

Informed Consent for Chronic Narcotic Analgesic Therapy

Treatment Information

Your physician may recommend that a maintenance narcotic analgesic be given in order to manage your pain and increase your activities at home and at work.

As you begin this treatment program you should be aware of the following risks associated with the use of this medication:

1. Side effects of these medications may include drowsiness, dizziness, constipation, nausea, and/or confusion.

You should see how this medication affects you before you drive a motor vehicle or do a task requiring concentration. You should not drive or operate machinery if the medication makes you drowsy. It usually takes 5 to 7 days for a person to get an idea how he/she is affected. Frequently these effects diminish in a few days. Any time your dose is increased you may experience sedation and if sedation occurs you should not operate vehicles or machinery until sedation resolves.

Cognitive impairment or mental clouding may occur during treatment and may or may not decrease over time. If the medication is used with other sedatives or alcohol the resulting heightened impairment is potentially dangerous. It is strongly advised not to use alcohol while taking this medication.

Constipation is a common side effect. If this is a problem for you, try a stool softener (Docusate, Colace) or mild laxative with increased fiber and fruit in your diet. Some people experience nausea with this medication. If you take this medication after you eat nausea may be decreased. Other side effects that infrequently occur are disorientation and sleep disturbances.

The use of other medications can increase side effects. It is important that your physician know any other medications you are taking. All medications that make you sleepy (for example, antihistamines in cold preparations and alcohol) will make you sleepier while taking this medication. It is advised that you talk with your physician or pharmacist before buying any over-the-counter products.

2, Risk of psychological dependence may occur in probably less than 1% of patients being treated with narcotic analgesics. This means there is a continued desire for the mood altering and other psychological effects of the medication and concern for its continued availability. Communication with your physician is necessary for you to understand the role of the medications in your pain management program and to avoid development of this type of dependence.

3. Risk of physical dependence on these types of medications is very high. It refers to the fact that at higher doses of this type of medication, your body will get used to it. If you stop taking the medication abruptly, your body may react adversely with withdrawal symptoms, which may include: excessive tearing, runny nose, dilated pupils, "goose pimple" flesh, sweating, yawning, diarrhea, muscle aches, headache, and insomnia. To prevent these uncomfortable symptoms you should take your medication regularly and communicate to your physician any side effects. When discontinuing use of the medication, taper it down slowly over a period of a few days to a few weeks under supervision of your physician.



4. Questions and issues of addiction are frequently on the minds of patients. Addiction is a term to describe deviant behavior where the primary goal is to obtain narcotic analgesics for use other than pain control, such as recreational use and other forms of illicit use. Patients who are using these types of medications for medical reasons and have a clear understanding why they are using them are at very low risk for this problem, as the experience of cancer pain treatment has shown us. Psychological and physical dependence are not the same thing as addiction, and they are treated differently. To prevent the development of psychological dependence, physical dependence, or addiction we have developed a close follow-up system. If any of these dependence characteristics develop, we will inform you about it and appropriate measures will be taken.

5. Tolerance to the medications may occur in the course of your treatment. Tolerance refers to the decreasing effect of a medication at a stable dose. This is different than increasing the dose to manage increase in pain. This would mean that your body is adapting to the medication and that medications are losing their strength, this may call for tapering and stopping of the medications.

6. Risk to unborn children: If you are a female of childbearing age and become pregnant, there is the risk that any child born will likely be physically dependent at birth. We strongly recommend that you maintain safe and effective birth control while in this program. If you become pregnant, you should immediately contact your physician so that medication will be tapered and stopped. If you are of child-bearing age and you are planning a family, you should contact your physician immediately.

Evaluation of Treatment:

Evaluation by clinic visit will assess: (1) how effective the treatment is in reducing pain; (2) whether or not it improves your function (increases your activities at home or work); (3) any adverse effects you've experienced (excessive sedation, constipation, worsening depression); (4) accidental or purposeful medication misuse/abuse; or (5) an increased dose from what is recommended by your physician. Each evaluation will be documented in your medical record. If there is no improvement of pain control and function or if you experience bothersome side effects, the medication will be tapered and discontinued.

Patient Signature

Date



OPIOID (NARCOTIC) CONTRACT

1. I understand that I have a chronic pain problem that currently requires the prescription of opioid (narcotic) pain medication. I understand that the long-term risks of dependency and tolerance outweigh the benefits unless function is improved along with the pain, therefore the medication will not be continued if my level of function fails to improve.
2. In the event that I develop a psychological dependency or addiction to the medication or, in the opinion of my physician or nurse practitioner, I display any drug seeking behavior or other evidence of potential addiction, the medication will be tapered in a manner that will avoid withdrawal side effects and then discontinued. If it is determined by the physician or his consultant that detoxification is indicated, I agree to undergo detoxification.
3. I will obtain prescriptions for opioids (narcotics) and other controlled medications *only* from Preferred Pain Management, unless given permission to do otherwise.
4. I will have prescriptions filled at only one pharmacy and give Preferred Pain Management the name, address, and phone number of the pharmacy.
5. I will take the medication only as prescribed and will promptly notify Preferred Pain Management if I cannot.
6. I agree to random urine or blood tests, at my cost, to assess my compliance with the planned treatment.
7. I understand that the eventual goal is to taper to the lowest level of opioid (narcotic) medication needed to increase my level of functioning and, if possible, to discontinue the medication.
8. I will meet regularly with my physician or nurse practitioner at Preferred Pain Management to assess my progress. The frequency of visits is dependent on my response to the treatment program.
9. I will bring any unused portion of my opioid pain medication, in the original prescription container, to each office visit.
10. I will not share my medication with others.
11. I understand that it is my responsibility to take care of my medications and that lost, misplaced or stolen medications will not be replaced.
12. I understand that prescription refills will not be given early for any reason. I understand that refills of medication must be requested during normal office hours (Monday through Friday).
13. If I deviate from these guidelines or the medication loses its effectiveness in increasing my function, I understand that it will be promptly tapered and stopped.
14. If I am unable to tolerate any narcotic medication that is prescribed for me, I will take the unused portion of my prescription to the pharmacy for disposal. I will provide documentation of this disposal, from the pharmacy, prior to receiving a prescription for a different medication.
15. Lack of compliance with other therapies prescribed (i.e., other medication therapy, injections, physical therapy, psychological therapy) will lead to tapering and discontinuation of medications.

I have read the above, have had the opportunity to ask questions about the treatment, alternatives, and risks and benefits of this medication regimen, and accept the risks and conditions of this narcotic analgesic treatment program. I have received a copy of this document for my own files.

Patient signature

Date