

Conversation Starter Opioid dispensing, education, and management for pharmacists

Assuming the prescription is filled and all appropriate steps have been taken (reviewed PDMP, verification with prescriber if needed, checked for early refill, calculated MME, and reviewed REMS protocol etc.)

Lifestyle Management	Opioid Assessment and Plan	Recommendations	Follow-Up Steps
<ul style="list-style-type: none"> • It can be hard to live with pain; do you mind taking a few minutes to discuss the medication that your doctor has prescribed? • Can you tell me what you're taking this medication for? • Have you ever taken a pain medication like this in the past? (If patient is opioid-naive, make sure dose/duration/direction are appropriate, check PDMP, calculate MMEs, >/< 50 MMEs, >/< 90 MMEs, concurrent opioid use.) • How is your pain affecting your physical activity? • How are you sleeping? • Can you tell me what your doctor has discussed about the risks associated with this medication? (Discuss dependence and overdose risk.) 	<ul style="list-style-type: none"> • Tell me what you understand about the side effects of this medication? (Inform patient that this is an opioid which can cause harm or death if not used according to your prescribers' instructions, also about the risks of constipation, nausea, drowsiness/sedation and determine if they are experiencing any side effects. Respiratory depression is a major side effect and may be compounded by co-morbid conditions, e.g., COPD, sleep apnea, acute illness.) • What other medications are you currently taking? (Patient may be taking medications from other pharmacies. Inform patient that opioid use may cause drowsiness, and may be exaggerated if taken alongside other opioids and sedative medications, especially benzodiazepines and hypnotics or alcohol use.) • Since this pain medication has the risk of causing constipation, what medications are you currently taking to prevent this? (If none, guide patient on selecting an appropriate regimen, i.e., laxative with or without a stool softener.) • What alternative methods and medications have you used to manage your pain? (Alternatives include acupuncture, aromatherapy, music therapy, massage therapy, hypnotherapy, chiropractic treatments, herbs, medical marijuana (if available), ice/heat, or other medications such as Lyrica®, gabapentin, lidocane patch, or NSAIDs.) 	<ul style="list-style-type: none"> • Based on the amount of medication you're going to take each day, this puts you at higher risk for a possible overdose. We recommend a prescription of naloxone which reverses an overdose. Would you like us to get that filled? (Inform patient that naloxone is not self administered, therefore family/friends/caregivers will need to learn how to administer it; inform patient about proper naloxone technique and signs/symptoms of opioid overdose.) • Can we call you to follow up in a week and review your comfort level? (Use PEG Pain Screening tool) • Do you mind if we have a brief discussion the next time you come in for a pain medication fill? 	<ul style="list-style-type: none"> • Managing your pain is not an easy task. Do you mind if we give you a comfort level assessment to help you monitor your pain? (If yes, provide patient with PEG Pain Screening tool and assess if the patient can perform daily activities and rest comfortably.) • There are certain actions to take based on your comfort level. Are you interested in receiving a guide that will instruct you on these actions? (Provide the patient with the pain zone tool and explain how to use it.) • Have you ever taken too much of a pain medication and needed help? (Naloxone or ED visit; this is a patient who has been on opioids.) • To ensure that nobody other than you has access to your medication, how do you plan on storing your prescription? (Discuss safe places to store medication, especially recommend keeping away from children's reach or in places with easy access for diversion.) • You may end up with extra medication, what do you know about proper medication disposal? (Inform of proper medication disposal in their state.)