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SPINE AND SPORT

I, (PLEASE PRINT) _____, have been informed and clearly understand the following issues regarding the treatment of pain with opioids (i.e., morphine or morphine-like drugs).

1. Approximately monthly visits are required for management of the medications and refills of the pain medication prescribed will be given on a monthly basis. Failure to perform monthly visits would result in slow tapering and ultimate discontinuation of all opioid medications. The physician may require more frequent visits.
2. Medications used will be prescribed by a single physician. The individual must be aware that "doctor shopping" is an unacceptable behavior. The same physician will be managing the possible side effects during use of opioids. This physician will be the only one to decide when and how the patient is to increase the opioid dosage. If the physician decides to discontinue the use of opioids, the physician will follow him/her through this tapering off period and the patient will agree to recommendations made by the physician.
3. The use of the medication is not to completely eliminate pain. Rather, the medication is used to significantly reduce pain so that the individual will be able to perform many activities of daily living as well as social activities. It is hoped that the use of these medications will improve the quality of life but it is unexpected that pain relief will be complete.
4. The individual must report significant side effects to each of the opioid medications. For example: over-sedation, nausea, vomiting, constipation, confusion, euphoria (high feelings), and dysphoria (down feelings). Other side effects which may be related to narcotic use also include dizziness; sweating; respiratory depression; gastrointestinal upset; quick, sudden jerky movements of the arms or legs; headaches; weakness; tremor; seizure; dreams; musculature rigidity; transient hallucinations; disorientation; visual disturbances; insomnia; dry mouth; diarrhea; stomach cramps; taste alteration; flushing of the face; chills; increased or decreased heart rate; increased or decreased blood pressure; difficulty with urination; itching; skin rashes; and swelling of the skin.
5. It is clearly understood that the use of this medication may result in physical dependence. This condition is common to many drugs including steroids, blood pressure medications, anti-anxiety medications, and anti-seizure medications, as well as opioids. Physical addiction poses no problem to the individual or to the doctor as long as the individual avoids abrupt discontinuation of the drug. Medication can be safely discontinued after two to three weeks of slow tapering.
6. Psychological addiction should also be understood as a possible risk to the use of opioid medications. This has been shown to be an infrequent occurrence in patients who have been diagnosed with an organic disease causing chronic pain. Psychological addiction is recognized when the individual abuses the drug to obtain mental numbness or euphoria, when the patient shows a drug craving behavior or "doctor shopping," when the drug is quickly escalated without correlation with pain relief, and when the patient shows a manipulative attitude toward the physician in order to obtain the drug. If the individual exhibits such behavior, the drug will be tapered; such a patient is not a candidate for continued opioid usage.
7. Tolerance is also a condition which can occur with the use of opioid medications. It is defined as a need for a higher opioid dose to maintain the same pain control. Usually, tolerance to sedation, euphoria, nausea and vomiting occurs more commonly than tolerance to pain relief. This condition may be controlled by switching to a different opioid medication. Tolerance can also be managed by adding a second different drug to the opioid management. If tolerance to opioids becomes unmanageable, the opioid will be tapered and discontinued.
8. If the individual develops drowsiness, sedation or dizziness, he or she may not drive motor vehicles or operate machinery that can jeopardize his/her or other people's lives.

9. Use of this medication is only designed for the individual that the medication is prescribed to. The medication should never be distributed to others. Once the maintenance opioid dose has been achieved, the individual will be given a monthly supply and no exceptions will be made.
10. During the use of the opioid medications, the individual is responsible for contacting the physician if at any time excessive drowsiness or other major side effects develop. The phone number to contact would be (303) 238-4277.
11. The individual is informed that he/she may not stop taking the opioid medications abruptly. If this happens, withdrawal symptoms usually occur 24-48 hours after the last dose. The individual may begin to experience yawning, sweating, watery eyes, runny nose, anxiety, tremors, aching muscles, hot or cold flashes, "goose flesh," abdominal cramps and diarrhea. The withdrawal symptom is self-limited but could be life-threatening. It may last a few days. In order to avoid the withdrawal symptoms, the patient is informed that he/she is to contact the office seven days prior to needing a new prescription.
12. The individual is informed that he/she may not take other drugs such as tranquilizers, sedatives or antihistamines without first consulting with his/her physician. The individual may not use alcohol. The combination of the above drugs, alcohol and opioids may produce profound sedation, respiratory depression and blood pressure drop.
13. During the use of these medications, the individual should follow the physician's directions and not increase the opioid dose on his/her own. Drug overdose can cause severe sedation and respiratory depression and possibly death.
14. The medications should be taken as prescribed. Medications should be taken whole and are not to be broken, chewed, or crushed. Possible risk would be rapid absorption of the medication, causing anxiety.
15. It should be understood by the individual that all female patients should notify the physician if they are pregnant or possibly at risk to become pregnant. It should be known that children born when the mother is on opioid maintenance therapy will likely be physically dependent at birth.
16. If there is any evidence of drug hoarding, acquisition of drugs from other physicians, uncontrolled dose escalation or other aberrant behavior, this would be followed by tapering and discontinuation of opioid maintenance therapy.
17. The individual may be required, at their own expense, to have periodic drug and/or alcohol testing.

Signature of patient: _____

Witnessed by: _____

Signature of physician: _____

Date: _____