

Informed Consent for Long-Term Controlled Medicines for Chronic Pain

I, _____, and _____,
(Patient) (Provider)
have decided to use controlled medicines to treat _____.
(symptom, cause)

Reasons for using these medicines and what to expect:

This form tells me what may happen when I use controlled medicines for my chronic (on-going) pain. Controlled medicines, like opioids (like codeine, fentanyl, methadone, morphine, oxycodone, Percocet, Vicodin), may reduce my pain.

They may also improve my ability to do daily activities.

My provider and I have decided that I should take controlled medicines because other treatments have not helped enough.

- My symptoms may get better.
- My symptoms may not go away completely.
- I may need more tests to pick the best treatment.
- My provider may change my treatment. This is to make sure my treatment is the best for me.

I understand that there are risks with this treatment. Some risks are:

Risk of misuse or use by others:

- Opioids and other controlled medicines are powerful medicines.
- They can be dangerous if not taken the way my provider tells me to.
- It is important that no one but me take my medicines.
- They can cause overdose (taking too much) or death.

Side-effects:

- My medicines may have side effects.
- I should not drive or use heavy machinery until I know how the medicine affects me.
- It is important that I tell my provider if I am taking other medicines.
- Some medicines can be harmful if I take them with opioids.
- Some medicines may have Tylenol in them. High levels of Tylenol can damage my liver.

Some side effects of these medicines are:

- feeling drowsy or tired
- constipation
- upset stomach
- itchy skin
- slow or shallow breathing
- feeling "slowed down"
- overdose--I may stop breathing and I could die if I take too much of this medicine
- effects on my bones, my mood and my sexual function

Women Only: It is important to talk to my provider if I am pregnant or want to get pregnant. If I take these medicines when I am pregnant, the baby may be born dependent on them. The risk of birth defects is low.

Side effects that I may have from the use of other (non-opioid) prescribed controlled medicines include:

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Physical Dependence:

My body may become dependent on these medicines. This is normal.

I may go through withdrawal if I cut back or stop these medicines all at once (“going cold turkey”).

Symptoms of opioid withdrawal include:

- stomach pain
- feeling nervous
- diarrhea
- pain
- racing heart
- feeling shaky
- runny nose
- upset stomach.

These symptoms are uncomfortable. **They will not cause serious harm.** They can be treated.

- Most of the time, medicines should be cut back slowly over time.
- I should talk to my provider if I stop taking my medicines.
- Restarting these medicines after stopping for a while can cause an overdose which could lead to my death.

Other withdrawal symptoms from stopping other (non-opioid) medicines include:

Tolerance/Worsening of pain:

My body may become “used-to” or tolerant to these medicines.

Opioid medicines may cause my body to feel more pain. If this happens, higher doses of the medicines may not help. My medicines may then be changed, lowered, or stopped.

Addiction:

Opioids can cause drug addiction. The risk is higher for people with a history of addiction.

It is important to tell my provider about my personal and family history of addiction or substance use.

I understand this form. I have been able to ask questions about these medicines and have them answered. I have been offered a copy of this form.

I agree to the treatment of my condition with controlled medicines.

Patient Signature: **X** _____

Witness Signature: _____ Date: _____/_____/_____