

**HonorHealth
Informed Consent for
Opioid Prescription at Discharge**

Patient Label:

Condition being treated with opioid: _____

This informed consent is designed to give you information about the Opioid prescription, a Controlled Substance, that you are being prescribed.

Treatment Goals

Opioids are used to treat acute and chronic pain with the goal to improve one's quality of life. They should be used after other modalities (including but not limited to NSAIDs, acetaminophen, relaxation, rest, ice, etc...) have been exhausted. The goal should be to not take the pain medication at all, or to stop taking it after no more than three days. If you have been taking opioids for a long enough time, a tapering off of them instead of an abrupt stop could help minimize any potential withdrawal symptoms.

Once the pain is tolerable and you no longer need the opioid, you should dispose of them in a secure location as found on the Arizona Department of Health Services page here. <http://www.azdhs.gov/gis/rx-drop-off-locations/index.php> It should be understood that sharing or selling left over opioids is against the law. You should also not operate a motor vehicle or heavy machinery while taking these medications.

Alternative Treatment

Instead of opioid medication, I understand that over the counter agents such as acetaminophen (aka Tylenol) or ibuprofen (aka Motrin or Advil) as advised by my physician could be used to control pain. Other modalities such as relaxation or meditation have the possibility of helping in painful episodes.

By signing this, I understand the potential for significant side effects or risks including but not limited to:

A. Physical dependence

- a. Dependence is when your body becomes accustomed to the dose of medicine
- b. Dependence means you can experience a withdrawal syndrome if your stop or cut back too quickly
 - i. The withdrawal syndrome from opiates can be very painful
 - 1. Symptoms may include severe pain, abdominal cramps, muscle aches, joint aches, nausea, diarrhea, sweating, headache, restlessness, irritability, discontent, and cravings for more opioids

B. Tolerance

- a. Tolerance is a state of adaptation in which using the drug routinely can lead to a reduction in the ability to control pain over time and need for higher doses to deliver the same pain control. Side effects increase as dose increases.

- C. **Addiction.** Addiction can happen to anyone. It is more like to occur in patients with a family history of addiction, alcoholism, or severe mood disorders. It can occur in 5-10 % of patients taking pain medications, even if they have never



CSC001

previously experienced an addictive disorder. If you have a history of addiction inform your provider.

- a. Addiction is a primary, chronic, neurobiologic disease with genetic, psychosocial and environmental factors influencing its development and manifestation.
- b. It is characterized by behavior that includes one or more of the following: impaired control of drug use, compulsive drug use, cravings, and continued drug use despite harm (physical, mental, financial harm.
- c. This means the drug decreases one's quality of life. In contrast to the proper use that should improves one's quality of life.
- d. It is known to lead to heroin addiction

D. Death

- a. Combining of opioids with other medications (including but not limited to sedatives such as benzodiazepines, sleeping agents such as ambien or lunesta, and certain other psychiatric medications) increase the likelihood of death by overdose markedly.
 - b. Drinking alcohol, even in small amounts, can increase the likelihood of overdose significantly.
- E. Additional:** Constipation, sedation, slow or stop my breathing, impair my judgment, impair my ability to drive, decrease my libido, decrease of my sexual function.
- a. Taking these medications while pregnant (or if one becomes pregnant while taking opioids) may lead to a condition known as neonatal abstinence syndrome, where the newborn baby is dependent on opioids and can go through life threatening withdrawal upon birth.

Patient signature acknowledge receipt of this document.

Patient's/Parent or Legal Guardian Signature

Date

Prescriber's Signature

Date



CSC001