk of misuse or overdose

→

Document outcomes

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
			For patients **taking an opioid**:
Yes	No		Patient was identified as at risk for **accidental opioid overdose** based on current disease states, current medications, or age *If yes, this was discussed with the client*
Yes	No		Today, client was identified with potential for **opioid misuse** *If yes, this was discussed with the client*
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

Opioid and Naloxone Education

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		2	2
Depression		1	1

Total Score: _____

- -

Accidental Overdose Risk Assessment

Circle the age the patient is in: 16-25   26-44   45-64   **Greater than 64**

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)
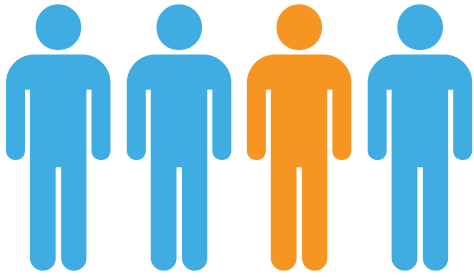
YES   NO   Medication used to aid in sleep (prescription or over the counter)

YES   NO   Cough or cold medication

YES   NO   Alcohol

YES   NO   Are you currently taking other opioid medications?
        Examples: 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
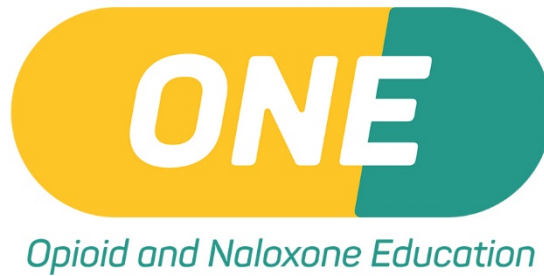
Frequently Asked Questions

- **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

NARCAN for CLIENTS

If Narcan is indicated due to risk of overdose or misuse, please **notify the client's PCP**.

Example communications:
I have conducted a risk assessment for Jane Doe (DOB 8./22.1984) for opioid misuse and overdose. Based on the objective screening results, Jane is at risk of overdose while using an opioid medication. I'd like to have Narcan added to her medication list. I will provide Narcan for at-home use and train her if you approve.

To r**eceive a dose of Narcan** for a client **at no cost**, please email the individual in the county which your client resides. You will pick up a dose of Narcan and deliver to him or her at your convenience.

Williston: Miranda Samuelson Figaro (msamuelson@co.mckenzie.nd.us)

Bismarck: Burleigh or Morton; Sue Kahler (Bismarck Burleigh Public Health) skahler@bismarcknd.gov

Fargo: Cass; Robyn Litke Sall (Fargo Cass Public Health) rlitkesall@FargoND.gov

Breckenridge: Richland; Miranda Andel (Richland County Health Department) mandel@co.richland.nd.us

Valley City:
> Barnes; Katie Beyer (City-County Health District) kbeyer@barnescounty.us
> Dickey; Abby Gibbs (Dickey County Health District) abby.gibbs@nd.gov
> Foster; Lisa Hilbert (Foster County Public Health) lhilbert@nd.gov
> Ransom; Brenna Welton (Ransom County Health Department) brenna.welton@co.ransom.nd.us
> Wells; Joye Stolz (Wells County District Health Unit) rstolz@nd.gov

Dickinson: Stark; Jennifer Schaeffer, Danielle Romanyshyn & Karen Goyne (Southwestern District Health Unit) (email all at once).
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