

## Opioid Tracking Tool

<b>Information for the Pharmacist: <i>This tool may be used to facilitate tracking and documentation of the verification, safety and appropriateness of opioid medication treatment plans. This is NOT to be used for medication orders.</i></b>			
<b>Patient Information</b>		<b>Care Centre</b>	<b>Date of Admission</b>
Patient Code <sup>1</sup>	Date of Birth (YMD) / /		(YMD) / /
<b>Prescribing Information</b> Who initiated/recommended opioid treatment plan (e.g. pain clinic, attending physician, hospital service)			
<b>Dose Tracking</b>	<b>Drug, Dose &amp; Frequency</b>	<b>Reason for dose change</b>	<b>Pharmacist's init. and date</b>
At Initial Drug Provision:			(date)
At Follow-up:			(date)
At Follow-up:			(date)
At Follow-up:			(date)
<b>Monitoring</b> Effectiveness (objective <a href="#">pain screening tool</a> , subjective) Adverse Reactions (e.g. sedation, toxicity)			
At Initial Drug Provision:			(date)
At Follow-up:			(date)
At Follow-up:			(date)
At Follow-up:			(date)
<b>Concurrent Medications or Therapies (e.g. other pain medications, psychoactive medications, interacting medications...)</b>			
At Initial Drug Provision:			(date)
At Follow-up:			(date)
At Follow-up:			(date)
At Follow-up:			(date)
<b>Identification of any narcotic drug related problems or concerns</b> Recommendations for Care Team (include monitoring and follow-up time frame)			
At Initial Drug Provision:			(date)
At Follow-up:			(date)
At Follow-up:			(date)
At Follow-up:			(date)

**TO TYPE WITHIN EACH CELL, USE THE TAB KEY**

Date:

<sup>1</sup> Patient Code: First four letters of surname, followed by first two letters of given name