



PHYSICIAN/PATIENT INFORMED CONSENT AND AGREEMENT FOR LONG-TERM OPIOID/NARCOTIC THERAPY FOR TREATMENT OF CHRONIC PAIN

PATIENT NAME: _____ DOB: _____

You have agreed to or may potentially receive opioid/narcotic therapy for the treatment of chronic pain. You understand that these drugs are very useful but have a potential for misuse and are therefore closely controlled by local, state and federal governments. The goal of this treatment is to: (a) reduce your pain; and (b) improve your level of function in performing your activities of daily living. Our goal is to not initiate or continue opioid therapy whenever possible, but sometimes this may be warranted for more effective pain management.

Alternative therapies and medications have been explained and offered to you. You have chosen opioid/narcotic therapy as one component of treatment.

The use of cigarettes demonstrates a dependence on nicotine. This complicates opioid therapy. If you are a smoker, you have agreed to a smoking cessation program.

You must be aware of the potential side effects and risks of these medications. They are explained below. If you have any questions or concerns during the course of your treatment, you should contact your physician.

If you choose to use these medications, then you must read, understand, agree to, and sign this Agreement. The Agreement will be in effect until: you ask in writing for the Agreement to end, your physician/nurse practitioner/physician assistant (provider) ends the Agreement, and/or you are formally discharged from Total Pain & Spine Care of Florida .

SIDE EFFECTS

Side effects are normal physical reactions to medications. Common side effects of opioids/narcotics include mood changes, drowsiness, dizziness, constipation, nausea, and confusion. Many of these side effects will resolve over days or weeks. Constipation often persists and may require additional medication. If other side effects persist, different opioids may be tried or they may be discontinued. You should NOT:

- a. operate a vehicle or machinery if the medication makes you drowsy;
- b. consume ANY alcohol while taking opioids/narcotics; or
- c. take any other non-prescribed sedative medication while taking opioids/narcotics.

The effects of alcohol and sedatives are additive with those of opioids/narcotics. If you take these substances in combination with opioids/narcotics, a dangerous situation could result, such as coma, organ damage or even death. Driving while taking opioids for chronic pain is considered medically acceptable as long as you do not have side effects such as sedation or altered mental status. These side effects usually do not occur while taking opioids/narcotics chronically. However, it is possible that you could be considered DUI if stopped by law enforcement while driving.

Opioid medications has been shown to increase the risk of poor surgical outcomes, increase the risk of motor vehicle collisions, increase the risk of impotence and sexual difficulties, and increase the risk of heart attacks (myocardial infarction), bone fractures, addiction and death.

Constipation is a well-known side effect of opioid therapy and can usually be treated with stool softeners or gentle laxatives. Constipation is a side effect that usually does not go away and requires treatment.

PATIENT'S INITIALS: _____

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RISKS:**DEPENDENCE**

Physical dependence is an expected side effect of long-term opioid/narcotic therapy. This means that if you take opioids/narcotics continuously, and then stop them abruptly, you will experience a withdrawal syndrome. This syndrome often includes sweating, diarrhea, irritability, sleeplessness, runny nose, tearing, muscle and bone aching, gooseflesh, and dilated pupils. Withdrawal can be life threatening. To prevent these symptoms, the opioid/narcotics should be taken regularly or, if discontinued, reduced gradually under the supervision of your physician.

TOLERANCE

Tolerance to the pain-relieving effect of opioids/narcotics is possible with continued use. This means that more medication is required to achieve the same level of pain control experienced when the opioid/narcotic therapy was initiated. This may occur even though there has been no change in your underlying painful condition. When tolerance does occur, sometimes it requires tapering or discontinuation of the opioid/narcotic. Sometimes tolerance can be treated by substituting a different opioid/narcotic. When initiated, doses of medications must be adjusted to achieve a therapeutic, pain-relieving effect upward adjustments during this period are not viewed as tolerance.

INCREASED PAIN (Hyperalgesia)

The long-term effects of opioids/narcotics on the body's own pain-fighting systems are unknown. Some evidence suggests that opioids/narcotics may interfere with pain modulation, resulting in an increased sensitivity to pain. Sometimes individuals who have been on long-term opioids/narcotics, but who continue to have pain, actually note decreased pain after several weeks off the medications.

ADDICTION

Addiction is a primary, chronic, neurological disease, with genetic, psychosocial, and environmental factors influencing the development and manifestations. It is characterized by behaviors that include one or more of the following:

- Impaired control over drug use;
- Compulsive use;
- Continued use despite harm; and/or
- Craving.

Most patients with chronic pain who use long-term opioids/narcotics are able to take medications on a scheduled basis as prescribed, do not seek other drugs when their pain is controlled, and experience improvement in their quality of life as the result of opioid therapy. Therefore, they are NOT addicted. Physical dependence is NOT the same as addiction.

RISK TO UNBORN CHILDREN:

Children born to women who are taking opioids/narcotics on a regular basis will likely be physically dependent at birth. Women of childbearing age should maintain safe and effective birth control while on opioid/narcotic therapy. Should you become pregnant, immediately contact your physician and the medication will be tapered and stopped.

LONG-TERM SIDE EFFECTS:

The long-term effect of opioid/narcotic therapy is not fully known. Most of the long-term effects have been listed above. If you have additional questions regarding the potential long-term effects of opioid/narcotic therapy, please speak with your physician.

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PATIENT NAME: _____ DOB: _____

PRESCRIPTIONS AND USE OF OPIOID/NARCOTIC MEDICATIONS

- Your medication will be prescribed by your physician for control of pain. Based on your individual needs, you will be provided with enough medication on a monthly basis, two-month basis, or three-month basis. New injuries or pain problems will require reevaluation. Prescriptions for opioids/narcotics will not be "called in" to the pharmacy.
- You agree that you must be seen by your physician at a minimum of every three months during the course of your therapy.
- You agree and understand that increasing your dose without the close supervision of your physician could lead to drug overdose, causing severe sedation, respiratory depression and/or death.
- You agree and understand that opioid/narcotic medication is strictly prescribed for you, and your opioid/narcotic medication should NEVER be given to others.
- You agree to fill opioid/narcotic prescriptions at one pharmacy.
- You agree to secure your opioid/narcotic medications in safe, locked source to prevent loss or theft. You are responsible for any loss of theft.
- You agree that lost, stolen or destroyed prescriptions or drugs will not be replaced, and may result in discontinuation of treatment.
- You agree to obtain opioid/narcotic medication from one prescribing physician or that physician's substitute if your prescribing physician is not available and your prescribing physician has authorized his or her substitute to provide treatment.
- You agree to submit to an initial examination and evaluation. to routine examination and evaluation on a monthly basis or regular basis (but no less than once every three months), and to examination and evaluation at the direction of your physician.
- You agree to submit to blood and/or urine testing to monitor the levels of medication or other drugs and any organ side effects. You also agree that other doctors and law enforcement may be notified of the results.
- You agree NOT to call the physician for refills or replacement medications during evening hours or on weekends/holidays. Medication refill and/or replacement requests will be addressed during regular business hours only.
- You understand and agree that if you lose your medication or run out early due to overuse, you may experience and go through withdrawal from opioids/narcotics. You further understand and agree that you are solely responsible for your own medications.
- You agree to bring all prescription medications in their bottles or containers to the office during regularly scheduled visits.
- You agree to provide a list from your pharmacy detailing all medications received from that pharmacy and to provide updated lists as requested by your physician.
- For patients taking methadone: Methadone has significant interactions with many other medications. Some of these medications may reduce your body's ability to metabolize methadone, thus INCREASING the methadone in your body, which could be dangerous. Therefore, you MUST notify this office of ALL medications prescribed for ANY condition while taking methadone.

PATIENT'S INITIALS: _____



PATIENT NAME: _____

DATE: _____

OPIOID/NARCOTIC THERAPY MAY BE DISCONTINUED IF YOU:

- develop progressive tolerance which cannot be managed by changing medications;
- experience unacceptable side effects which cannot be controlled;
- experience diminishing function or poor pain control;
- develop signs of addiction;
- abuse any other controlled substance (this may be determined by random blood/urine testing);
- obtain and or use street drugs (this may be determined by random blood/urine testing);
- increase your medication without the consent of your physician;
- either refuse to stop or resume smoking;
- obtain opiates/narcotics from other physicians or sources;
- fill prescriptions at other pharmacies without explanation;
- sell, give away, or lose medications;
- fail to submit to routine examination and evaluation on a monthly basis or regular basis (but no less than once every three months), or as directed by your physician;
- fail to bring your prescription medications to your regularly scheduled visits;
- fail to submit to blood/urine testing as directed;
- call for refills during evenings, weekends or holidays; or
- violate any of the terms of this agreement.

By signing below, Patient acknowledges and agrees that: (i) I have read and fully understand the Physician/Patient Informed Consent and Agreement for Long-Term Opioid/Narcotic Therapy for the Treatment of Chronic Pain; (ii) I have been given the opportunity to ask questions about the proposed treatment (including no treatment), potential risks, complications, side effects, and benefits; (iii) I knowingly accept and agree to assume the risks of the proposed treatment as presented; and (iv) I agree to abide by the terms of this agreement

Patient Signature: _____

Date: _____

Print Name: _____

Witness Signature: _____

Date: _____

Print Name: _____

Physician Signature: _____

Date: _____

Print Name: _____