

PAIN CONTRACT EUREKA CBOC

2013

Patient Name: George Paul Ojala

Patient Social Security Numt

Provider Name: Yvette Faust

The purpose of this agreement is to foster open communication between the VA, clinic, provider and patient surrounding the use of opioid pain medication in pain management, both chronic and acute. This document is not legally binding but signed in good faith that there is a mutual understanding of the seriousness of the use of opioid pain medications and what is acceptable in the management and use of these types of medications. It is to protect access to controlled substances as well as to protect the clinic's ability to prescribe these medications safely.

1. The risks of the use of opioid medications ("narcotics") has been explained to me including but not limited to that opioid pain medications can cloud judgment, affect reflexes and motor skills, and cause constipation, nausea, sweating, itchiness of the skin, and drowsiness, particularly in the beginning when starting this type of medication. I agree not to drive motor vehicles or operate machinery of any kind when starting on this type of medication until the drowsiness has subsided.
2. Opioid pain medications are not considered a long-term solution to pain control. Ongoing testing and alternative modalities to control pain will be used in conjunction with opioid pain medications. The goal is to use as little medication as needed as part of a plan of care to control pain. Lack of willingness can result in cessation of an opioid prescription. The goal of use is not to eliminate pain but to control it so as to improve function.
3. Other medications and substances can significantly interfere with and increase the risks associated with the use of opioid pain medications. This includes alcohol. Use of any illegal substance, including but not limited to marijuana, cocaine, methamphetamine or illegally obtained controlled substances, will result in cessation of opioid pain medication prescription.
4. There will be no sale, trade or sharing of opioid medication. This will result in cessation of opioid prescriptions.
5. Stolen, lost or accidental lost medication, including but not limited to getting wet, being left on an airplane, will not be replaced. A police report will be needed in the case of stolen medication for documentation purposes.
6. Opioid medications will not be increased without agreement between the provider prescribing the medication and the patient. Increasing the dose without discussing with your provider will result in lack of medication for a period of time.
7. There should be no attempts to obtain or increase opioid pain medication from anyone except the provider without discussing or notifying the provider first. This includes other physicians and health care providers within or outside of the VA.

8. Tolerance and addiction can result from the use of opioid pain medications over time. This may result in the need for a change in medication or alternate medications for pain control.

9. Random urine toxicity testing can be done at any time without advance notice. Non-compliance with urine testing will likely result in cessation of the pain medication.

10. To continue opioid pain medications, visits every 6 months with the provider are necessary. Lack of follow-up care will likely result in cessation of pain medication.

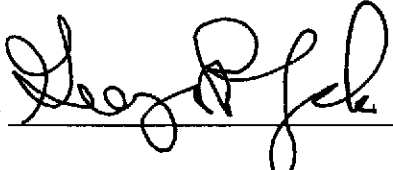
11. It is the responsibility of the patient receiving opioid pain medications to request refills in a timely manner prior to running out of medication. It will take up to 3 business days for your provider to order refills, which is in addition to pharmacy processing and delivery time. Patients should request narcotic refills 10 business days ahead of time to ensure getting medications on time. Inappropriate or aggressive demands for expedited or 'on demand' opioid pain medications will not be tolerated.

12. The provider may need to discuss my use of opioid pain medications with other health professionals but this will always be conducted under the stipulations of HIPAA regulations and privacy laws.

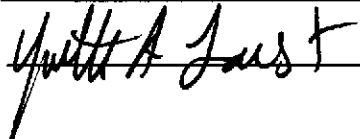
13. The VA does participate in the national prescription drug monitoring program and the provider may check opiate prescriptions use for any patient who is prescribed pain medication from the VA in a national database.

14. If this agreement is broken, the provider prescribing the opioid pain medications may stop providing said medications. Help with possible withdrawal will be provided.

As the patient, by signing this, I agree to adhere to the above agreement. The agreement has been fully reviewed with me, and I have been given the chance to ask questions and have them answered as well as voice any concerns that I have about this agreement. A copy of this document was given to me and a copy will be scanned into my VA record.

Patient signature:  Date: 7/22/13

Witness signature: _____ Date: _____

Provider signature:  Date: 7/22/13

TAKING OPIOIDS RESPONSIBLY

for Your Safety
and the Safety of Others

Patient Information Guide
on Opioids
for Chronic Pain



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VA National Pain Management Program
VA National Center for Ethics in Health Care

GIVEN TO ME fall 2013

2. DON'T take extra doses.

If you take extra doses on your own, you may get very sick or die from an opioid overdose. You may also run out of your opioids before you can get your next refill. This may lead to withdrawal symptoms (see list below). Your provider will usually deny requests for early refills. This protects you and the public from harm due to opioid abuse and addiction. If you have severe, increased, or new pain, don't just take more of your opioids. Call your pain care provider to decide on the best care.

3. DO inform all of your providers if you are currently taking opioids.

4. DO tell your usual VA provider if you get an opioid prescription from another provider.

You might get an opioid prescription from another provider (for example, for an injury or after surgery). If this happens, you should tell your VA provider within one business day.

5. DO tell your VA provider about anything else you are taking.

Tell your VA provider about medicines or supplements you are getting from non-VA providers. This includes the marijuana prescribed by a non-VA provider. Also tell your VA provider about anything you are taking on your own. Your VA provider will talk to you about any safety concerns and change your care plan as needed.

6. DO tell your provider if you are pregnant or planning to become pregnant.

Taking opioids or other medications during pregnancy may be harmful your unborn baby. Tell your provider if you think you might be pregnant, if you know you are pregnant, or if you are planning to become pregnant. Your provider will discuss the options for safe pain management during your pregnancy with you. Your provider may change your care plan to protect your health and the health of your unborn baby.

7. DON'T stop taking opioids on your own.

If you stop taking opioids suddenly, you may have withdrawal symptoms. If your provider asks you to *slowly decrease* your use of opioids, follow their advice. This will help reduce withdrawal symptoms and prevent you from feeling sick.

Tell your provider if you think you are having withdrawal symptoms. Your provider may be able to give you medicine for a short time to help control them.

Withdrawal symptoms can include:

Belly cramps	Trouble sleeping	Feeling very tired
Tears in your eyes	Diarrhea	Loss of appetite
"Goose bumps" (chills)	Anxiety	Extra saliva
Muscle aches / cramps	Sweats	Runny nose
Nausea and vomiting	Increased blood pressure	Increased heart rate

8. DO be cautious about driving or operating machinery.

Never drive or operate machinery if you feel sleepy or confused. State laws may limit the jobs you can do when you are taking opioids. It may be illegal for you to drive a truck or public vehicle like a bus.

4. Itching

Itching is rare. It usually occurs early in treatment. Your provider may need to change your opioids and order medicine to treat itching.

5. Sweating

Wearing light clothes may help decrease sweating.

6. Nausea and vomiting

These can occur early or late in treatment. They usually go away in time. Your provider may give you medicines to help control nausea.

7. Decreased sex hormones

Opioids may decrease sex hormones and your desire to have sex. If you are a man, opioids may decrease your ability to have an erection. Decreased sex hormones may also cause depression, anxiety, tiredness, hot flushes, and night sweats. It can also cause loss of muscle mass, weakness, osteoporosis (brittle bones), and bone fractures. Women may have irregular or no menstrual periods. Use effective birth control methods to prevent pregnancy during opioid treatment. Tell your provider if you are pregnant or plan to become pregnant. Opioids may harm your baby if you take opioids while you are pregnant.

8. Dry mouth that can cause tooth decay

Dry mouth is common. It may help to chew sugarless gum or suck on sugarless hard candy or ice chips. Your provider may give you medicine. If you have dry mouth for a long time, you should see your dentist to check for dental problems.

9. Allergies

Allergic reactions to opioids are rare. If you get a rash or hives call your provider right away, or call 911. If you get short of breath, have throat swelling, or feel like you may pass out, tell someone to call 911 right away.

Possible Other Risks from Opioids

1. Sleep apnea

Sleep apnea is abnormal breathing pauses during sleep. This is serious. Your provider may:

- Ask you about your sleep habits.
- Order tests to check if you are at risk for sleep apnea.

If you have sleep apnea your provider may:

- Advise you to use only non-opioid pain treatments.
- Prescribe a breathing machine for you to use when you go to sleep.
- Advise you to avoid alcohol and medicines that make sleep apnea worse.

2. Worsening of pain

For some people, opioids may actually make pain worse.

drugs not prescribed for you like “street” drugs and alcohol. The VA does not use these tests for law enforcement or employment purposes. The results of these tests may cause your provider to talk to you about keeping or changing your plan.

IF YOU HAVE TO STOP OPIOIDS

- Your provider may stop your opioids because they are not helping you or because of addiction, abuse, or misuse. If this happens, your provider will treat your pain or substance use problems in other ways.
- If you have to stop your opioids, your provider will try to prevent or control any withdrawal symptoms. This typically, but not always, requires slowly lowering the dose.
- If you have extra opioids left over from your prescription, you should get rid of them. Your provider or pharmacist will tell you how to do this safely.

PRESCRIPTION DRUG MONITORING PROGRAMS

- For your safety, your provider and pharmacist will track when you renew and refill opioids both within VA and, when allowed or required by state law, outside VA.
- Most states have programs that track prescription drugs to identify inappropriate or unsafe use. VA and these programs may obtain and share information about you without your specific consent.

At VA, we are committed to treating your pain in a way that ensures your safety and the safety of others. If you have any questions, please contact your VA provider.



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VA



U.S. Department of Veterans Affairs

New National Consent for Long Term Opioid Therapy

The VA wants to support the safe use of opioid pain medications. To help you understand the risks and benefits of your opioid pain therapy, you can watch a video on [youtube.com](https://www.youtube.com)

(https://www.youtube.com/watch?v=cWjclLd_oNQ) or read the enclosed pamphlet titled "Taking Opioids Responsibly for Your Safety and the Safety of Others." Please review these at home and ask questions at your next Primary Care visit.

After receiving this education, you will need to sign the new Consent for Long Term Opioid Therapy..

If you prefer, you can come in for a group class to receive the required education and learn more about your opioid pain medication. Please call your Primary Care Clinic for availability.

Did you know?

- Examples of opioid medications are:
 - Morphine
 - Oxycodone
 - Fentanyl
 - Methadone
 - Hydrocodone (Norco, Vicodin)
 - Hydromorphone
- Pain control has changed over time and treatments OTHER than opioids are safer and relieve pain as much or more than opioids.
- Nationally, rates of overdose deaths from opioids have gone up five times since 1990.

Recent research shows:

- Often, higher doses of opioids do not bring better pain relief for people with chronic pain.