Opioid Use and Fall Risk Checklist

Download this form at www.Medicare.QualisHealth.org/OpioidFallRisk

Patient Info

Date | **Facility Name / Type** | **Patient Age**

Concern / Risk Factors

- ☐ No opioid use in past 3 mo
- ☐ White (race)
- ☐ Age ≥75
- ☐ Other *(please specify)*
- ☐ Hx of arthritis / OA
- ☐ Hx of fall / potential injuries
- ☐ Hx of fall with opioid
- ☐ ETOH
- ☐ Psychosis
- ☐ Thiazide

Medical and Drug History

Current Medications with Potential for Interaction

- ☐ Coumadin (warfarin)
- ☐ SSRI (anti-depressive agents)
- ☐ Antihypertensive
- ☐ Benzodiazepines
- ☐ Sedatives (not BDZ)
- ☐ OTC sleep aids

Indication for Pain Medication

- ☐ Post-op pain
- ☐ Back pain
- ☐ Other *(please specify)*
- ☐ Cancer
- ☐ Dental pain
- ☐ Neuropathic pain
- ☐ Joint pain

Medical History

- ☐ Hx of arthritis / OA
- ☐ Cancer
- ☐ ETOH
- ☐ Mood Dx
- ☐ Hypertension
- ☐ Insomnia
- ☐ Opioid use dx
- ☐ Other *(please specify)*

Current Opioid Use ☐ No ☐ Yes *(detail below)*

Morphine Milligram Equivalent | *Dose* | *Frequency* | *Duration*

Current Therapies for Pain Management

- ☐ Oral APAP and NSAIDs
- ☐ Topical lidocaine or NSAIDS (Rx / OTC)
- ☐ Non-pharmacologic *(please specify)*

Plan

Pain Management Choices

Non-Opioid Therapy

- ☐ Oral APAP and NSAIDs
- ☐ Topical NSAINDS (Rx / OTC)
- ☐ Non-pharmacologic *(please specify)*

Opioid Therapy

MME Target _____

Dose/Freq _____

Start Date _____

Follow-Up Plan / Date

Naloxone Prescription Considered? *Why / Why Not?*

☐ Yes ☐ No

Patient's PMP Profile Checked?

☐ Yes ☐ No

Summary of Concerns

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