Printable version of the spreadsheet

Page 1

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Total No. Of Medicines That Contribute To Daily Total mg** | **Interval Of Collection / Supply** | **More Immediate Release ‘Top Up’ Opioid Prescribed** | **Also Taking Pregabalin** | **Advised Risk Of Harm/Safe Storage Of CDs** | **Advice Been Given Re: Impaired Driving Ability** | **Other Concomitant Drugs:**  | **Total Other** |
| **Less** | **As Prescribed** | **More** | **Yes** | **No** | **No** | **Dose If Yes** | **Yes** | **No** | **Yes** | **No** | **Benzo Or Hypnotic** | **SSRI** | **Tricyclic** | **Quetiapine** | **Gabapentin** |
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Page 2

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| --- | --- | --- |
| **Comments** | **Possible Actions** | **Actions Completed** |
| **Conversation With Patient Re: Risk/Benefit, Consider MUR & Template Letter To GP Practice**  | **Template Letter To GP Practice** | **To Do This At Next Prescription Supply** | **Conversation With Patient Re: Risk of Polypharmcy** |
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