ToxIC - Prescription Opioid Misuse Registry

Check yes if your patient meets the following definition of prescription opioid misuse:
Prescription opioid misuse is defined as the intentional misuse of legal opioids, which includes taking more than the prescribed amount, taking drugs prescribed for someone else, or substance abuse. This definition does not include use of drugs to harm oneself (e.g., suicide attempts), or unintentional ingestions.

☐ Yes

DEMOGRAPHICS

Race
☐ Asian/ Southeast Asian
☐ Black/ African American
☐ Native American
☐ White/ Caucasian (non-Hispanic)
☐ White- Hispanic
☐ Other (please specify)__________

Insurance Status
☐ Medicare/ Medicaid
☐ Private Insurance
☐ Uninsured
☐ Unknown
☐ Other (please specify) _________

Is the patient presently a student?
☐ Yes
  ☐ High School
  ☐ College
  ☐ Graduate/ Professional
  ☐ Technical /Trade school
☐ No

What is the patient's highest level of education?
☐ Elementary School
☐ Middle School
☐ High School (some- not complete)
☐ High School (completed)
☐ Technical/ Trade School
☐ College (some - not complete)
☐ College (completed BA/BS)
☐ Graduate/ Professional School

Is the patient currently employed?
☐ Yes
  ☐ Full Time (≥ 35 h/wk)
  ☐ Part Time (< 35 h/wk)
☐ No
  ☐ Recent unemployment (< 1yr)
  ☐ Long-term unemployment (> 1 yr)
  ☐ Not seeking employment. Has another source of income.
  ☐ Not old enough to work
☐ Unknown

Where does the patient live?
☐ Private residence
  ☐ Lives alone/with spouse/roommate
  ☐ Lives with parents/ grandparents/ other caretaker
☐ Group home
☐ Homeless/ Shelters
☐ Other (please specify)_______________________

Does the patient have military experience?
☐ Yes
  ☐ Current military service
  ☐ Prior military service
☐ No
☐ Unknown

PAST MEDICAL HISTORY & DRUG HISTORY

Past Medical History (Check all that apply)

- ☐ None
- ☐ Chronic pain syndrome
- ☐ Coronary artery disease
- ☐ Diabetes mellitus
- ☐ Fibromyalgia
- ☐ Hypertension
- ☐ Hyperlipidemia
- ☐ Malignancy – Past
- ☐ Malignancy – Current
- ☐ + HIV test and AIDS
- ☐ + HIV test / No AIDS
- ☐ + HIV test / AIDS unknown
- ☐ Stroke
- ☐ Other________________

Does the patient have a history of alcohol misuse?

☐ Yes – Currently ☐ Yes - Past ☐ No ☐ Unknown

Check all ILLICIT drugs that the patient report using ≤ 30 days

- ☐ None
- ☐ Bath Salts
- ☐ Cocaine
- ☐ Ecstasy/MDEA
- ☐ Heroin
- ☐ Ketamine
- ☐ Marijuana
- ☐ Meth/Amphetamine
- ☐ PCP
- ☐ Synthetic cannabinoid
- ☐ Other_________

Check all ILLICIT drugs that the patient report using > 30 days

- ☐ None
- ☐ Bath Salts
- ☐ Cocaine
- ☐ Ecstasy/MDEA
- ☐ Heroin
- ☐ Ketamine
- ☐ Marijuana
- ☐ Meth/Amphetamine
- ☐ PCP
- ☐ Synthetic cannabinoid
- ☐ Other_________

Does the patient have a history of prior parenteral drug use?

☐ Yes ☐ No ☐ Unknown

Does the patient have a prior history of prescription drug Misuse?

☐ Yes ☐ No ☐ Unknown

- ☐ Prescription opioids
- ☐ Prescription sedative-hypnotics
- ☐ Prescription muscle relaxants
- ☐ Prescription stimulants
- ☐ Other (please specify) ________________

Basis for patients FIRST use of opioid pain medications?

- ☐ Abdom / pelvic pain
- ☐ Arthritis
- ☐ Back pain
- ☐ Cancer
- ☐ Extremity pain
- ☐ Fibromyalgia
- ☐ Headaches
- ☐ Infection
- ☐ Motor vehicle crash
- ☐ Neuropathy
- ☐ Recreational use

Specify other starting points for use of opioid pain medication (if applicable)

- ☐ Surgery (Specify) _________________________
- ☐ Other (Specify) ___________________________

What was the first opioid medication used by or prescribed to the patient that he/she recalls that led to the prescription drug misuse?

- ☐ Buprenorphine (e.g., Suboxone)
- ☐ Codeine
- ☐ Fentanyl transmucosal (e.g., Actiq)
- ☐ Fentanyl patch
- ☐ Heroin
- ☐ Hydrocodone (e.g., Vicodin)
- ☐ Hydromorphone (Dilaudid)
- ☐ Methadone
- ☐ Morphine (e.g., MS Contin, MSIR)
- ☐ Oxycodone (e.g., Percocet, Roxicet)
- ☐ Oxycodone Extended Release (e.g., Oxycontin)
- ☐ Oxymorphone (e.g., Opana)
- ☐ Tramadol (Ultram)/tapentadol (Nucynta)
- ☐ Unknown
- ☐ Other (Specify) _____________

Does the patient have a history of chemical dependency treatment?

☐ Yes ☐ No

If Yes, select all that apply

- ☐ Alcohol
  - ☐ Inpatient treatment program ☐ Outpatient treatment program
- ☐ Drug
  - ☐ Inpatient treatment program ☐ Outpatient treatment program

Past Psychiatric Medical History (Check all that apply)

☐ None
☐ Antisocial personality disorder
☐ Anxiety Disorder
☐ Autism spectrum disorder
☐ Bipolar Disorder
☐ Borderline personality disorder
☐ Depression
☐ Developmentally delayed
☐ Post Traumatic Stress Disorder (PTSD)
☐ Schizophrenia or schizoaffective disorder
☐ Other (Please specify) ______________________
☐ Unknown

Psychiatric Medications patient currently prescribed (check all that apply)

☐ None
☐ Antipsychotic (Atypical)
☐ Antipsychotic (Typical)
☐ Barbiturate
☐ Benzodiazepine
☐ Lamotrigine
☐ Lithium
☐ MAOIs
☐ SSRI/SSNRI
☐ TCAs
☐ Valproic Acid
☐ Other (please specify) __________________
☐ Unknown

Which drug(s) was responsible for current admission (Check all that apply.)

☐ Buprenorphine (e.g., Suboxone)
☐ Codeine
☐ Fentanyl transmucosal (e.g., Actiq)
☐ Fentanyl patch
☐ Heroin
☐ Hydrocodone (e.g., Vicodin)
☐ Hydromorphone (Dilaudid)
☐ Methadone
☐ Morphine (e.g., MS Contin, MSIR)
☐ Oxycodone (e.g., Percocet, Roxicet)
☐ Oxycodone Extended Release (e.g., Oxycontin)
☐ Oxymorphone (e.g., Opana)
☐ Tramadol (Ultram)/tapentadol (Nucynta)
☐ Unknown
☐ Other (Specify) ______________

DIVERSION

Did the patient have a prescription for the opioid(s) USED RELATED TO THE CURRENT ADMISSION?

☐ Yes ☐ No ☐ Unknown

If yes – please provide information on up to three opioids prescribed

Opioid #1

☐ Buprenorphine (e.g., Suboxone)
☐ Codeine
☐ Fentanyl transmucosal (e.g., Actiq)
☐ Fentanyl patch
☐ Heroin
☐ Hydrocodone (e.g., Vicodin)
☐ Hydromorphone (Dilaudid)
☐ Methadone
☐ Morphine (e.g., MS Contin, MSIR)
☐ Oxycodone (e.g., Percocet, Roxicet)
☐ Oxycodone Extended Release (e.g., Oxycontin)
☐ Oxymorphone (e.g., Opana)
☐ Tramadol (Ultram)/tapentadol (Nucynta)
☐ Unknown
☐ Other (Specify) ______________

Opioid #1 prescribed for

☐ Acute pain (< 6 weeks) ☐ Chronic pain ((> weeks) ☐ Other_________________

Opioid #1 ingested was prescribed by?

- ☐ Emergency/urgent care physician (MD/DO)
- ☐ Internal Medicine Subspecialist
- ☐ Neurologist
- ☐ Pain Management Physician
- ☐ Primary Care Physician
- ☐ Surgeon
- ☐ Other
- ☐ Unknown

Opioid #2

- ☐ Buprenorphine (e.g., Suboxone)
- ☐ Codeine
- ☐ Fentanyl transmucosal (e.g., Actiq)
- ☐ Fentanyl patch
- ☐ Heroin
- ☐ Hydrocodone (e.g., Vicodin)
- ☐ Hydromorphone (Dilaudid)
- ☐ Methadone
- ☐ Morphine (e.g., MS Contin, MSIR)
- ☐ Oxycodone (e.g., Percocet, Roxicet)
- ☐ Oxycodone Extended Release (e.g., Oxycontin)
- ☐ Oxymorphone (e.g., Opana)
- ☐ Tramadol (Ultram)/tapentadol (Nucynta)
- ☐ Unknown
- ☐ Other (Specify) _____________

Opioid #2 prescribed for

- ☐ Acute pain (< 6 weeks)
- ☐ Chronic pain ((> weeks)
- ☐ Other________________

Opioid #2 ingested was prescribed by?

- ☐ Emergency/urgent care physician (MD/DO)
- ☐ Internal Medicine Subspecialist
- ☐ Neurologist
- ☐ Pain Management Physician
- ☐ Primary Care Physician
- ☐ Surgeon
- ☐ Other
- ☐ Unkown

Opioid #3

- ☐ Buprenorphine (e.g., Suboxone)
- ☐ Codeine
- ☐ Fentanyl transmucosal (e.g., Actiq)
- ☐ Fentanyl patch
- ☐ Heroin
- ☐ Hydrocodone (e.g., Vicodin)
- ☐ Hydromorphone (Dilaudid)
- ☐ Methadone
- ☐ Morphine (e.g., MS Contin, MSIR)
- ☐ Oxycodone (e.g., Percocet, Roxicet)
- ☐ Oxycodone Extended Release (e.g., Oxycontin)
- ☐ Oxymorphone (e.g., Opana)
- ☐ Tramadol (Ultram)/tapentadol (Nucynta)
- ☐ Unknown
- ☐ Other (Specify) _____________

Opioid #3 prescribed for

- ☐ Acute pain (< 6 weeks)
- ☐ Chronic pain ((> weeks)
- ☐ Other________________

Opioid #2 ingested was prescribed by?

- ☐ Emergency/urgent care physician (MD/DO)
- ☐ Internal Medicine Subspecialist
- ☐ Neurologist
- ☐ Pain Management Physician
- ☐ Primary Care Physician
- ☐ Surgeon
- ☐ Other
- ☐ Unknown

How long after being on a prescription opioid did the patient begin to think he/she had a problem with misusing prescription opioids?

- ❏ <1 month
- ❏ 1-3 months
- ❏ >3-6 months
- ❏ >6-12 months
- ❏ >1 year
- ❏ Unknown

If the patient <u>did not have a prescription</u>, how were the drugs acquired? (select all that apply.)

- ❏ Borrowed / Stolen
- ❏ Given freely (from a friend or family member)
- ❏ Purchased (acquaintance)
- ❏ Purchased (Internet)
- ❏ Purchased (street)
- ❏ Other _________________
- ❏ Unknown

Where did patient get the medication(s) involved in this misuse event? i.e., source of diversion (Check all that apply)

❑ Prescribed by patient's provider
❑ Given freely (from a friend or family member)
❑ Borrowed
❑ Stolen
❑ Purchased (Internet, street, acquaintance)
❑ Other (please specify) ______________________

Why is the patient taking prescription opioids NOW? (select all that apply.)

❑ Habituated
❑ Pain syndrome
❑ To get "high"
❑ Other justification (please specify) ____________

Does the patient think he/she has a problem with opioid misuse?

☐ Yes ☐ No ☐ Unknown

WHAT was the turning point (series of events) when the patient began to think he/she had a problem?

❑ Not using the medications as prescribed (e.g., more frequently than instructed, using greater amounts, combining with other sedatives [EtOH], etc.)
❑ Someone expressed concern about the patient's use of the substance
❑ Legal trouble (e.g., traffic violation, arrest, police interaction)
❑ Problems with family/friends/significant others
❑ Problems at work (e.g., missing work, late for work/appointments, etc.)
❑ Missed important events (e.g., celebrations, commitments, etc.)
❑ Other: __________________

COINGESTANTS

Reported Coingestants (select all that apply)

❑ Amphetamines
❑ Anticholinergics
❑ Antidepressants
❑ Antiepileptics
❑ Antipsychotics
❑ Cannabinoids
❑ Cocaine
❑ Ethanol Blood ethanol conc: _____ mg/dL
❑ Phencyclidine/ Ketamine
❑ Other (please specify)______________________
❑ None

Reported Sedative-Hypnotics and Muscle Relaxants Implicated in Toxicity (select all that apply).

❑ Alprazolam (e.g., Xanax)
❑ Carisoprodol
❑ Chordiazepoxide (e.g., Librium)
❑ Clonazepam (e.g., Klonopin)
❑ Clonidine
❑ Cyclobenzaprine (e.g., Flexeril)
❑ Diazepam (e.g., Valium)
❑ Lorazepam (e.g., Ativan)
❑ Pentobarbital
❑ Phenobarbital
❑ Temazepam (e.g., Restoril)
❑ Other (please specify) ___________________
❑ None

Reported Prescription Stimulants Implicated in Toxicity (select all that apply).

❑ Dexmethylphenidate HCl (e.g., Focalin)
❑ Dextroamphetamine/Amphetamine (e.g., Adderall)
❑ Methylphenidate (e.g., Concerta, Ritalin)
❑ Other (please specify)___________________
❑ None

Urine Drugs of Misuse Screen (select all drugs that were TESTED FOR).

❑ Amphetamines
❑ Barbiturates
❑ Benzodiazepines
❑ Cannabinoids
❑ Cocaine
❑ Methadone
❑ Methamphetamines
❑ Morphine
❑ Opiates
❑ Oxycodone
❑ Phencyclidine
❑ Propoxyphene
❑ 6-MAM (Heroin)
❑ Other (Please specify) ___________________

Urine Drugs of Misuse Screen (select all drugs that were POSITIVE).

- ❏ Amphetamines
- ❏ Barbiturates
- ❏ Benzodiazepines
- ❏ Cannabinoids
- ❏ Cocaine
- ❏ Methadone
- ❏ Methamphetamines
- ❏ Morphine
- ❏ Opiates
- ❏ Oxycodone
- ❏ Phencyclidine
- ❏ Propoxyphene
- ❏ 6-MAM (Heroin)
- ❏ Other (Please specify) ____________

PRESCRIPTION DRUG MONITORING PROGRAM

Was the PDMP available in the care of this patient? (e.g., available in that state?)

❏ Yes ❏ No ❏ Unknown

Did the Emergency Provider access the PDMP in their care of this patient?

❏ Yes ❏ No ❏ Unknown

If yes, how long did it take him or her to use the PDMP?

❏ ≤10 min ❏ >10 min ❏ Unknown

If yes, was he or she able to find your patient?

❏ Yes ❏ No

If yes, was it helpful in the management of and counseling of this patient?

❏ Yes ❏ No

If yes, how was it helpful?

- ❏ Increased suspicion of prescription drug misuse?
- ❏ Decreased suspicion of prescription drug misuse?
- ❏ Other (Please specify) ____________________________________

Did you access the PDMP in caring for the patient?

❏ Yes ❏ No

If yes, how long did it take you to use the PDMP?

❏ ≤10 min ❏ >10 min ❏ Unknown

If yes, were you able to find your patient?

❏ Yes ❏ No

If yes, was it helpful in the management of and counseling of this patient?

❏ Yes ❏ No

If yes, how was it helpful?

- ❏ Increased suspicion of prescription drug misuse/nonmedical use?
- ❏ Decreased suspicion of prescription drug misuse/nonmedical use?
- ❏ Other ____________________________________

If yes, what information were you able to acquire?

- ❏ Date each drug prescribed
- ❏ Name of opioid prescribed
- ❏ Number of pills of each opioid prescribed

If you didn't access the PDMP, why?

- ❏ Didn't know PDMP exists.
- ❏ Do not have access to PDMP.
- ❏ Don't think it will affect your patient care.
- ❏ Takes too long to use in your experience.
- ❏ Other_______________________________________.

Case data entry complete?

- ❏ Yes
- ❏ No

No, if this case's data entry is incomplete, please comment:

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