

# Opioid Risk Assessment Tool for the Naloxone Kit (In depth)

Client Health Record #  
Client Surname  
Given Name  
Date of Birth  
Gender  
MFRN  
PHIN  
Address

## Section A: Opiate Use, Overdose History and Medication Review

Do you use drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No How old were you when you started using drugs? ____		How do you take your drugs? <input type="checkbox"/> Oral <input type="checkbox"/> Snorting <input type="checkbox"/> Popping <input type="checkbox"/> Injection; How old were you when you started injecting? ____
Have you ever overdosed? <input type="checkbox"/> No <input type="checkbox"/> Yes I have overdosed ____ times. I have overdosed on list drug(s) ____		Have you ever had naloxone used on you? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I had no bad reaction to naloxone <input type="checkbox"/> I had the following reaction to naloxone: ____
The last time you overdosed you were at: <input type="checkbox"/> Your own home <input type="checkbox"/> Someone else's home <input type="checkbox"/> Other: ____		The last time you overdosed: <input type="checkbox"/> Someone called 911 <input type="checkbox"/> I went to the hospital <input type="checkbox"/> Other: ____
Have you used opioids in the last month?  <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I get sick if I don't use opioids	Which opioid(s) do you usually use? <input type="checkbox"/> None <input type="checkbox"/> Heroin <input type="checkbox"/> Morphine <input type="checkbox"/> Codeine <input type="checkbox"/> Talwin <input type="checkbox"/> Carfentanil <input type="checkbox"/> Oxycodone (Oxy's) <input type="checkbox"/> Methadone/Suboxone <input type="checkbox"/> Fentanyl: <input type="checkbox"/> patch <input type="checkbox"/> powder <input type="checkbox"/> blotter <input type="checkbox"/> Dilaudid (hydromorph, hydro, dillies) <input type="checkbox"/> Other: ____	
Do you use other drugs?  <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I get sick if I don't use drugs	Which other drugs do you usually use? <input type="checkbox"/> None <input type="checkbox"/> Cocaine <input type="checkbox"/> Alcohol <input type="checkbox"/> Crack cocaine <input type="checkbox"/> Solvent (sniff) <input type="checkbox"/> Marijuana <input type="checkbox"/> Crystal meth (crystal, jib) <input type="checkbox"/> Ketamine (Special K) <input type="checkbox"/> Ritalin/Ts and Rs <input type="checkbox"/> Amphetamines <input type="checkbox"/> Benzodiazepines (i.e., alprazolam, diazepam, lorazepam) <input type="checkbox"/> Other: ____	
<input type="checkbox"/> Medication Review completed Contraindications to naloxone <input type="checkbox"/> No <input type="checkbox"/> Yes List any contraindications ____		Are you currently in an addiction treatment program or opiate replacement therapy? <input type="checkbox"/> No <input type="checkbox"/> Yes, I am in treatment at: ____

## Section B: Intention or likely future illicit opioid use

Do you hang around other people using opioid drugs? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you ever witnessed an overdose where someone died? <input type="checkbox"/> No <input type="checkbox"/> Yes, I have seen ____ overdose deaths
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## Section C: Health Care Provider Plan

- ☐ **Meets the Manitoba Health Criteria\* for Publicly funded Naloxone Take - Home Kit:** use clinical discretion
- ☐ Any illicit opioid use, use of any illegal drug with potential opioid adulterants (e.g. crystal methamphetamine, powdered cocaine, illegally manufactured tablets or blotter drugs)
  - ☐ Prescribed opioids at equal to or greater than 20 mg morphine equivalent/day
  - ☐ Intention or likely future illicit opioid use

☐ **Does not meet Manitoba Health Criteria for Publicly funded Naloxone Take Home Kit**

**Plan:** refer to distribution locations who provide Publicly Funded Naloxone Take - Home Kits: [www.streetconnections.ca](http://www.streetconnections.ca) or Pharmacies carrying Naloxone Kits in Manitoba for purchase: <http://www.cphm.ca/site/naxolone?nav=public>

- ☐ Add Naloxone under active medication section (select prescription favourite that best describes reason for kit)
- ☐ Referred to one on one session and Naloxone Take - Home Kit
- ☐ Referred to group educational session and Naloxone Take - Home Kit
- ☐ Referred to Pharmacy or Distribution site to provide education session; individual to purchase Naloxone Kit
- ☐ Follow – up at next return follow up visit in \_\_\_\_ [insert drop down 1-12] [insert drop down weeks|months]

**Comments:**