

## Patient-Physician Agreement for Opioid Use

I have agreed to use opioids (morphine-like medications), also called narcotics, as part of my treatment for chronic pain. I understand that these medications can be very useful but have potential for misuse and are therefore closely controlled by the local, state, and federal government. I understand my physician is prescribing this medication to **help manage my pain and increase my function**. By signing this agreement, I agree to the following rules and regulations listed below.

1. I am responsible for my opioid pain medications. I agree to take the medications only as directed. I understand that increasing my dose without the supervision of my physician could lead to drug overdose. Drug overdose can cause severe sedation (sleepiness), slowed breathing and possible death. I understand that decreasing or stopping my opioid medication without the supervision of my physician could lead to withdrawal. Withdrawal symptoms may include yawning, “gooseflesh”, abdominal cramps, and diarrhea. These symptoms can occur 24-48 hours after the last dose of medication and can last up to 3 weeks.
2. I **will not** request or accept opioid pain medication from any other physician or individual while I am receiving this medication from Pain Management Associates at Rutland Regional Medical Center (PMA-RRMC), unless it is an emergency, and then I am responsible for notifying PMA-RRMC.
3. I understand there are side effects related to opioid pain medication. Common side effects are nausea and vomiting (similar to motion sickness), drowsiness and constipation. Less common side effects are mental slowing, flushing, sweating, itching, urinary difficulty, and jerkiness. These side effects would occur at the beginning of my treatment and often go away within a few days without treatment. It is my responsibility to notify my physician of any side effects that continue or are severe (such as drowsiness or confusion). I am also responsible for notifying my pain physician immediately if I become pregnant or plan to become pregnant.
4. I understand that opioid medication is strictly for my own use. The opioid should never be given to others. If children are in the house, a childproof top is necessary and the medication should be kept in a safe place out of the reach of children.
5. I understand I must contact my pain physician before taking benzodiazepines (such as valium, xanax, or ativan), sedatives (such as Soma, Fiorinal, or sleep medications) and antihistamines (such as benadryl). The use of these medications or alcohol with opioid medications may produce drowsiness, slowed breathing, blood pressure drop, or even death.
6. I will not use street drugs while on opioid medication. If I do, the opioid medication will be discontinued.
7. I agree to submit to urine and blood screens at any time as determined by my physician to detect both the use of prescribed and non-prescribed medications.
8. During the time my dose is being adjusted I will be expected to return to PMA-RRMC for my scheduled visits. Once I have been placed on a stable dose, I will return to PMA-RRMC or my primary care physician as instructed.
9. I am responsible for my opioid medications. I understand:
  - \* Prescriptions should be filled at the same pharmacy.
  - \* Prescriptions should be obtained at regular clinic appointments. Prescriptions cannot be obtained at night, on holidays, or weekends.
  - \* If a conflict arises such as travel plans or moving, I am responsible for notifying PMA-RRMC well in advance to discuss a plan for prescriptions.
  - \* Prescriptions will not be given if I “run out early”, or lose a prescription, spill or misplace my opioid medication. I am responsible for taking my medicine in the dose prescribed and for keeping track of the amount remaining.

\* If my medication is stolen, I will notify the police and obtain a stolen item report. Replacement prescriptions will be given at the discretion of the pain physician.

10. While physical dependence is to be expected after long term use of opioids, signs of addiction and psychological dependence shall be taken as a need for weaning or discontinuing the opioid medication.

\* **Physical Dependence** is common to many medications such as blood pressure medications, anti-seizure medications, and opioids. Taking these types of medications results in biochemical changes in your body (your body becomes used to these medications). Should you abruptly stop taking the opioid medication you may go through withdrawal.

\* **Addiction** is a psychological and behavioral syndrome that is recognized when a patient abuses the opioid medication to obtain mental numbness or “get high” or drug craving behavior such as “doctor shopping” or being rude or manipulative to the physician or staff in an effort to obtain opioid medication.

11. If it appears to the physician that there is no improvement in my daily function or quality of life from the opioid medication, my opioid medications will be tapered down and discontinued.

I further understand if I do not follow the above agreement, I will no longer receive any opioid medication from the PMA-RRMC. It is my responsibility to contact PMA-RRMC to clarify or discuss any issues before a problem of crisis arises. I understand that I may be required to make a follow up appointment to see a physician.

**I, \_\_\_\_\_ have read the above information (or it has been read to me). I have received a copy of the contract and my questions regarding the treatment of chronic pain with opioids have been answered. I hereby give my consent to participate in opioid medication therapy.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
**Pharmacy**

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