**Opioid checklist**

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| --- | --- |
| Patient NHI/Name | Date |

1. **Is there evidence the patient was informed how to use the medicine?**(eg long acting and/or short acting opioid, regular or PRN, frequency to take each medicine)

Process measures

Yes □ No □

1. **Is there evidence there was a discussion about possible side effects?**(eg nausea and vomiting, taking laxatives for constipation, drowsiness)

Yes □ No □

1. **Is there evidence the patient was informed about interactions with other substances that can increase the risk of sedation?**(eg risk of falls, decreased alertness, drowsiness, risks with driving and operating machinery) Yes □ No □
2. **Is there evidence the patient was informed when to seek advice relating to alarm symptoms?** (e.g. uncontrolled pain, severe constipation, drowsiness, shortness of breath)

Yes □ No □

1. **Is there evidence the patient was offered written information about the medicine?**
(eg Yellow Card, SafeRx® information sheet or Self Care card)

Yes □ No □

Outcome measures

1. **Was the patient able to correctly describe (dose and frequency) how to use their medicine?**

Yes □ No □ N/A □

1. **Was the patient able to identify a possible side effect of their medicine?**

Yes □ No □ N/A □

1. **Was the patient able to identify who to ask for help with their medicine?**

Yes □ No □ N/A □