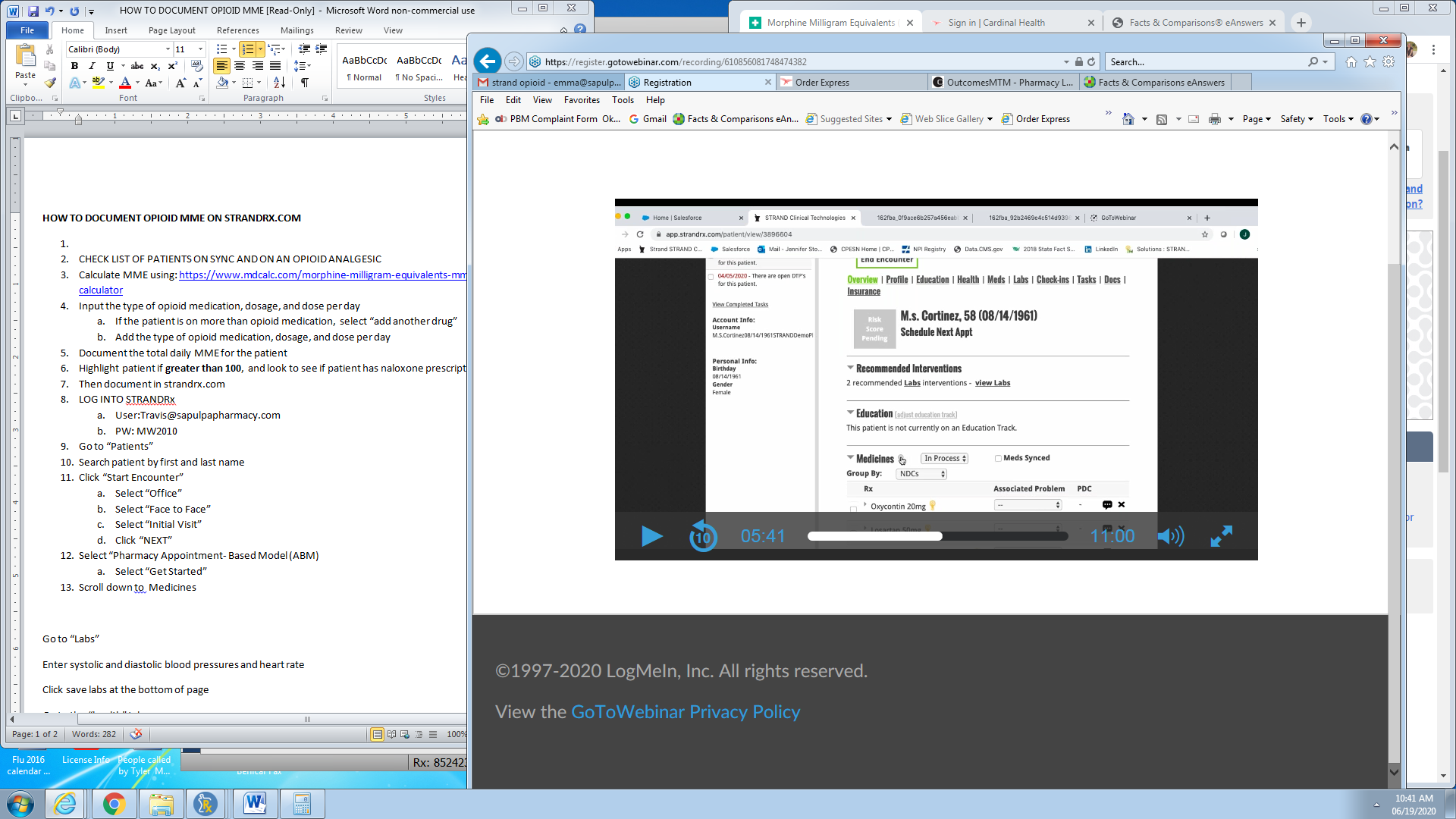
**How to input Naloxone recommendation in Strandrx protocol**

1. After the pharmacist initiates the naloxone counseling for patients having a MME greater than 50, the pharmacist will document the outcome of refusal of recommendation or accepted recommendation of naloxone from the patient on the previous Opioid high risk MME sheet that contained patients who were identified as having a MME greater than 50 for the previous week.
2. Begin to document by going to strandrx.com
3. LOG INTO STRANDRx
4. Go to “Patients”
5. Search patient by first and last name
6. Click “Start Encounter”
   1. Select “Office”
   2. Select “Face to Face”
   3. Select “Follow Up”
   4. Click “NEXT”
7. Select “Pharmacy Appointment- Based Model (ABM)
   1. Select “Get Started”
8. Scroll down to Medicines
   1. Click the icon next to Medicines
9. Under Intervention Recommend
   1. Select “Additional medication therapy required”
   2. Click “next”
   3. For Reason for Additional therapy needed, select “Additional therapy needed”
   4. In the comment section next to the selection, type “Naloxone therapy”
   5. Click “track outcomes”
10. Under Drug Therapy Problem
    1. Select “Patient educated”
    2. In the DTP Notes section, type “Patient has a MME of \_\_. Naloxone therapy recommended by CDC.” Then type either
       1. “Naloxone was filled and counseling provided”
       2. “Naloxone was refused and counseling provided.”
11. Click the “Health” tab in the top center of the page
    1. Click the disease state that represents
    2. In the Problem List/Disease State box type “G89.4” and select “Chronic Pain” or other more applicable disease state (ex: spinal stenosis)
    3. Click “Add” if not already added
    4. Click “Finish and Save”
12. Click “Overview” on the top left of the page
13. Click “End Encounter” on the top left of the page
    1. Select “Chronic Pain” or other more applicable disease state, then click “next”
    2. Under Encounter Summary…
       1. Be sure the Total encounter time is less than 15 mins long
       2. Under “Medication Related Goals” select “Reducing Risks”
          1. Type in the subject: “Naloxone Education”
          2. Type in the SMART goal “Inform someone who interacts with you frequently (e.g., family member) about what Narcan is and when it should be used. Utilize info provided by the pharmacy.”
       3. Be sure the “Generate eCare plan” is selected
       4. Click “Save and Complete”
    3. Click to “Submit to CPESN-USA”
       1. Look in Computer RX on what insurance the patient has
       2. Select which type of insurance the patient has
       3. If the type is not in the Strand options, select “other”
       4. Click “generate and send ecare plan”

**Opioid High Risk MME Sheet**

1. Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

Opioid name and strength: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MME:\_\_\_\_\_\_\_\_\_\_\_\_\_

SIG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommendation for naloxone: **Accepted** **Refused**

1. Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

Opioid name and strength: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MME:\_\_\_\_\_\_\_\_\_\_\_\_\_

SIG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Opioid name and strength: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MME:\_\_\_\_\_\_\_\_\_\_\_\_\_

SIG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SIG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Opioid name and strength: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MME:\_\_\_\_\_\_\_\_\_\_\_\_\_

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Opioid name and strength: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MME:\_\_\_\_\_\_\_\_\_\_\_\_\_

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