

CALGARY ZONE

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Opioid Tracking Tool

Information for the Pharmacist: 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.						
Patient Information Care Centr				Date o	Date of Admission	
Patient Code ¹		Date of Birth (YMD)		(YMD) /	(YMD) / /	
Prescribing Information Who initiated/recommended opioid treatment plan (e.g. pain clinic, attending physician, hospital service)						
Dose Tracking	Drug, Dose &		on for doco change		Pharmacist's init. and date	
At Initial Drug			on for dose change		(date)	
Provision: At Follow-up:					(date)	
					. ,	
At Follow-up:					(date)	
At Follow-up:					(date)	
Monitoring Effectiveness (objective <u>pain screening tool</u> , subjective) Adverse Reactions (e.g. sedation, toxicity)						
At Initial Drug Provision:					(date)	
At Follow-up:					(date)	
At Follow-up:					(date)	
At Follow-up:					(date)	
Concurrent Medications or Therapies (e.g. other pain medications, psychoactive medications, interacting medications)						
At Initial Drug Pro	vision:				(date)	
At Follow-up:					(date)	
At Follow-up:					(date)	
At Follow-up:					(date)	
Identification of any narcotic drug related problems or concerns Recommendations for Care Team (include monitoring and follow-up time frame)						
At Initial Drug Pro			•	i	(date)	
At Follow-up:					(date)	
At Follow-up:					(date)	
At Follow-up:					(date)	

TO TYPE WITHIN EACH CELL, USE THE TAB KEY

Date:

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