



Guide to entering patient medication information in epiCentre

September 2023

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Introduction

An essential component of managing people with persistent pain is the multidisciplinary team, which may include, but is not limited to, exercise physiologists, medical doctors and specialists, nurses, occupational therapists, physiotherapists, psychiatrists, psychologists and social workers. Working closely with the multidisciplinary team are the administration staff, and together they complete the picture of the multidisciplinary pain service and can facilitate the effective delivery of services to people with persistent pain.

Naturally, this diverse group of people involved with the delivery of care to people with persistent pain will have differing levels of knowledge when it comes to the medications that patients may be taking. This guide, combined with the ePPOC Drug Group Reference Tool, will assist staff at pain services to record medication details in the 'Office Use Only' section in epiCentre. Collecting patient medication details can enable improved assessment and management of a patient's medication use throughout their episode of care.

Medication details collected

The recorded variables relating to a patient's medication use are:

1. Medicine name and strength.
2. The patient's daily intake of the medicine and how many days a week they require it.
3. Drug groups – the following are the ePPOC drug group headings within which the medications fit.
 - Opioids
 - Paracetamol
 - Non-steroidal anti-inflammatory drugs (NSAIDs)
 - Medicinal cannabinoids (authorised only)
 - Antidepressants
 - Anticonvulsants
 - Sedatives (this includes benzodiazepines, 'z drugs', and quetiapine)
4. If the patient is taking an opioid, the daily oral morphine equivalent (oMEDD) in milligrams (mg) is recorded. If the patient is not taking an opioid a 0 (zero) should be entered in the *Daily oral morphine equivalent (mg)* box.
5. If the patient is taking an opioid, is it required more than 2 days per week?
6. Is the patient taking an opioid as part of a replacement/substitution program?

How medication use is reported by ePPOC

Your hard work entering patient medication data is crucial for this information to be included in your biannual Service Reports and for use in ongoing patient care quality improvement.

Correct completion of medication use data is important to ensure that the medication use variables reported by ePPOC are accurate.

The executive benchmark and indicator summary

Benchmark & indicator summary							
Benchmarks (BM)	BM target	Your service			All services		
		Patient outcomes included (n)	Positive outcomes* (%)	BM met?	Patient outcomes included (n)	Positive outcomes* (%)	Services met BM
Average pain <i>Patients with moderate or severe average pain at referral who have made a clinically significant improvement at episode end</i>	40%	119	28.6%	No	2950	28.7%	10/53
Pain interference <i>Patients with moderate or severe pain interference at referral who have made a clinically significant improvement at episode end</i>	70%	136	55.9%	No	3258	58.3%	7/56
Depression <i>Patients with moderate, severe or extremely severe depression at referral who have made a clinically significant improvement at episode end</i>	70%	111	59.5%	No	2252	54.4%	6/47
Anxiety <i>Patients with moderate, severe or extremely severe anxiety at referral who have made a clinically significant improvement at episode end</i>	50%	112	50.9%	Yes	1977	45.1%	15/42
Stress <i>Patients with moderate, severe or extremely severe stress at referral who have made a clinically significant improvement at episode end</i>	60%	91	57.1%	No	1823	58.3%	17/42
Pain catastrophising <i>Patients with high or severe pain catastrophising at referral who have made a clinically significant improvement at episode end</i>	70%	117	60.7%	No	2419	55.8%	8/47
Pain self-efficacy <i>Patients with impaired self-efficacy (moderate or severe) at referral who have made a clinically significant improvement at episode end</i>	60%	130	48.5%	No	2843	49.8%	13/51
Opioid use <i>Patients taking opioids at referral who report a reduction in their oMEDD† of at least 50% at episode end</i>	60%[‡]	63	61.9%	Yes	1414	55.0%	13/36
Opioid use (high dose) <i>Patients reporting 40mg or more oMEDD† at referral who report a reduction of at least 50% at episode end</i>	60%	20	50.0%	No	454	51.5%	7/14
Indicators							
Wait time – 3 months <i>Episodes starting within 3 months of the referral being received</i>	-	314	87.6%	-	14481	58.2%	-
Wait time – 8 weeks <i>Episodes starting within 8 weeks of the referral being received</i>	-	314	69.1%	-	14481	46.2%	-

* Positive outcomes describes the percentage of patients making a clinically significant improvement, reducing oMEDD by 50% or having their episode start within 3 months/8 weeks where relevant

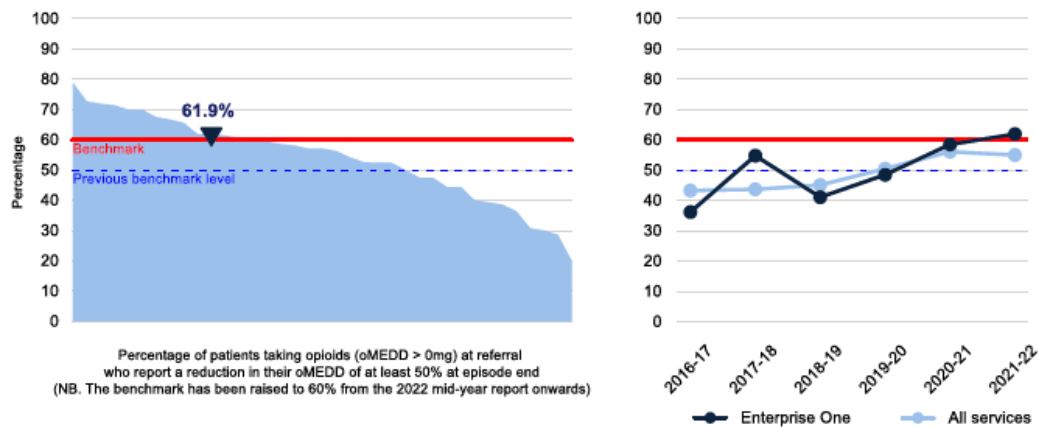
† oMEDD = oral morphine equivalent daily dose

‡ The all-dose opioid use benchmark has been raised from 50% to 60% from the 2022 mid-year report onwards

- is shown for the benchmarks and indicators where less than 10 outcomes are included

Opioid Use Benchmark graphs and time series examples

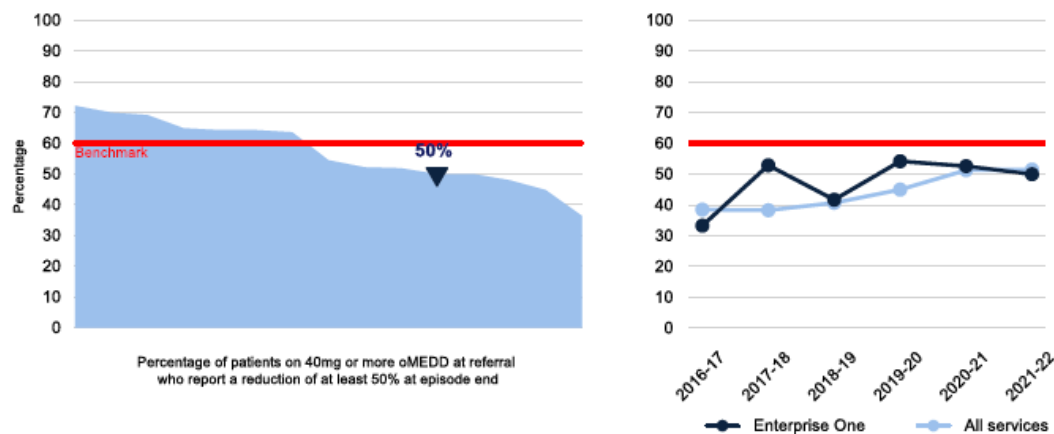
Figure 1 – Opioid use benchmark (all doses), profile of service level results and time series



The benchmark chart above shows the percentage of patients taking opioid medications at referral who reported a reduction in their oMEDD of at least 50% at episode end.

Enterprise One: 39 of 63 (61.9%)
All services: 777 of 1414 (55.0%)

Figure 2 – Opioid use benchmark (high dose), profile of service level results and time series

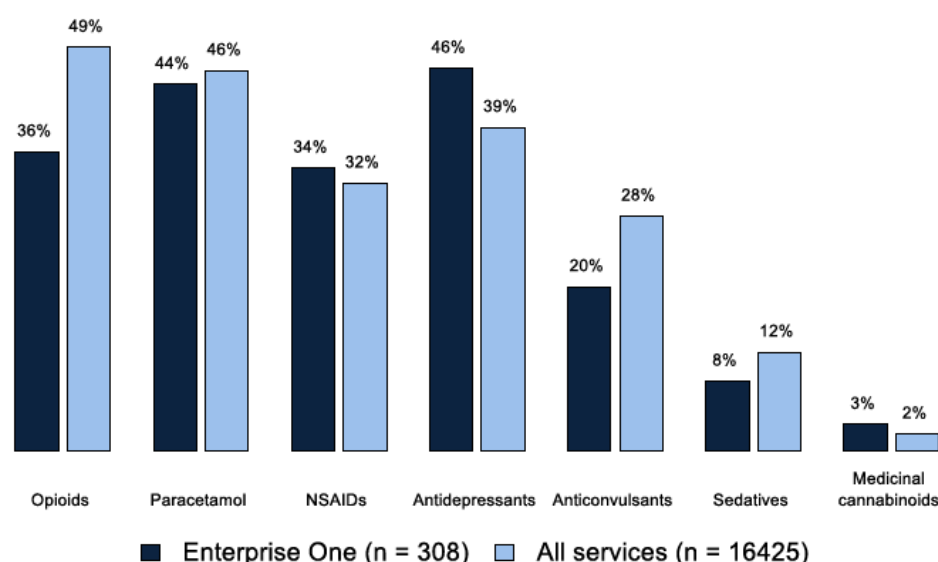


The benchmark chart above shows the percentage of patients with an oMEDD of 40mg or more at referral who reported a reduction of at least 50% at episode end.

Enterprise One: 10 of 20 (50.0%)
All services: 234 of 454 (51.5%)

Medication use at referral

Figure 3 – Medication use by type of drug



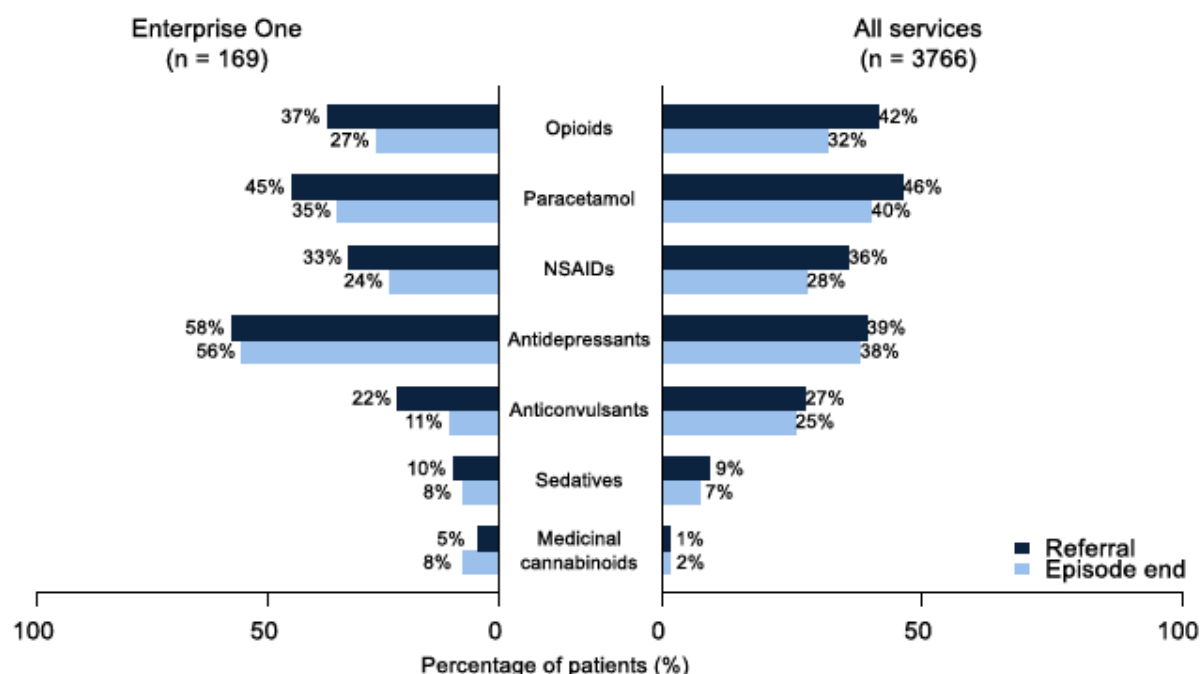
The proportion of patients who were using opioid medications on more than 2 days per week is shown in Table 1. The average and median oral morphine equivalent daily dose (oMEDD) is shown in Table 2 for the patients who were taking opioid medications, and for whom an oMEDD was reported.

Table 1 – Frequency of use of opioid medication	Enterprise One	All services
People using opioid medications >2 days per week (%)	30.8	43.8

Table 2 – oMEDD at referral	Enterprise One n = 107	All services n = 7390
Average (mg)	34.3	47.8
Median (mg)	19.0	30.0

Change from referral to episode end

Figure 4 – Medication use by drug type at referral and episode end



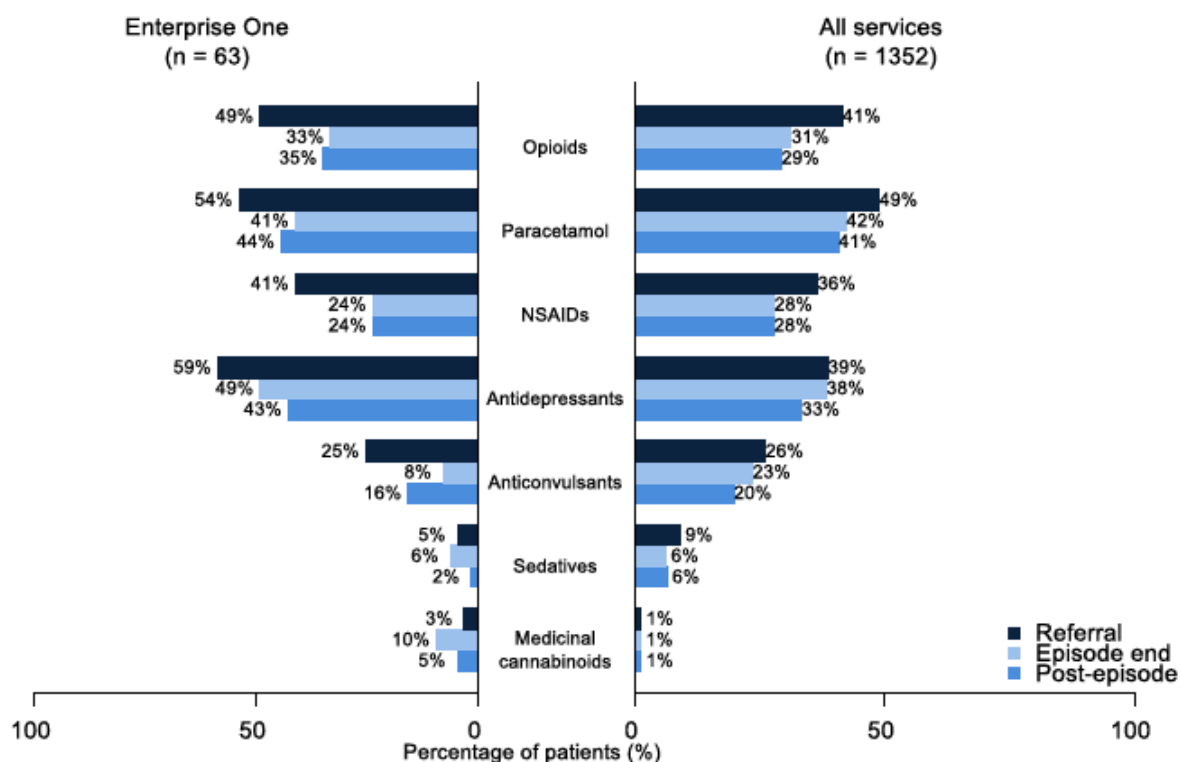
For the patients who were taking opioid medication at referral, the average and median oMEDD at referral and at the end of the episode is shown in Table 3. Table 4 shows change in the frequency of use of opioid medications.

<i>Table 3 – oMEDD at referral and episode end</i>	Enterprise One n = 63		All services n = 1414	
	Referral	Episode end	Referral	Episode end
Average (mg)	34.7	27.9	35.6	22.5
Median (mg)	20.0	8.0	20.0	6.0

<i>Table 4 – Frequency of use of opioid medication</i>	Enterprise One		All services	
	Referral	Episode end	Referral	Episode end
Using opioids >2 days per week (%)	32.5	22.3	36.4	26.5

Change from referral to post episode follow-up

Figure 5 – Medication use by drug type at referral, episode end and post-episode follow-up



For the patients who were taking opioid medication at referral, the average and median oMEDD at referral, episode end and at post-episode follow-up is shown Table 5. Table 6 shows change in the frequency of use of opioid medications.

Table 5 – oMEDD at referral, episode end and post-episode follow-up	Enterprise One n = 31			All services n = 506		
	Referral	Episode end	Post-episode	Referral	Episode end	Post-episode
Average (mg)	29.1	19.5	20.9	49.6	21.6	19.0
Median (mg)	15.0	4.0	6.0	23.0	4.0	3.0

Table 6 – Frequency of use of opioid medication	Enterprise One			All services		
	Referral	Episode end	Post-episode	Referral	Episode end	Post-episode
Percent using opioids >2 days per week	44.0	24.0	26.0	37.0	26.0	26.0

Entering medication details in epiCentre

If a patient completes a paper version of their questionnaire, you will need to manually enter their medication details. To do this you will need to access the corresponding questionnaire in epiCentre. If this is new to you, then you can refer to the epiCentre User Manual, or follow these simple steps below:

- In epiCentre, on the **PATIENTS** page, you will need locate your patient and click on the **Questionnaires** icon along the row.



- This takes you to the Individual Patient's **Questionnaire page**. Double click on the row of the questionnaire you want.
- This opens the **Questionnaire Manager** window. Click 'Enter questionnaire' (circled), to open the questionnaire for completion by you. You will note a series of titles (blue hyperlinks) across the top that match the paper questionnaire headings.

Questionnaire manager	
Patient identifier	8675309
Patient name	Testy QUIZY
Phone number	-
Email address	test@email.com.au
Address	-
Send mode	Email
Questionnaire type	Episode Follow-up - 1127
Enter questionnaire	Answer received Received on 21/01/2020
Report	QR code not available

- **Medication Use** is one of those titles – this is where you will enter the medication data if required, if the patient completed the questionnaire on-line this section will automatically populate the office use only section. You will also see one final title called **Office use only**. The remainder of this guide will also assist you to complete information within that section. As an option, you could scroll through the questionnaire to reach either point – the titles are simply shortcuts to reach that section of the questionnaire.

Once the ‘Medication use’ section is completed, the ‘Office use only’ section will pre-populate. If the patient has completed the questionnaire online, the medication entered will pre-fill the ‘Office use only’ section.

A completed Medication use section

Questionnaire details

Questionnaire details

Name Jelly Bean **ID** hopstepjump **Questionnaire ID** Pathway Start - 1167

[General information](#) [Patient information](#) [Health care](#) [Employment](#) [Medication use](#) [All pain sites](#)
[Main pain sites](#) [BPI - Pain severity](#) [DASS21](#) [PSEQ](#) [PCS](#) [Office use only](#) [Submit](#)

During the past seven days, how much did pain affect your productivity while you were working?
6

Medication use

Are you taking any medication?
Yes

+ Add medication

Medication name	Strength	Daily intake	Weekly frequency	
Duloxecore	15	1	7	
Palexia-SR	50	2	7	

A pre-filled Office use only section

Questionnaire details

Questionnaire details

Name Jelly Bean **ID** hopstepjump **Questionnaire ID** Pathway Start - 1167

[General information](#) [Patient information](#) [Health care](#) [Employment](#) [Medication use](#) [All pain sites](#)
[Main pain sites](#) [BPI - Pain severity](#) [DASS21](#) [PSEQ](#) [PCS](#) [Office use only](#) [Submit](#)

There's nothing I can do to reduce the intensity of the pain
3

I wonder whether something serious may happen
2

Office use only

Open conversion tool

Medication name	Strength	Daily intake	Weekly frequency
Duloxetine	15	1	7
Palexia-SR	50	2	7

Did the patient provide a list of medications taken?
Select...

Possible inaccuracies in medication reported?
Select...

Is this section complete?
No

Submit

When the patient has provided a list of medications

The first item to complete in the **'Office use only'** section is to select whether or not the patient provided a list of medications ***'Did the patient provide a list of medications taken?'*** This item is based on whether or not the patient reports medications in the ePPOC questionnaire only, it is ***not*** based on the referral letter or any other source (if in doubt check with the patient).

Did the patient provide a list of medications taken?
Select...

Possible inaccuracies in medication reported?
Select...

Is this section complete?
Select...

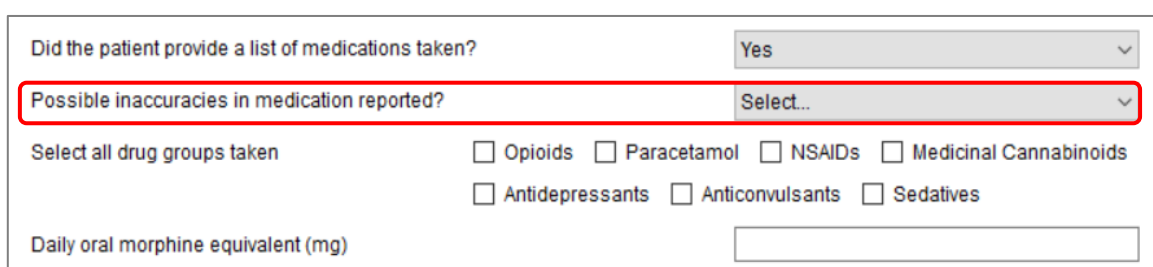
Submit

If the patient *did not* report any medications select **No** “from the drop-down menu. If you select **Yes** further items will appear for completion, these are described in the following section.

The 8 steps required to complete all patient medication details

This next section will take you through the remaining steps required to enter all patient medication items to complete the **Office use only** section.

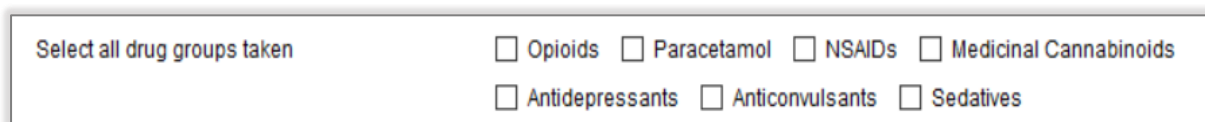
STEP 1: Possible inaccuracies in medication reported



This step allows pain management staff to highlight possible inconsistencies in the patient-reported medication details compared to information received from another source. For example, the patient may have reported that they are not taking medications, yet a doctor’s referral letter may indicate otherwise.

Regardless of any inconsistency, the medication information entered into epiCentre should be based on what the **patient** reports. Select **No**, unless indicated otherwise (if in doubt consult a senior staff member or leave unselected)

STEP 2: Select all drug groups taken



Select (tick) the ePPOC drug groups that the medications the patient has listed belong to. The seven drug groups in epiCentre have been determined by the Faculty of Pain Medicine (FPM). These groups are:

- Opioids
- Paracetamol
- Non-steroidal anti-inflammatory drugs (NSAIDs)
- Medicinal Cannabinoids (formal authority and prescribed by an Australian doctor only)
- Antidepressants
- Anticonvulsants
- Sedatives (benzodiazepines, ‘z drugs’, quetiapine)

Of course, patients may also be taking other medications, for example, for high blood pressure, cholesterol and/or diabetes but they do not fit one of the seven groups so can be ignored in this section.

Don't worry if you do not know which drug group medications belong to, as we have created the [*ePPOC Drug Group Reference Tool*](#) (a comprehensive reference list of pain medications) to help you identify them. Before we get to the tool, the following information will provide a little more detail about each of the seven drug groups and why they are important in pain management.

A little information about the seven drugs groups in pain management

- **Opioids** – are natural or synthetic chemicals that are similar to morphine, originally derived from the opium poppy. Opioids are widely used for moderate to severe pain relief and may be used in combination with other medications for added pain relief, for example, paracetamol, non-steroidal anti-inflammatory drugs (NSAIDs), antidepressants and anticonvulsants.
- **Paracetamol** – is an over-the-counter medication used for mild to moderate pain. It can also reduce fever and it is often combined with other medications (opioids and NSAIDs) for added pain relief.
- **NSAIDs** – are a group of medications used for pain relief, particularly for pain caused by inflammation. They can also reduce fever and may be combined with other medications (opioids and paracetamol) for added pain relief.
- **Antidepressants** – are a group of medications used to treat a range of mental disorders, including depression and anxiety, which can be common in people with chronic pain. Certain types of antidepressants have also proven beneficial for treating chronic pain
- **Anticonvulsants** – also known as anti-epilepsy/anti-seizure medications are used to treat a range of central nervous system disorders including epilepsy. Some have also proven beneficial for treating chronic pain, particularly nerve (neuropathic) pain
- **Sedatives** – can help people with anxiety or sleep problems and therefore may be used by some people with chronic pain (note this ePPOC category now includes the antipsychotic quetiapine)
- **Medicinal Cannabinoids** – these are the active components within the cannabis plant. There are over 100 cannabinoids in the cannabis plant, the two most prominent are CBD (cannabidiol) and THC (delta-9-tetrahydrocannabinol). CBD is considered by many to be useful in managing chronic pain.

Always enter the medication under its drug group no matter the reason it is prescribed.

The other useful thing to note is, **when you discover patients are taking more than one medication in the same drug group, you only need to tick that box once.**

Example – Aaron’s list

In the example below, you can see that Aaron has reported eight different medications. Now go to the [ePPOC Drug Group Reference Tool](#) and use it to help complete this item and other medication information items in epiCentre.

Aaron BROWN

Questionnaire completion date

Patient information
Health care
Employment
Medication use
All Pain Sites
Main Pain Site
BPI - Pain Severity
DASS21
PSEQ
PCS
Office Use Only

USE THE CONVERSION TOOL

Medicine Name	Medicine Strength	Daily Intake	Weekly Frequency
Panadol osteo	665mg	6	7
Tramal	100mg	2	7
Lyrica	25mg	2	7
Tofranil	25mg	1	7
Voltaren	25mg	2	7
Metformin	500mg	2	7
Crestor	5mg	1	7
Fish oil	1000mg	1	7

STEP 3: Searching within the ePPOC Drug Group Reference Tool (online searchable table)

The ePPOC Drug Group Reference tool assist you in identifying the drug group a medication belongs to. This is available as an online searchable table, and as a PDF:

[ePPOC Drug Group Reference Tool - ePPOC Medication Tool - Confluence \(uow.edu.au\)](#)

[Link to ePPOC Drug Group Reference Tool \(pdf\)](#)

The tool lists medications in alphabetical order and contains the following columns:

- Medication name
- Drug Group
- Opioid Type
- Route of administration

Medication names

Enter Search term

Drug group

Enter Search term

Opioid type

Enter Search term

Medication names	Drug group	Opioid type	Route of administration
------------------	------------	-------------	-------------------------

- If using the searchable online table, enter the drug name into the top left search bar. A list of drug names matching the search criteria will appear. Click the most appropriate option. If using the PDF version, you must scroll through the document to locate the drug name (listed in alphabetical order).

- ii) Note the drug group listed in the '**drug group**' column
- iii) To record this information in epiCentre, return to the office use only section of the questionnaire and tick the relevant checkboxes next to 'select all drug groups taken'
- iv) Complete this process for the remaining medications reported by the patient

Worked example: Identify the drug groups that the patient **Aaron Brown** has listed below.

Aaron BROWN				Questionnaire completion date
Patient information	Health care	Employment	Medication use	All Pain Sites Main Pain Site BPI - Pain Severity DASS21 PSEQ PCS Office Use Only
USE THE CONVERSION TOOL				
Medicine Name	Medicine Strength	Daily Intake	Weekly Frequency	
Panadol osteo	665mg	6	7	
Tramal	100mg	2	7	
Lyrica	25mg	2	7	
Tofranil	25mg	1	7	
Voltaren	25mg	2	7	
Metformin	500mg	2	7	
Crestor	5mg	1	7	
Fish oil	1000mg	1	7	

Results:

You will have discovered that Aaron is taking five of the seven drug groups: Paracetamol, opioid, anticonvulsant, antidepressant and NSAID. You will now be able to **Select the drug groups taken** to complete **Step 2**.

Did the patient provide a list of medications taken?	Yes
Possible inaccuracies in medication reported?	No
Select all drug groups taken	<input checked="" type="checkbox"/> Opioids <input checked="" type="checkbox"/> Paracetamol <input checked="" type="checkbox"/> NSAIDs <input type="checkbox"/> Medicinal Cannabinoids <input checked="" type="checkbox"/> Antidepressants <input checked="" type="checkbox"/> Anticonvulsants <input type="checkbox"/> Sedatives
Daily oral morphine equivalent (mg)	Please enter 0 if none taken

You would **not** have found three of the medications listed (Fish Oil, Metformin, and Crestor), this is because one is a supplement and the others are medications for diabetes, and high cholesterol. They are not in the tool because they are not medications that fit the categorised drug groups in pain management.

Tick the drug groups and move on to **STEP 4**

Key to Drug Group Reference Tool

Note that the ePPOC Drug Group Reference Tool has a **key** at the base in explaining symbols:

N/A This drug is not an opioid and does not require an oMEDD calculation

Written next to combination medications that also contain an opioid – reminding you to only enter the mg of opioid (e.g. codeine or tramadol) into the oMEDD (described in the next section).

☐ Check if this drug is prescribed as part of an opioid substitution program (OSP)

STEP 4: Daily oral morphine equivalent in mg (oMEDD)

Daily oral morphine equivalent (mg)	Please enter 0 if none taken	<input type="text"/>
Opioid medication >2 days / week?		Select...
Opioid replacement/substitution program		Select...
Is this section complete?		Select...
Submit		

oMEDD means **oral morphine equivalent daily dose** (or equivalent daily dose of oral morphine). The **only** Drug Group out of the seven that is calculated as an oMEDD is **opioid**.

Why do we have to calculate an oMEDD (oral morphine equivalent daily dose)?

Opioid drugs do not contain the same amount of opioid for the same dose e.g. endone 10 mg contains more opioid than tramadol 50mg (i.e. endone 5mg = oMEDD 15mg, tramadol 50mg = oMEDD 10mg). Therefore to be able to more accurately measure opioid quantities of different opioid-type drugs we have to make a calculation to make them comparable, so we turn them all into a *daily dose of oral morphine*.

Opioids can have harmful side effects, therefore the Australian and New Zealand governments, Pain Societies and pain management services will generally seek to reduce the use of opioids where possible. The oMEDD is useful to calculate the total amount in order to set targets for reduction and is helpful when patients take a number of different types of opioid medications. A reduction of a patient's *total* and *high dose* opioid from referral to episode end are reported as two ePPOC Australasian benchmarks.

The conversion tool will automatically calculate a patient's oMEDD when the correct opioid doses are entered into it.

For each opioid medication, you need to know the following information:

1. The **route of administration**: this describes the way medications enter the body: *oral, sublingual, transdermal, parenteral* or *other*. This is contained in the fourth column of drug group reference tool (see below). This is because the route of administration affects the conversion factor (*see green note p17 for more information*).
2. The **opioid type** (all opioids have a generic name in addition to their trade name) this is contained in the third column of the drug group reference tool (see below)
3. The **dose** (how many mg [milligrams] - from patient's questionnaire)
4. How many times the patient takes this dose **per day** (from patient's questionnaire)
5. How many **days per week** the patient takes it (from patient's questionnaire)

Medication names Enter Search term Drug group Enter Search term Opioid type Enter Search term

Medication names	Drug group	Opioid type	Route of administration
------------------	------------	-------------	-------------------------

In Aaron's example previously, he is taking one opioid - tramal. You should note the following about that drug:

- Route of administration – oral
- Opioid type – tramadol

To calculate Aaron's oMEDD, you must open the oMEDD conversion tool. This tool is based on the Faculty of Pain Medicine (2021) conversion tool. This is located at the top right of the 'Office use only' window, you can now open it side by side for easy reference.

Office use only

[Open conversion tool](#)

Medication name	Strength	Daily intake	Weekly frequency
paracetamol	625	6	7
tramadol	100	2	7
lyrica	25	1	7
voltaren	25	2	7

Did the patient provide a list of medications taken? Yes

Possible inaccuracies in medication reported? No

Select all drug groups taken: ☒ Opioids ☒ Paracetamol ☒ NSAIDs ☐ Medicinal Cannabinoids ☒ Antidepressants ☒ Anticonvulsants ☐ Sedatives

Daily oral morphine equivalent (mg) Please enter 0 if none taken

Enter the required information about dose (strength on label), how many taken per day, and number of days taken per week that the patient has stated in their questionnaire into the text boxes provided (if the information is not in their questionnaire it may be stated in the patient's referral).

We know that Aaron is taking tramal which is an opioid. The drug reference tool tells us:

- Route of administration - **oral**
- Opioid type – **tramadol**
- Strength – The dose of this **opioid** was **100mg** and he takes 2 each day of the week.

With the conversion tool opened, you can see where the dosage values can be entered (strength on label), how many are taken per day, and how many days they are taken each week.

Faculty of Pain Medicine (2021)

The *oMEDD* column will then display the '*oral morphine equivalent daily dose*', which has been automatically calculated to a **total** oMEDD value (DISPLAYED AT THE BOTTOM) when all opioids have been added (if there are multiple).

The next step is to click the '*Paste oMEDD value into questionnaire*' button. This will paste the oMEDD which has been calculated into the relevant section of the questionnaire.

Now you can complete **STEP 5** for Aaron. You can also manually enter Aaron's TOTAL oMEDD (as the **numeral only**), epiCentre will only accept numbers in this field. If you type **mg**, you may also receive an error message.

What are the *routes of administration*?

This describes the way medications enter the body, the most common routes of medication administration are:

Oral – taken by mouth

Sublingual – placed under the tongue to absorb

Transdermal – usually patches that allow the medication to absorb through the skin

Parenteral – this includes injected medications

Intrathecal – medication that is administered directly into the spinal cord space

Other – suppository – rectal; buccal – placed in at the side of the cheek (much like sublingual)

Note that any intermittent injectable opioid (intravenous, subcutaneous, intrathecal, etc.) should not be entered and is therefore not listed on the reference tool.

STEP 5: Opioid medication >2 days/week?

Daily oral morphine equivalent (mg)	Please enter 0 if none taken	40
Opioid medication >2 days / week?		Select...
Opioid replacement/substitution program		Select...
Is this section complete?		Select...
Submit		

Using Aaron's example, we took note of any opioids he listed. We know that he is taking Tramadol, which is an opioid, he also stated that he is taking two tablets every day, so we know that he is taking it on more than 2 days per week. Select **'Yes'** for this example and move on to **Step 5**.

Milligrams/mg


Most medication 'Units' are in milligrams (mg), but some may be in micrograms (mcg), so be careful to note the correct medication strength in the correct route of administration when entering your data.

If the medication is a transdermal patch, ensure you enter the dose into the 'transdermal' section as this ensures the number you entered is calculated in micrograms (mcg). Transdermal patches are a continuous delivery medication therefore to record them correctly you should always enter **1** for the *how many per day* and a **7** for the *days used per week*.

STEP 6: Opioid replacement/substitution program (OSP)

Daily oral morphine equivalent (mg) <i>Please enter 0 if none taken</i>	40
Opioid medication >2 days / week?	Yes
Opioid replacement/substitution program	Select...
Is this section complete?	Select...
Submit	

Information related to this item may have been provided in referral documentation or by the patient. Patients may be on an opioid replacement/substitution program (OSP) as an approach to managing opioid addiction (a harmful side effect of opioids). They may be taking medications that include methadone, buprenorphine, Buvidal and Sublocade as part of their replacement/substitution program.

Select **No** unless this is specified in patient information (or confirmed with the patient if necessary) and move on to **Step 6**. **If YES, note: an oMEDD calculation is NOT required so leave the oMEDD box blank, just remember to select/tick opioid drug group (Step 2) and Yes for Opioids >2 days/week (Step 4)**. Sometimes it is not clear whether a drug is used for chronic pain or an OSP so when you see this yellow box  in the drug group reference tool you may need to clarify with the patient what it is being prescribed for. If this cannot be established, assume it is for chronic pain. Any large oMEDD will be flagged at data submission for biannual reports.

STEP 7: Is this section complete?

Daily oral morphine equivalent (mg) <i>Please enter 0 if none taken</i>	40
Opioid medication >2 days / week?	Yes
Opioid replacement/substitution program	No
Is this section complete?	Select...
Submit	

Only select **Yes** if all items have been completed, then move to **Step 7**. If all items have **not yet** been completed, for example, if you need to leave this to attend to other work matters, then ensure you enter **No** before moving on to **Step 7**. You will then be able to return to your saved work and finish the section later.

STEP 8: Submit

Daily oral morphine equivalent (mg) <i>Please enter 0 if none taken</i>	<input type="text" value="40"/>
Opioid medication >2 days / week?	<input type="button" value="Yes"/>
Opioid replacement/substitution program	<input type="button" value="No"/>
Is this section complete?	<input type="button" value="Yes"/>
<input type="button" value="Submit"/>	

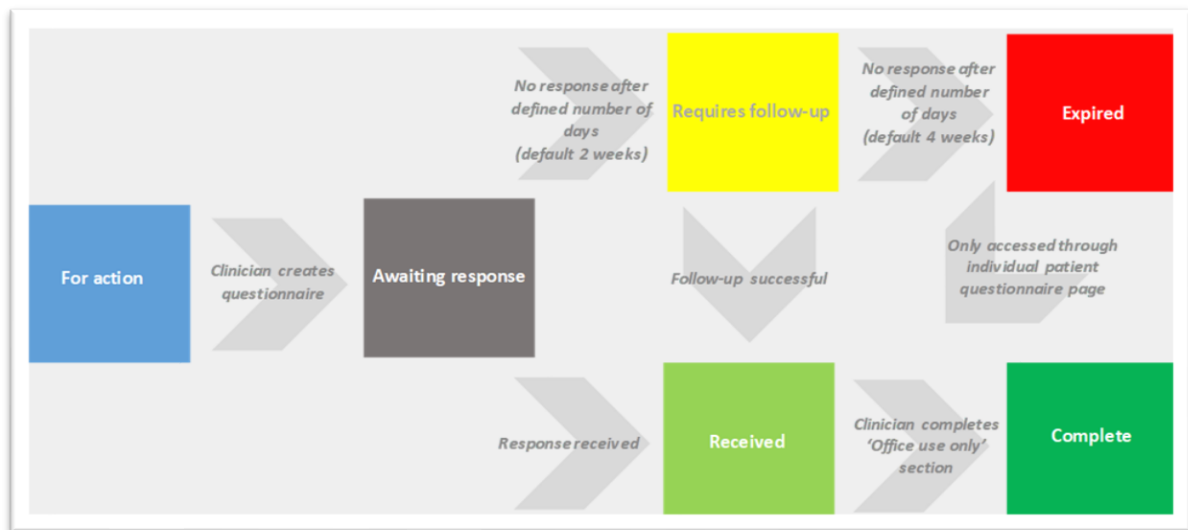
You must always click on '**Submit**' to save your information. This will either mark the section as complete (if you answered 'Yes' in Step 6), or allow you to return later to your saved changes to complete the section.

If marked as complete, the status of the questionnaire in epiCentre will change from **light green** to **dark green** on the 'Questionnaires' page in epiCentre (example below). This makes it easier to identify questionnaires that require completion.

Note: If you hover your mouse over any of the colours in the questionnaires page in epiCentre, you will get a 'tip' that describes what the colour means. If you want to discard any changes you made, click on 'Cancel' and the questionnaire will close without saving any of your work.

All (30)		For action (6)		Awaiting response (2)		Requires follow-up (2)		Received (2)		Completed (12)		Expired (0)	
<input type="checkbox"/>	Patient	Category	Mode	Requested	Created	Completed	Status						
<input type="checkbox"/>	MBA Ricardo	Referral	Post	27/02/2020	27/02/2020	10/01/2020							
<input type="checkbox"/>	MBA Ricardo	Pathway Start		27/02/2020			X						
<input type="checkbox"/>	MATHERS Marshall	Referral	In clinic	02/03/2020	02/03/2020	01/01/2020							
<input type="checkbox"/>	MATHERS Marshall	Pathway Start		02/03/2020			X						
<input type="checkbox"/>	MATHERS Marshall	Pathway End	In clinic	02/03/2020	02/03/2020	02/03/2020							
<input type="checkbox"/>	Bean Jelly	Referral	In clinic	19/02/2020	19/02/2020	14/07/2019							
<input type="checkbox"/>	Bean Jelly	Pathway Start	Email	21/02/2020	21/02/2020	21/02/2020							
<input type="checkbox"/>	Bean Jelly	Pathway Review	Email	21/02/2020	25/02/2020	25/02/2020							
<input type="checkbox"/>	Fenwick Nicolas	Referral	Email	07/02/2020	07/02/2020	06/02/2020							
<input type="checkbox"/>	Fenwick Nicolas	Ad-Hoc	Post	18/02/2020									

Questionnaire colour codes:



Note: A red X in the questionnaire status column = not sent, or cancelled

What if the patient did not report any medications on their questionnaire?

If the patient did not report any medications, you have four tasks to complete the *Office use only* section:

1. Did the patient provide a list of medications taken? If medications have been listed, the answer is **Yes** otherwise select **No**
2. Possible inaccuracies in medication reported? (see previous notes on this for Step 1)
3. Is this section complete? Select YES (if completed) or NO (if you need to return later)
4. **Click SUBMIT** to save any changes you have made.

The screenshot shows the 'Office use only' section of the questionnaire. It includes a table for medication data and three dropdown menus for completion status. The 'Submit' button is at the bottom.

Medication name	Strength	Daily intake	Weekly frequency

Did the patient provide a list of medications taken? Select...

Possible inaccuracies in medication reported? Select...

Is this section complete? No

Submit

Note: As mentioned previously, whilst this is the '*patient reported*' medication list, if you think the patient is taking medications (for example, medications were listed in a referral letter) and they have either not completed/or had difficulty completing the section, try to consult with the patient or a relevant staff member before moving on.

Complete the exercises in the last section to test your new skills and knowledge and your understanding of the patient medication information section ('*Office use only*') in epiCentre.

If after completing this self-guided learning package you feel like you have more questions or require further training/information, please don't hesitate to contact us at eppoc@uow.edu.au or call +612 4221 5058.

Practice exercises

Using the *ePPOC Drug Group Reference Tool* and the *Conversion Tool*, for each of the exercises below identify the following to complete the *Office use only* section in epiCentre (*answers are included at the end*):

1. The drug group types taken – using the *ePPOC Drug Group Reference Tool*
2. The total oMEDD (mg) value – using the *ePPOC oMEDD Conversion Tool – Weekly use*
3. Whether the opioid medication is taken more than 2 days/week – using *patient report*

1. John reports taking the following medications:

Medicine name	Medicine strength	Daily intake
Gabalex	100mg	1/day (7 days per week)
Endep	50mg	1/day (7 days per week)
Panadeine Forte	500mg paracetamol/30mg codeine	6/day (2 days per week)
Oxycontin	20mg	3/day (7 days per week)

2. Marj reports taking the following medications:

Medicine name	Medicine strength	Daily intake
Naprosyn	750mg	1/day (7 days per week)
Parapane	500mg	8/day (7 days per week)
Jurnista	10mg	2/day (7 days per week)
Cipramil	25mg	1/day (7 days per week)
Gapentin	50mg	2/day (7 days per week)
Alepam	10mg	1/day (7 days per week)
Lipitor	75mg	1/day (7 days per week)
Diamicron	60mg	2/day (7 days per week)

3. Alex reports taking the following medications:

Medicine name	Medicine strength	Daily intake
Endone	5mg	2/day (3 days per week)
Panadeine extra	500mg paracetamol/15mg codeine	8/day (7 days per week)
Meloxicam	50mg	2/day (7 days per week)
Epilim	100mg	1/day (7 days per week)

4. Suzie reports taking the following medications:

Medicine name	Medicine strength	Daily intake
Norspan	5mcg/hr	1/day (7 days per week)
Nuramol	200mg ibuprofen/500mg paracetamol	6/day (7 days per week)
Lexam	25mg	1/day (7 days per week)
Temaze	5mg	1/day (7 days per week)

5. Chris reports taking the following medications:

Medicine name	Medicine strength	Daily intake
Oxycodone	5mg	4/day (3-4 days per week)
Pregaredi	50mg	2/day (7 days per week)
Lexapro	25mg	1/day (7 days per week)

6. Zoe reports taking the following medications:

Medicine name	Medicine strength	Daily intake
Buvidal	16mg	Once a month
Temazepam	10mg	1/day (7 days per week)

7. Jordan reports taking the following medications:

Medicine name	Medicine strength	Daily intake
Methadone	20mls	1/day (7 days per week)
Lyrica	300mg	3/day (7 days per week)
Zopiclone	7.5mg	1/day (7 days per week)

Answers to exercises

1. John

Types of drug groups	Total oMEDD	Opioids >2 days/week
Tick 4/7 drug groups – (Anticonvulsant, Antidepressant, Opioid & Paracetamol) Note: From the panadeine forte only enter the codeine value	97mg <i>(NB: remember enter numerals only & John's panadeine forte was taken only 2 days per week)</i>	Yes

2. Marj

Types of drug groups	Total oMEDD	Opioids >2 days/week
Tick 6/7 drug groups – (NSAID, Paracetamol, Opioid, Anticonvulsant, Antidepressant, & Sedative) Note: Jurnista is the brand name for an opioid called 'hydromorphone'. Lipitor + diamicron will not be in the ePPOC Drug Group Reference Tool	100mg	Yes

3. Alex

Types of drug groups	Total oMEDD	Opioids >2 days/week
Tick 4/7 drug groups – (Opioid, Paracetamol, NSAID & Anticonvulsant) Note: Only enter the codeine value from panadeine extra.	22mg <i>(NB: Alex only takes Endone on 3 days per week)</i>	Yes

4. Suzie

Types of drug groups	Total oMEDD	Opioids >2 days/week
Tick 5/7 drug groups – (Opioid, NSAID, Paracetamol, Antidepressant & sedative) Note: This opioid is a transdermal patch, the dose is in mcg/hour, as patches are continuous delivery	10mg <i>(NB: Remember a transdermal patch is entered as 1/day and 7 days/week in the oMEDD Conversion Tool)</i>	Yes

medications, the daily intake will be 1 and the weekly frequency will be 7 days per week. Plus, nuramol contains 2 drug groups.		
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5. Chris

Types of drug groups	Total oMEDD	Opioids >2 days/week
Tick 3 of the 7 drug groups – (Opioid, Anticonvulsant, & Antidepressant) Note: Oxycodone is taken 3-4 days per week, so the choice to make is for the greater number of days (4).	37mg <i>(NB: Chris reported taking oxycodone 3-4 days per week – therefore choose the Maximum days)</i>	Yes

6. Zoe

Types of drug groups	Total oMEDD	Opioids >2 days/week
Tick 2 of the 7 drug groups – (Opioid & Sedative) Note: Buvidal is prescribed as part of an opioid replacement program.	NB: Do not calculate an oMEDD, tick opioid group, select opioid replacement program, and leave oMEDD blank.	Yes

7. Jordan

Types of drug groups	Total oMEDD	Opioids >2 days/week
Tick 2 of the 7 drug groups – (Anticonvulsant & Sedative and consider Opioid) Note: Consider that methadone is often prescribed as part of an opioid replacement program (especially if the dose is written in ml)	NB: Check with the patient if the methadone is part of an OSP if so complete as above. If not calculate the oMEDD and complete accordingly.	Yes

References:

Faculty of Pain Medicine (2021) Australia and New Zealand College of Anaesthetists. *Opioid Dose Calculator, PSO1 (PM) (Appendix)*

[https://www.anzca.edu.au/getattachment/6892fb13-47fc-446b-a7a2-11cdf1c9902/PSO1\(PM\)-\(Appendix\)-Opioid-Dose-Equivalence-Calculation-Table](https://www.anzca.edu.au/getattachment/6892fb13-47fc-446b-a7a2-11cdf1c9902/PSO1(PM)-(Appendix)-Opioid-Dose-Equivalence-Calculation-Table)