

Avery Wood MD

INFORMED CONSENT AND CONTRACT FOR LONG-TERM NARCOTIC THERAPY FOR NON-CANCER PAIN

There are potential risks and side effects of long-term narcotic treatment including but not limited to the following:

PHYSICAL SIDE EFFECTS

Common side effects include mood changes, drowsiness, dizziness, constipation, nausea, or confusion. Many of these side effects disappear over several days to weeks. Extreme caution must be used while driving or operating potentially harmful machinery.

Any other sedating medications or alcohol must be avoided.

PHYSICAL DEPENDENCE

Physical dependence is an expected side effect from long term use of narcotics when they are used on a regular basis. If the medication is stopped abruptly, you may experience a withdrawal syndrome. This may include sweating, diarrhea, irritability, runny nose, achiness, and craving for medication. These effects are not dangerous. To avoid them, medication should be slowly tapered under the supervision of a physician.

TOLERANCE TO MEDICATION

With continued use, some patients will experience a tolerance to the medication, where increasing doses are required to control the same pain. This occurs rarely and may require tapering and discontinuation of the medication.

INCREASED PAIN

The long-term effects of narcotics on the body's own pain-fighting system are not well understood. There is some evidence that treatment with narcotics may cause an increased sensitivity to pain. Some clinicians believe that narcotics reinforce or perpetuate the perception of pain.

ADDICTION

Addiction is present when an individual experiences loss of control over the use of medications, is constantly seeking drugs, or experiences adverse consequences as a result of drug use. Most pain patients who use long term narcotics are able to take medication as prescribed, do not seek other drugs when their pain is controlled, and experience improvement in the quality of life as a result of the treatment; they are therefore not addicted. Physical dependence on the medication does not indicate that someone is addicted.

Individuals with a history of alcoholism, nicotine addiction or other drug addiction may be at increased risk for the development of addiction while using narcotics. This is generally indicated by concurrent seeking and using other drugs, by the inability to take the medication on a scheduled basis as prescribed, and by decreasing quality of life.

PRESCRIPTION CONTRACT

Because of the potential for some of the adverse consequences noted above, prescribing narcotics must be done in an organized and carefully documented manner. Prescribing flexibility is limited by both state and federal law. Both the physician and patient have a responsibility for the safe and effective use of narcotics.

It is important that you review and agree to the following conditions:

Prescriptions will only be filled by one physician, Dr. _____, and only during normal office hours. If that physician is unavailable, the office will make appropriate arrangements.

Prescriptions will only be filled at one pharmacy,

Your dose and frequency will be maintained in your chart with a specific date when the next refill of medication is due.

Loss or theft of medication should be reported immediately to the police. Medication will not be replaced under any circumstances. Repeated loss or theft of prescriptions may be grounds for discontinuation of treatment.

Random urine drug testing may be used to document use of medication.

Patients may be asked to bring in their pill bottle for random pill counts.

Narcotic therapy may be continued if you experience decreased pain and improvement in quality of life and daily function.

Narcotic therapy may be discontinued if you:

- Experience progressive tolerance that cannot be managed by adjustments to the medication.
- Experience unacceptable side effects.
- Experience a decline in daily functioning.
- Exhibit addictive behavior.
- Adjust your medication without consulting with your physician.
- Obtain narcotics from multiple physicians or from street sources.
- Fill prescriptions at other pharmacies without explanation.
- Sell, share, or lose medication.
- Alter prescriptions

I have had the opportunity to review the above consent form and contract for long term narcotic therapy. I have been given the opportunity to ask questions about the risks and benefits of the proposed treatment. I accept the risks and conditions outlined above.

Patient Printed Name: _____ DOB: _____

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____