

# UMass Opioid Overdose Project

\* Required

Enter your email \*

## Identifying Information:

Study ID: \*

MRN: \*

Gender

Year of birth

Year of death

## A Diagnosis

**1. What is the main medical problem?**

- Opioid use disorder (dependence)
- Chronic pain non-cancer
- Cancer
- Mental health illness
- Substance use disorder
- Other

**1a. Note the method to determine the main medical problem.**

- Evidence of diagnoses actively treated
- Discharge diagnoses after hospitalization
- Diagnosis repeatedly treated
- None

**2. Did the person have an active chronic pain syndrome?**

- Yes
- No

**3. Did the person have opioid use disorder or aberrant opioid use behaviors?**

- Yes
- No

**4. Is there any evidence of another substance use disorder?**

- Alcohol
- Benzodiazepine
- Cocaine
- Tobacco
- Stimulants
- None
- Other:

**5. Did the person have any mental health problems?**

- Depression
- Anxiety
- Psychotic Disorder
- Bipolar Disorder
- None
- Other:

## B Risk Assessment

**6. How many episodes of suicide ideation during the last year ( $\leq 12$  months)?**

(0=None or -99=undetermined)

**7. How many suicide attempts during the last year ( $\leq 12$  months)?**

(0=None or -99=undetermined)

**8. How many opioid overdoses during the last year ( $\leq 12$  months)?**

(0=None or -99=undetermined)

**9. How many opioid overdoses during their lifetime?**

(0=None or -99=undetermined)

**10. Did the person have a prescription of opioid analgesics in last year ( $\leq 12$  months)?**

- Yes  
 No

**10a. What specifically was the opioid analgesic prescribed?**

(please select all that apply)

- Hydromorphone (Dilaudid, Exalgo)  
 Morphine (MS Contin, Avinsa, Kadian, Oramorph, Roxanol)  
 Oxycodone (OxyContin, Percocet, Percodan, Oxaydo, Oxecta, OxyFast, Roxicodone)  
 Hydrocodone (Vicodin, Hysingla ER, Zohydro ER)  
 Codeine (Tylenol #3, Tylenol #4)  
 Oxymorphone (Opana)  
 Fentanyl (Abstral, Actiq, Duragesic, Fentora, Sublimaze, Subsys, Onsoli)  
 Methadone (Methadose, dolophine)  
 Buprenorphine (Suboxone, Subutex, Buprenex, Butrans)  
 Tramadol (Ultram, Ryzolt, Rybix ODT)  
 Others  
 None

**10b. Hydromorphone mg/day**

Calculate total day dose for all the medication in this section; if there is no dose please write "0".

**10c. Morphine mg/day**

**10d. Oxycodone mg/day**

**10e. Hydrocodone mg/day**

**10f. Codeine mg/day**

**10g. Oxymorphone mg/day**

**10h. Fentanyl mg/day**

**10i. Methadone mg/day**

**10j. Buprenorphine mg/day**

**10k. Tramadol mg/day**

**10l. Other**

**10m. Total daily morphine equivalent dose**

Opioid Dose Calculator: <http://agencymeddirectors.wa.gov/mobile.html>

**11. Did the person have a prescription of benzodiazepine in last year ( $\leq 12$  months)?**

- Yes  
 No

**11a. What specifically was the benzodiazepine prescribed?**

- Alprazolam  
 Lorazepam  
 Clonazepam  
 Diazepam  
 Others  
 None

**11b. What was the prescribed dosage? (mg/day)**

(If no benzodiazepine was prescribed at all, please specify "0" below)

## C Universal Precautions Implemented:

**12. Is there evidence of screening for substance use disorders?**

- Yes  
 No

**13. Are there urine toxicology results within the last year ( $\leq 12$  months)?**

- Yes  
 No

**14. Did you find a signed treatment agreement or mentioned agreement in the treatment plan?**

- Yes
- No

**15. Was there any evidence of patient education about the risk of treatment?**

- Yes
- No

**16. Did you find any chart alert about High Risk Behavior?**

- Yes
- No

## D Treating Medical Service

**17. What was the person's main treating service?**

- Emergency Department
- Palliative Care
- Primary Care
- Psychiatry
- Surgical/subspecialties
- Pain Clinic
- Medical Inpatient
- Other

**18. What was the last service he/she had a medical visit for?**

- Emergency Department
- Palliative Care
- Primary Care
- Psychiatry
- Surgical/subspecialties
- Pain Clinic
- Medical Inpatient
- Other

## E Evidence Substance Abuse Assessment and Treatment

**19. Was the consultation-liaison psychiatry (CL) service and/or UMass Overdose counseling program involved in the care?**

- Yes
- No
- Undetermined

**20. Substance use disorder (SUD) treatment referral?**

Do not include referral to self-help groups such as AA or NA meetings.

- Yes
- No

**21. Was the person in SUD treatment (ACTS, CHL, Adcare, Spectrum)?**

- Yes
- No

**22. Was the person in medication-assisted treatment for opioid use disorder?**

- Buprenorphine treatment
- Methadone treatment
- Naltrexone treatment
- None

**23. Was the person referred to treatment using Section 35?**

- Yes
- No

**24. Was the person referred to self-help groups (AA, NA, Smart)**

- Yes
- No

## F Others

**25. Was the deceased status flagged on medical records?**

- Yes
- No

**26. Insurance Coverage?**

- Yes
- No

**26a. Name of Insurance**

(If the patient had no insurance coverage, please write "None".)

**27. Did you complete all the questions for this person? \***

- Yes
- No

**28. Notes**

Write bullet points of why or what question needs to be reviewed in team meeting.

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