



Rev. 4/2012

Opiod Therapy for Chronic Pain

Patient Education and Consent

Dear Patient,

Treatment with opiods (often referred to as “narcotics”) is one of several possible therapies for chronic pain. As part of your treatment at Comprehensive Pain Physicians opiod medications may or may not be recommended or provided. The purpose of this document is to ensure that you are informed about the use of these medications, to protect your access to controlled substances, and to protect our ability to prescribe for you. If opiod therapy is provided, it is important that you understand the following:

1. The use of such medicine has certain risks associated with it, including, but not limited to: sleepiness or drowsiness, constipation, nausea, itching, vomiting, dizziness, allergic reaction, slowing of breathing rate, slowing of reflexes or reaction time, physical dependence, tolerance to analgesia, addiction and possibility that the medicine will not provide complete pain relief.
2. The long-term use of such substances as opiods, benzodiazepine tranquilizers, and barbiturate sedatives is controversial because of uncertainty regarding the extent to which they provide long-term benefit. There is also the risk of an addictive disorder developing or of relapse occurring in a person with a prior addiction. The extent of this risk is not certain.
3. You cannot be involved in any activity that may be dangerous to you or someone else if you feel drowsy or are not thinking clearly. Even if you do not notice it, your reflexes and reaction time might still be slowed. Such activities include, but are not limited to: using heavy equipment or a motor vehicle, working in unprotected heights or being responsible for another individual who is unable to care for himself or herself. Driving long distances (greater than 1 hour) should be avoided since patients on opiods may fatigue more easily. All driving or other potentially dangerous activities should be avoided for several days after starting opiod therapy or after dose increases.
4. Addiction is defined as the use of a medicine even if it causes harm, having cravings for a drug, feeling the need to use a drug and a decreased quality of life. The chance of becoming addicted to my pain medicine is very low. The development of addiction is much more common in a person who has a family or personal history of addiction. You agree to tell your doctor your complete and honest personal drug history and that of your family to the best of your knowledge.
5. Physical dependence is a normal, expected result of using these medicines for a long time, and that physical dependence is not the same as addiction. Physical dependence means that if your pain medicine use is markedly decreased, stopped or reversed, you will experience a withdrawal syndrome. This means you may have any or all of the following: runny nose, yawning, large pupils, goose bumps, abdominal pain and cramping, diarrhea, irritability, aches throughout my body and a flu-like feeling. You are aware that opiod withdrawal is uncomfortable but not life threatening.
6. Over time, you may require more medicine to get the same amount of pain relief. This tolerance to analgesia does not seem to be a big problem for most patients with chronic pain; however, it has been seen and may occur. If it occurs, increasing doses may not always help and may cause unacceptable side effects. Tolerance or failure to respond well to opiods may cause your doctor to choose another form of treatment.
7. **(Males only)** Chronic opiod use has been associated with low testosterone levels in males. This may affect your mood, stamina, sexual desire and physical and sexual performance. Your doctor may check your blood to see if your testosterone level is normal.
8. **(Females Only)** If you plan to become pregnant or believe that you have become pregnant while taking pain medicines, you will immediately call your obstetric doctor and this office to inform them. If you carry a baby to delivery while taking these medicines, the baby will be physically dependent upon opiods.



Rev. 4/2012

The use of opioids is not generally associated with a risk of birth defects; however, birth defects can occur whether or not the mother is on medicines, and there is always the possibility that your child will have a birth defect while you are taking an opioid.

9. Because these drugs have potential for abuse or diversion, strict accountability is necessary when use is prolonged. For this reason the following policies are agreed to by you, the patient, as a condition of your physician's willingness to consider the initial and/or continued prescription of controlled substances to treat your chronic pain.
 - a. All controlled substances must come from the physician whose signature appears below or, during his or her absence, by the covering physician, unless specific authorization is obtained for an exception. (Multiple sources can lead to untoward drug interactions or poor coordination of treatment.)
 - b. All prescriptions must be used according to the written instructions—at times this may be supplemented by oral instructions from your doctor. If you feel that the dosage is inadequate, you should discuss this with your doctor--do not change the dose on your own. If the dose seems too strong, you may decrease or stop your dose, and immediately call your doctor.
 - c. All controlled substances must be obtained at the same pharmacy, where possible. Should the need arise to change pharmacies, our office must be informed. The pharmacy that you have selected is: _____ phone: _____.
 - d. You will tell the doctor or our office about all other medicines and treatments that you are receiving, about any changes of your medications or medical conditions, and about any adverse effects you experience from any of the medications that you take.
 - e. The prescribing physician has permission to discuss all diagnostic and treatment details with dispensing pharmacists or other professionals who provide your health care for purposes of maintaining accountability.
 - f. You may not share, sell, or otherwise permit others to have access to these medications.
 - g. These drugs should not be stopped abruptly, as an abstinence syndrome will likely develop.
 - h. Unannounced urine or serum toxicology screens may be requested, and your cooperation is required. Presence of unauthorized substances may prompt referral for assessment for addictive disorder.
 - i. Prescriptions and bottles of these medications may be sought by other individuals with chemical dependency and should be closely safeguarded. It is expected that you will take the highest possible degree of care with your medication and prescription. They should not be left where others might see or otherwise have access to them.
 - j. Original containers of medications should be brought in to each office visit.
 - k. Since the drugs may be hazardous or lethal to a person who is not tolerant to their effects, especially a child, you must keep them out of reach of such people.
 - l. Medications may not be replaced if they are lost, get wet, are destroyed, left on an airplane, etc. If your medication has been stolen and you complete a police report regarding the theft, an exception may be made.
 - m. Early refills will generally not be given.
 - n. Prescriptions may be issued early if the physician or patient will be out of town when a refill is due. These prescriptions will contain instructions to the pharmacist that they not be filled prior to the appropriate date.
 - o. If the responsible legal authorities have questions concerning your treatment, as might occur, for example, if you were obtaining medications at several pharmacies, all confidentiality is waived and these authorities may be given full access to our records of controlled substances administration.
 - p. It is understood that failure to adhere to these policies may result in cessation of therapy with controlled substance prescribing by this physician or referral for further specialty assessment.
 - q. Renewals are contingent on keeping scheduled appointments. Please do not phone for prescriptions after hours or on weekends.



Rev. 4/2012

- r. It should be understood that any medical treatment is initially a trial, and that continued prescription is contingent on evidence of benefit.
10. If opiod therapy is recommended or provided, then by signing this form voluntarily, you give your consent for the treatment of your pain with opiod pain medicines. You attest that you have read this form or have it read to you, that you understand all of it, and that you have had a chance to have all of your questions regarding this treatment answered to your satisfaction.
 11. Avoid using prescription pain medications to fall asleep. Prescription pain medications can slow your breathing during sleep. Speak to your doctor about safe methods to manage pain during sleep
 12. Lock up prescription pain medications. If you have opiod pain medications at home, you have a responsibility to protect your children, family members and the general public from misuse. Prescription pain medications can kill if taken by children, pets or other people for whom it was not prescribed.
 13. You affirm that you have full right and power to sign and be bound by this agreement, and that you have read, understood, and accepted all of its terms.

_____ Physician Signature _____ Patient Sign

_____ Date _____ Patient Nar

[This document is a modification of American Academy of Pain Medicine documents.]