

OPIOID PAIN MEDICATION AGREEMENT

Patient (Part 1): Opioid pain medication is being prescribed for me as one part of my treatment to help better control my long standing pain and to help me reach the goals I have set to feel better (see *Goals and Benefits* on reverse side). In order to make this medication safe and follow national and state laws,

I, _____, understand that:
(name)

- This medication may not take away all my pain, and long-term benefit has not been proven.
- I should follow the directions exactly as given to me by my provider. Taking more than prescribed may hurt me.
- There are side effects of this medication described to me by my provider. All my questions about this medication have been answered. (see *What a Patient Needs to Know About Opioid Medication* on reverse side)
- I will call my provider's office if I am having side effects after starting this medication.
- This medication may make me sleepy, increase my risk of falling, and make driving or operating machinery dangerous.
- Taking alcohol or street drugs along with this medication is dangerous.
- Taking this medication with other prescription drugs can also be dangerous. I will alert ALL my providers about my current medications, including over-the-counter (OTC) medicine, supplements, and herbs.
- My body may get used to the medication and it may not work as well. Also, if I stop it too quickly I could get sick.
- Some people become addicted to these medications. If I think this is happening to me I will speak to my provider.

Patient (Part 2): I, _____, agree:
(name)

- To get pain medication only from the provider signed below, or his/her medical team.
- To notify my provider immediately if I obtain any pain medication from an emergency room.
- To get pain medication only during regular office hours and not to call after office hours for pain medication.
- To fill my medication at only one (1) in-state pharmacy. The contact information is:

Pharmacy name: _____ **Phone:** _____

- To give urine samples and to bring my pills to be counted whenever asked of me.
- Not to use illegal drugs or non-prescribed prescription drugs along with this medication.
- Not to sell or give away my medication.
- To keep my medication safe. If it is lost or stolen, I understand it may not be replaced.
- To allow my provider to exchange information with people who might need to know about my medication use if he/she thinks it is necessary for my health and safety.
- To keep all of my health care appointments recommended to me to treat my pain.
- That my medication can be stopped at any time, after a discussion with my health care provider.

Health Care Provider (Part 3): I, _____, agree:
(health care provider's name)

- To explain your pain condition and how opioids are expected to help.
- To explain the risks, side effects and alternatives to opioid treatment.
- To monitor your pain level at each visit to help assure good pain control and help meet your goals (see *Goals and Benefits*).
- To continue to change the plan as needed to get improved activity and better control of pain.
- To include a pain specialist, and/or other health care specialists (such as Behavioral Health, Physical Therapy, Massage Therapy, Acupuncture) in your care, as needed to reach your goals (see *Goals and Benefits*).
- To make clinical decisions I believe are in your best interest, including discontinuing opioids.
- To keep you safe, to the best of my abilities, including running SCRIPTS DHEC reports to check your opioid prescriptions and referring you for help if you become addicted.

Consent to treatment and Agreement to responsibilities outlined above: My health care provider and I have reviewed this document, including *What a Patient Needs to Know About Opioid Medication* (on reverse side); and I have been given the opportunity to have any questions answered. I understand the possible benefits and risks of opioid medications. My health care provider and I each accept our respective responsibilities described above.

Patient signature

Date

Health Care Provider signature

Date

Patient name printed

Date

Health Care Provider name printed

Date

What a Patient Needs to Know About Opioid Medication

Goals and Benefits

- ❖ If opioid medication is prescribed, it is just one part of a total pain management plan. Expected benefits and goals of opioid medication to treat pain include:
 - Improved pain
 - Improved ability to engage in work, social, recreational and/or physical activities
 - Improved quality of life
 - Improvement of more specific goals I discussed with my provider

Side Effects, Effects of Medication Combinations and Addiction Risk

- ❖ I need to tell my provider if I notice any problems. Opioid pain medications often have side effects, which may include but are not limited to:
 - Itching
 - Rash
 - Nausea
 - Constipation, sometimes severe
 - Trouble urinating or passing stool/poop
 - Drowsiness
 - Slow or depressed breathing (especially if obese)
 - Problems thinking clearly
 - Mood changes
 - Depression getting worse
 - Increased risk of bone fractures or brittle bones
 - May worsen sleep apnea (periods of not breathing while sleeping)
 - Sexual difficulties, such as lack of menstrual periods in women and low male hormone in men
 - Life-threatening irregular heartbeat (methadone)
- ❖ I need to tell my provider about taking any prescription and nonprescription medication/supplements/herbal remedies and street drugs.
 - (1) Taking too much of my opioid medication;
 - (2) Using it with alcohol and/or illegal or borrowed prescription drugs; or
 - (3) Combining opioids with some prescriptions (especially sedatives or anxiety medicines, such as Xanax[®]) AND especially without supervision or my provider knowing) can cause:
 - Overdose
 - Trouble breathing, may stop breathing
 - Brain damage, Coma, Death
- ❖ I need to tell my provider if I am a woman who is pregnant or plans to become pregnant. Risks to unborn children in women include:
 - Physical dependence at birth
 - Possible changes in pain perception
 - Possible increased risk for development of addiction
- ❖ I need to check with my provider or pharmacist before taking any over-the-counter (OTC) medications that contain acetaminophen (i.e., APAP, Tylenol[®]). ALWAYS read labels to check for added acetaminophen. Acetaminophen can be 'hidden' in medicine such as cough/cold or menstrual cramp medicines. Some opioid pain medications (such as Vicodin[®], Lortab[®], Norco[®], Percocet[®]) also contain acetaminophen. Too much acetaminophen may cause liver damage.
- ❖ If I decide to stop my medication, I will contact my provider. If I must stop this medication for any reason, I need to stop it slowly to help me avoid feeling sick from physical withdrawal symptoms. Withdrawal symptoms include:
 - Anxiety
 - Irritability
 - Aching, Pain
 - Sweating
 - Abdominal/Stomach cramping
 - Diarrhea
- ❖ I may develop an increased sensitivity to pain.
- ❖ I could become addicted to this medication. If anyone in my family or I have ever had drug or alcohol problems I have a higher chance of getting addicted to this medication. Addiction is associated with drug craving, loss of control, and poor response to treatment.

Other Risks to Others and Myself

- ❖ If I do not use this medication exactly as prescribed, I risk hurting others and myself (such as a car accident).
- ❖ If I do not secure or dispose of this medication properly, I risk hurting others, especially children, who find it and accidentally take it. There is also a possible risk to my household and me to theft, deceit, assault or abuse by persons seeking to obtain my medications for purposes of misuse.