

## Opioid Protocol

Southeast Missouri State University Sports Medicine recognizes the opioid epidemic and wants to take proper measures and safeguards to help protect our student athletes.

When an opioid pain medication (hydrocodone, Vicodin, Percocet, etc.) is prescribed by a team physician the following will take place:

Southeast Missouri State University Sports Medicine uses Broadway Pharmacy for all pharmaceutical needs. A member of the Southeast Missouri State University Sports Medicine Department will pick up all prescriptions from the Pharmacy. The staff at Broadway has been informed and will not release a prescription medication to a student athlete. This allows the Athletic Trainer to be aware when an opioid medication has been prescribed to an athlete.

If a Student Athlete obtains a prescription for Opioid Medications from a physician other than a team physician, the Student Athlete needs to inform their Athletic Trainer so that proper precautions can be taken.

When an athlete is prescribed an opioid medication the Athletic Trainer may on a regular basis perform a pill count with the athlete to ensure that they are using the medication in the way indicated by the team physician.

If it is found that the student athlete is not using the medication correctly, the Athletic Trainer will provide education to the student athlete about the risks and dangers of the misuse of opioid medication. Other methods (over the counter medications, increased rehab and treatment) will also be utilized to help control the student athlete's pain.

If there is expected misuse or abuse of an opioid medication, the prescribing physician will be notified for further course of action. The student athlete will also be referred to CADS for evaluation.

I \_\_\_\_\_, understand that I have been prescribed an opioid medication. I will only use the medication in the way that the prescribing physician intends. When requested I will allow a member of the Southeast Missouri State University Sports Medicine Department to conduct a pill count to ensure my compliance.

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date	Initial Number	Pill Count Number	ATC Signature