

**M. Kathryn Schaefer, M.D.**

850 W. Hind Drive Suite #102, Aina Hina Professional Building

Phone: (808) 261-1121 or (808) 358-2493, Fax: 808-762-8392



**AGREEMENT FOR NARCOTIC MAINTENANCE THERAPY FOR CHRONIC PAIN**

Patient Name: \_\_\_\_\_

**INSTRUCTIONS:**

Patient is to fully review this document before signing. Patient and Pain Clinic are to keep copies.

Medications included in this agreement include but are not limited to:

- Codeine (Tylenol with codeine #3, #4)
- Fentanyl (Duragesic patches, Actiq, Fentora)
- Hydromorphone (Dilaudid)
- Hydrocodone (Vicodin, Lorcet, Norco)
- Methadone (Dolophine)
- Morphine (MS Contin, Oromorph, Kadian, Roxanol)
- Oxycodone (Percocet, Tylox, Oxycontin)
- Propoxyphene (Darvon, Darvocet)
- Opana (Oxymorphone)

Please read this agreement carefully. You may take this agreement and program rules home to discuss with your family, friends, doctor, minister, or any other party as you deem appropriate. The following information must be read, fully understood, and agreed upon by you before you receive narcotic maintenance therapy for your chronic pain.

**I. Narcotic Maintenance Therapy Program Guidelines and Patient Expectations**

Choosing to enroll in the Narcotic Maintenance Therapy Program involves a mandatory commitment on your part to follow through with all guidelines and expectations as listed and discussed below.

**Patient-Physician Relationship**

While enrolled in the program, you will only take your narcotics as prescribed by your treating physician. No other physician, or any other institution is to prescribe narcotics for you while you are in this program, except under emergency circumstances, for which you will notify your treating physician at your earliest convenience.

**Narcotic Dose Changes**

Changes in your narcotic dose are only to be made in consultation with your treating physician. During your clinic visits you will discuss your pain control issues and/or concerns with your treating physician. Your physician will work with you on your narcotic dosing, as needed, to obtain optimal pain control. With the fewest possible side effects, while helping you to function at your highest level. Your independent changing of your narcotic dosage, outside of the confines of your agreed upon maintenance therapy program, will necessitate re-evaluation of continuing you on Narcotic Maintenance. **Pharmacy Selection**

Enrollment in the program includes your selection of one pharmacy from which you will obtain your narcotic prescriptions. Should the need to change pharmacies arise, you will inform the Chronic Pain Management Program.

### **Clinic Appointments**

It is very important that you keep all clinic appointments with your treating physician. Along with this, you may need to request and/or your treating physician may request increased frequency of clinic visits. For example, if you are to undergo narcotic dosage adjustment; if you are experiencing narcotic side effects; if you are experiencing a new pain problem or having an exacerbation of your pain. Other non-narcotic treatment and diagnostic testing will be offered to you when indicated.

### **Use of your Narcotic Maintenance Therapy Prescription**

Participation in the Narcotic Maintenance Therapy Program involves specific understandings and expectations regarding the use of your prescription as follows:

1. I understand that if I consume narcotics in an amount above that which is prescribed; loan, give, or sell them to someone; or use another mind altering drug not prescribed by my treating physician, I will be reassessed for appropriateness for continued treatment.
2. I fully understand that the clinic will not do any of the following:
  - Refill my narcotic prescription before my scheduled refill.
  - Refill my narcotic prescription because my medication is lost or stolen.
3. I fully understand that I should keep a minimum of three days reserve supply of narcotic at all times and never exhaust my supply. Prescriptions will not be filled on weekends or holidays when the clinic is closed or after hours.
4. I understand that should I miss a scheduled appointment, I will arrange for a clinic appointment within 72 hours.
5. I understand that any other mind-altering drugs such as a tranquilizer, stimulant, diet pill, sedative, or alcohol taken with my narcotic, may lead to excessive drowsiness, intoxication, overdose, or death.
6. I understand that I should not drive or operate heavy machinery while under the influence of narcotics or other mind altering medications.
7. **FEMALES:** I understand that if I should become pregnant, my baby will be at risk for physical dependence on the narcotic.
8. I understand that I may request at any time to discontinue my narcotic.
9. I understand and agree to random urine or blood testing at the request of my physician at any time.
10. Because your physician may be requested to provide information about your ability to work or function, in accepting this agreement you agree to waive your right to patient confidentiality and allow your physician to provide information about your medication use to your employer, insurance carrier, the State authorities, etc... upon request.

## **II. Patient Education regarding Narcotic Maintenance Therapy**

Patients, family, friends, and even other health care providers frequently have concerns related to the risks of narcotic therapy. Addiction, physical dependence and /or tolerance are all risks associated with the use of narcotic maintenance therapy. Specific definitions of these terms are provided at the end of this document. Furthermore, side effects and withdrawal symptoms are reasonable concerns related to Narcotic Maintenance Therapy. It is important that you understand each of these terms and what they might mean for you in the treatment of your pain.

### **Narcotic Side Effects**

I understand that regular narcotic use may cause the common side effects of drowsiness, constipation, nausea, sweating, itching, or uncontrolled muscle movements. I understand that my treating physician will help me to prevent or treat these side effects as necessary

### **Narcotic Withdrawal**

In essence, your body chemistry while under narcotic therapy "depends" on regular doses of the narcotic - this is referred to as physical dependence. After repeated doses of narcotic over as little as a matter of weeks, your body's chemistry will have undergone physiological changes. In this case, if you were to abruptly stop taking your narcotic, you may experience symptoms of withdrawal which include nausea, vomiting, diarrhea, fever and /or chills, "flu-like" symptoms, headache, loss of appetite, depression or an exacerbation of your pain. Withdrawal symptoms vary in duration and severity. Withdrawal symptoms can be uncomfortable, but they are not life threatening. Having withdrawal symptoms does not mean that you are "psychologically addicted". Your responsibilities related to narcotic withdrawal are as follows:

I understand that if I were to abruptly stop taking my narcotic I could experience symptoms of withdrawal because of my body's physical dependence resulting from taking the medication over time.

I understand that it is my responsibility to communicate with my treating physician if I decide to decrease my narcotic dose or if I desire to stop taking my narcotic entirely.

I understand that my treating physician will develop a plan with me to gradually decrease my narcotic dose, over a specified period of time that would place me at less risk for experiencing withdrawal, should I desire to stop taking the narcotic all together.

I understand that any withdrawal attempt may not be satisfactory to me as I may experience increased pain.

### **Non-narcotic Treatments**

Participation in the Narcotic Maintenance Therapy Program will be more successful when combined with other pain treatment measures; physical therapy, biofeedback, nerve blocks, epidurals, mental health/emotional support and/or non-narcotic drugs, to adequately control your chronic pain. Your treating physician may suggest any of these treatments for your condition while you are participating in the program, when indicated by changes in your physical condition and/or pain control. Page | 4

### **AGREEMENT:**

I have read the Narcotic Maintenance Therapy Program Agreement and rules. I fully understand and agree to what is expected of me by my treating physician. I certify that there is no person in my living situation, including spouse, friend, parent, or sibling, who takes any narcotics including heroin or other illicit drugs, which are listed at the top of this agreement form.

If so, who: \_\_\_\_\_

What reason: \_\_\_\_\_

I fully understand and agree to all of the rules and expectations for my behavior for participation in the Narcotic Maintenance Therapy Program.

Name: \_\_\_\_\_

Witness: \_\_\_\_\_

Pain Physician: \_\_\_\_\_

Today's Date: \_\_\_\_\_

#### **DEFINITION OF TERMS**

Patients, family, health care providers, friends, etc. frequently have concerns regarding narcotic addiction; the development of narcotic tolerance; and the development of physical dependence when Narcotic Maintenance Therapy is considered for chronic pain. It is important that you understand each of these terms and what they might mean for you in the treatment of your pain.

Addiction refers to the behavior of a person who compulsively seeks a medication for its mindaltering effects instead of for the underlying medical reason i.e., pain. An addict will want to continue obtaining and taking the drug even after the pain problem has been relieved. In contrast, taking a narcotic for pain relief is not a form of addiction. Research has indicated that addiction occurs rarely in people who are taking narcotics to relieve pain.

Tolerance refers to what can happen after repeated doses of a narcotic. In some cases, the prescribed dose of narcotic can lose its effectiveness, thus larger doses of the medication are needed to get the intended effect of pain relief. When tolerance develops, the patient may notice that the drug is not lasting as long as it used to in controlling the pain and/or that the pain control with a given dose is not as good as it was originally. Tolerance is related to physiological changes in the body's use of the narcotic. Dextromethorphan is a medication that has been shown to minimize tolerance to narcotics.

Physical Dependence refers to the physiological changes that occur in a patient's body after having taken repeated doses of the narcotic over a period of time. When the body has become physically dependent, if the patient were to abruptly stop taking the narcotic, withdrawal symptoms from the medication are likely to occur. That physical dependence can develop and cause withdrawal symptoms in a patient stopping chronic narcotics, is not to be confused with addiction.