

*** WORK COPY ONLY ***

Printed: Jan 24, 2018 10:24

LOCAL TITLE: CONSENT FOR LONG-TERM OPIOIDS FOR PAIN
STANDARD TITLE: CONSENT FOR LONG-TERM OPIOIDS FOR PAIN
DATE OF NOTE: JAN 24, 2018@10:14:51 ENTRY DATE: JAN 24, 2018@10:15:07
AUTHOR _____ EXP COSIGNER:
URGENCY _____ STATUS: COMPLETED

Signature informed consent for
CONSENT FOR LONG-TERM OPIOID THERAPY FOR PAIN

1. Informed consent was obtained at 10:13 AM on January 24, 2018. The full consent document can be accessed through Vista Imaging.
2. Patient name: OJALA, GEORGE PAUL
3. The patient HAS decision-making capacity.
4. Surrogate (if applicable):
5. Name of treatment:
Consent for Long-Term Opioid Therapy for Pain
6. Practitioner obtaining consent: Raynes, Rebecca (NURSE PRACTITIONER)
7. Supervising practitioner:
8. Additional practitioner(s) performing or supervising treatment/procedure (if not listed above):
9. Reason for long-term opioid therapy: back pain
10. Location of pain: back pain
11. Goals of long term opioid therapy: 1. reduce pain score to 3/10
2. be more active outside- garden
3. helping sleep through the night
12. Name of current or initial opioid medication(s): oxycodone
13. Brief description of new treatment: Opioids are very strong medicines that may be used to treat pain. You may already be taking opioids. Or your provider may try to give you opioids to find out if they will help you. They may try them for a short time or continue them for the rest of your life. Your provider will learn more about your risks and side effects when you are trying the opioids. If the risks and side effects outweigh the benefits, your provider will stop the prescription.
If your provider continues your opioid prescription, the goals of your treatment may change over time. The names and doses of your opioids may also change. You will not need to sign another consent form for these changes. You may be asked to sign another consent form if you seek opioid pain care from another VA provider. Your provider will monitor your prescription. This may include checking how often you refill and renew your prescription, counting pills, asking you about your symptoms, and testing your urine, saliva, and blood. If you do not take opioids responsibly, your provider may stop your prescription. For example, if you do not let your provider monitor how you are responding to the opioids or tell them if you are taking other drugs that may affect the safety or effectiveness of your opioid treatment, your provider may stop the prescription. For your safety, your provider and pharmacist will monitor when you renew and refill your opioids within VA. Consistent with state law, they will also monitor this outside of VA. Most states have monitoring programs that track unsafe patterns of prescription drug

*** WORK COPY ***

Printed: Jan 24, 2018 10:24

use. VA and these programs may obtain and share information about you without your specific consent.

Your provider will review with you a Patient Information Guide called "Taking Opioids Responsibly" to make sure that you know how to take your medication safely. You will be given a copy of the guide so that you can use it as a reference.

14. Potential benefits of the treatment: Opioids - when added to the other treatments as part of your pain care plan - may reduce your pain enough for you to feel better to do more. It is unlikely that opioids will eliminate your pain completely. It is possible that you may not receive any benefits from opioid therapy.

15. Known risks and side effects of the treatment: Possible opioid side effects include:

- Sleepiness or "slow thinking"
- Mental confusion, bad dreams, or hallucinations
- Constipation
- Intestinal blockage
- Itching
- Sweating
- Nausea or vomiting
- Decreased sex hormones
- Irregular or no menstrual periods
- Depression
- Dry mouth that causes tooth decay
- Allergies

Other risks of opioid therapy:

Withdrawal symptoms if you suddenly stop taking opioids, lower the dose of your opioids too quickly, or take a drug that reverses the effects of your opioids. Withdrawal symptoms are caused by physical dependence that is a normal result of long-term opioid therapy. Some common withdrawal symptoms are runny nose, chills, body aches, diarrhea, sweating, nervousness, nausea, vomiting, and trouble sleeping.

Sleep apnea (abnormal breathing pauses during sleep)

Worsening of pain

Impaired driving or impaired ability to safely operate machinery

Tolerance, which means that you may need a higher dose of opioid to get the same pain relief, resulting in an increase in the likelihood of the other side effects and risks

Addiction (craving for a substance that gets out of control). Some patients become addicted to opioids even when they take opioids as prescribed.

Drug interactions (problems when drugs are taken together). Taking small amounts of alcohol, some over-the-counter medications, some herbal remedies, and other prescription medications can increase the chance of opioid side effects.

Risks in pregnancy:

- Continued use of opioids during pregnancy can cause your baby to have withdrawal symptoms after birth and require your baby to stay in the hospital longer after birth.

- Stopping opioids SUDDENLY if you are pregnant and physically dependent on opioids can lead to complications during pregnancy.
- Studies have not shown a clear risk for birth defects with opioid use in pregnancy. If there is an increased risk for birth defects in pregnancy with opioid use, it is likely small.

Death

16. Alternatives to the treatment: You have the option not to take opioids. Other treatments can be used as part of your pain care plan. Alternatives include:

- Heat and cold therapy (heating pads, ice packs)
- Stretching
- Exercise
- Weight loss
- Massage
- Acupuncture
- Self-care techniques
- Counseling and coaching
- Meditation
- Rehabilitation
- Non-opioid pain medicines (Non-steroidal anti-inflammatory drugs, antidepressants, anticonvulsants)
- Injections
- Chiropractic
- Nerve stimulation
- Relaxation or stress reduction training
- Physical therapy
- Occupational therapy
- Mental health treatment
- Specialist pain care
- Surgery
- Pain classes
- Support groups
- Attention to proper sleep

17. Additional information:

18. Comments:

19. Witness Name(s):

Consent for Long-Term Opioid Therapy for Pain-iMed
 Signed by practitioner at 1/24/2018 10:09:30 AM
 Signed by patient (or surrogate) at 1/24/2018 10:13:46 AM

-----Consent For Long-Term Opioids For Pain Jan 24,2018

EUR PACT D

Jan 29, 1947 (70)

*** WORK COPY ***

=====
Printed: Jan 24, 2018 10:24

*** SCANNED DOCUMENT ***
SIGNATURE NOT REQUIRED

Electronically Filed: 01/24/2018
by: IMEDCONSENT GENERIC

End of report