

APPENDIX 1. Medication and Risk Factor Review, Optimize, Refer at Risk Patients, Educate and Plan (MORE) tool, version 2. © 2021 Providence Health Care (Lower Mainland Pharmacy Services). Reproduced with permission.

Patient Label

Clinical Pharmacist Opioid Therapy Review & Optimization (MORE Tool)

Date of initial review: _____ Ward: _____ (Medicine/Surgery)

Current Opioid Therapy	Date started	Dose	Route			MME/day*
Morphine / HMP /oxycodone / T#3			PO/SC/IV /IM	Q	H	Reg / PRN
Morphine / HMP /oxycodone / T#3			PO/SC/IV /IM	Q	H	Reg / PRN
Morphine / HMP /oxycodone / T#3			PO/SC/IV /IM	Q	H	Reg / PRN
Adjunctive Rx:						Total
						-

MME multiplier: Morphine =1; HMP =5; Oxy =1.5; i tab T#3 = 5 MME; IV/SC/IM routes = 2x *PRNs based on doses actually received

Was the patient taking regular opioids (prescription or illicit) prior to admission? Y or N

	Review Opioid Medication Orders and Risk Factors	
M	Suboptimal Dose, Route & Frequency	Suboptimal Drug Combinations
	<input type="checkbox"/> IV/SC/IM route ordered when PO route is viable <input type="checkbox"/> Excessively frequent regular dosing (< Q4H) <input type="checkbox"/> PRN opioid order being used regularly <input type="checkbox"/> Long acting opioids started for acute pain within first 5 days of hospital stay <input type="checkbox"/> Order >10 MME/dose for opioid naïve patient	<input type="checkbox"/> Multiple PRN opioid orders (same route) <input type="checkbox"/> Combinations of <u>different</u> opioids for acute pain (except methadone or fentanyl) <input type="checkbox"/> Benzodiazepines & opioids ordered together <input type="checkbox"/> No adjunctive pain medication ordered (e.g. acetaminophen, NSAID, gabapentin)
	Risk Factors	
Medication and Risk Factor Review	<input type="checkbox"/> Advanced age (>75 years old) <input type="checkbox"/> Low BMI <input type="checkbox"/> Kidney or liver impairment <input type="checkbox"/> Opioid dose rapidly increased in recent days-weeks <input type="checkbox"/> Receiving > 50 MME opioid/day (but < 100 MME) <input type="checkbox"/> Receiving > 100 MME of opioid/day	<input type="checkbox"/> Psychiatric diagnosis <input type="checkbox"/> Multiple overlapping fills of opioids on PNET <input type="checkbox"/> Multiple prescribers for opioids on PNET <input type="checkbox"/> History of any substance use disorder <input type="checkbox"/> Family history of substance use disorder

	Actions taken to Optimize Therapy	Details /other actions
O	<input type="checkbox"/> Change IV/IM/SC to oral route <input type="checkbox"/> Adjust dose or frequency <input type="checkbox"/> Stop PRN opioid <input type="checkbox"/> Stop regular opioid <input type="checkbox"/> Switch to a different opioid	<input type="checkbox"/> Add new non-opioid pain medication <input type="checkbox"/> Optimize non-opioid pain medication <input type="checkbox"/> Add bowel medications <input type="checkbox"/> Stop or taper benzodiazepine <input type="checkbox"/> Chart note written
R	<p style="text-align: center;">Refer at Risk Patients</p> <p>If patient has ≥ 3 risk factors and opioid therapy likely to continue for more than 5 days OR any of the issues below, consider consulting Pain or Addictions Services. This should involve a discussion with the medical team and medical team must make the referral.</p> <ul style="list-style-type: none"> ▪ Ongoing pain >8/10 and continued need for opioid after 5-7 days of Rx→ consider consulting Acute Pain Service ▪ Ongoing pain AND risk factors for substance use disorder → consider consulting Addiction Medicine Team ▪ Requires >50 MME of opioid ongoing→ consider consulting Chronic Pain Service 	
Refer at Risk Patients	Service Consulted? Y / N <input type="checkbox"/> AMCT <input type="checkbox"/> Acute Pain <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Palliative Outreach	
E	<input type="checkbox"/> Discuss pain goals <input type="checkbox"/> Counsel on non-opioid options <input type="checkbox"/> Counsel on proper use and disposal of excess supply <input type="checkbox"/> Naloxone teaching +/- kit	<input type="checkbox"/> Recommend appropriate duration/ quantity of opioid for discharge <input type="checkbox"/> Recommend opioid taper or discontinuation <input type="checkbox"/> Pain/opioid plan communicated to community <input type="checkbox"/> Chart note written
Educate, & Plan		

Definitions:
 MME = morphine milligram equivalents
 HMP = hydromorphone
 AMCT = Addictions Medicine Consult Team
 T#3 = acetaminophen 300mg/codeine 30mg/caffeine 15mg
 PNET = Pharmanet prescription database

Intended for use in patients with non-cancer pain

Supplementary material for Chen A, Legal M, Shalansky S, Mihic T, Su V. Evaluating a pharmacist-led opioid stewardship initiative at an urban teaching hospital. *Can J Hosp Pharm.* 2021;74(3):248-55.