

# Informed Consent / Agreement for the Use of Opioid Medication

“Opioid” is the medical name for a type of strong painkillers. Like all medications, opioids have potential for both benefit and harm. The purpose of this document is to outline the overall benefits and harms so that together with your practitioner you can determine whether an opioid trial is suitable for you at this time. Using opioid medication is always a trial and if the goals of using the opioid are not realized, the opioid should always be gradually stopped. The possible side effects are the same for all the opioids but different people react to each opioid individually. What might work well for you with few side effects may be terrible for the next person. Most side effects are worst when the medication is first started and can be effectively managed. Some side effects are more problematic with higher doses and longer term use.

## The potential harms of using these medications are:

### Some Possible Side Effects

- Constipation (common & persistent)
- Nausea and vomiting (usually only in first few days)
- Reduced production of testosterone (may cause reduced libido and fertility in men)
- Reduced production of estrogen & progesterone (may cause periods to stop, reduced libido & fertility in women)
- Excessive sweating
- Weight gain
- Swollen ankles/legs
- Sedation, drowsiness, clouded thinking
- Sleep apnea
- Paradoxical worsening of (hypersensitivity) to pain (also known as hyperalgesia)

**Addiction** is a disease that occurs in some individuals. Like becoming overweight does not necessarily mean you will become diabetic, taking opioids does not necessarily cause addiction, however, if you have risk factors for addiction (such as a strong family history of drug or alcohol abuse) or have had problems with drugs or alcohol in the past you must notify me since using strong painkillers will put you at greater risk. The extent of this risk is not certain.

- I have notified my practitioner of any personal or family history of drug or alcohol abuse. \_\_\_\_\_ (INITIALS)

**Physical dependence** means that if the opioid medication is abruptly stopped or not taken as directed, a withdrawal symptom can occur. This is a normal response to some medications and also occurs, for instance, with antidepressants. Stopping opioids is uncomfortable but not usually dangerous if done with a controlled, gradual approach. Having withdrawal after stopping or reducing prescribed opioids in no way implies that you are addicted. (It does if the drug is alcohol though). The withdrawal syndrome could include sweating, nervousness, stomach cramps, diarrhea, goose bumps, feeling worried, irritable or moody. Those who have been on higher doses for longer periods of time will experience greater withdrawal symptoms. Sometimes a temporary withdrawal pain may occur and this usually resolves within 4 weeks.

**Tolerance** means that over time the body becomes “used to” the medication and it feels less effective. The dose of the strong painkiller may have to be adjusted to a dose that produces benefit and a *realistic* decrease of your pain yet does not have intolerable side effects. Sometimes this is not possible and the strong painkillers will have to be stopped and/or alternate therapy explored.

- I am aware that drowsiness or clouded thinking may make it dangerous for me to drive or operate heavy machinery. Alcohol or other medications that also cause drowsiness may worsen this effect. I agree not to drive or operate heavy machinery or sign legal documents while my practitioner is starting me on these new medications, significantly increasing my dose, or if I feel in any way impaired from this therapy at other times.

\_\_\_\_\_ (INITIALS)

- I understand that the use of alcohol and opioid medications together is potentially dangerous and I have been advised not to do this.

\_\_\_\_\_ (INITIALS)

### Safeguards for Best Practice to Protect Patient and Society

Opioids are controlled substances and there are numerous laws and regulations regarding the prescribing of them that your practitioner has to adhere to. The following requests are considered standard best practice and help this healthcare practice and you comply with these laws and regulations.

#### The patient agrees:

1. To fill prescriptions only at one pharmacy located at \_\_\_\_\_
2. That all prescriptions for pain medications will, except in an emergency, only come from my practitioner or the clinic
3. To reliably attend appointments with the practitioner
4. To not use any illegal substances, such as cocaine, etc. while taking an opioid
5. To take the opioid as prescribed by the practitioner
6. That if a specific quantity of medication is prescribed to last until the next scheduled appointment, he or she will not request earlier prescription refills or decide to use more without the knowledge and consent of the practitioner
7. To explore and participate in other pain consultations/management strategies as recommended.
8. To safely store the medication. (This is REALLY important as most of the prescription opioids now on the street were stolen from a regular user). Use a locked box and do not keep them where others might see or have access to them
9. That they understand that traveling out of country with strong painkillers may pose problems. Before travel contact the appropriate travel authority (usually the consulate website of the country you are going to) and obtain a note from your practitioner
10. That lost/stolen/spilt medications will not be replaced. (With apologies but we must be like the bank and money in this regard)
11. To periodic urine drug tests as required by the practitioner
12. To a planned process to reduce and/or discontinue the opioid if goals/benefits are not realized or harms outweigh benefits

#### The practitioner agrees:

1. To be able to see you within a reasonable time for follow up
2. To discuss the results of urine drug testing with you before making any decisions
3. To explore treatment for your pain with other non-opioid therapies (drug and/or non-drug) as may be indicated

### Signature Lines

\_\_\_\_\_  
Practitioner signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient name (print)

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Forms available at:

Word (modifiable): <http://www.rxfiles.ca/rxfiles/uploads/documents/Opioid-Informed-Consent-And-Agreement.docx>

Pdf: <http://www.rxfiles.ca/rxfiles/uploads/documents/Opioid-Informed-Consent-And-Agreement.pdf>