

PharmacyUnited Opioid Encounter Worksheet

Patient Name: _____ Date of Birth: _____

Date: _____ Time Start: _____ Time Stop: _____ RPH NPI: _____

Risk Score: 5 6 7 MME: _____ Initial Encounter Follow-Up Face-to-Face Telephonic

Medication List: Include medications pertaining to pain medication review, as well as benzodiazepines and antidepressants.

Distributed Education Materials to Patient Y N
 Comfort Level Discussed Y N Pain Level 0=no pain / 10=worst pain: _____

Hospitalized/ER visit in last 6 months Y N If yes, when?: _____ months ago

Recommended Supplemental OTC Pain Therapy Y N

Acetaminophen NSAIDS Topical Pain Relievers

Recommended OTC Bowel Regimen for Constipation Y N

Osmotic laxative Stimulant Laxative Stool Softener Lubricating Laxative

Patient responded favorably to this discussion Y N

Naloxone Dispensed Naloxone Declined due to Cost Naloxone Declined Naloxone Not Offered

Contacted Physician Phone Fax Email Recommended Taper Down Protocol Y N

2nd Encounter Date: _____ Time Start: _____ Time Stop: _____

Follow-Up (if 2nd encounter) Face-to-Face Telephonic

Encounter 2: Medication Therapy Problem (MTP) recommendation to prescriber

- | | | | |
|----------------------------|-----|----|------------------------------------|
| 1. Lower Opioid dose | Yes | No | If yes, document in PrescribeCare. |
| 2. D/C benzodiazepine | Yes | No | If yes, document in PrescribeCare. |
| 3. D/C Carisoprodol (Soma) | Yes | No | If yes, document in PrescribeCare. |

For documentation assistance in PrescribeCare use Opioid Program Pharmacist Cheat Sheet located under University/Programs/PharmacyUnited/Cheat Sheet

Date logged into PrescribeCare: _____ Initials of person documenting: _____