

What is a narcotic pain medicine agreement?

Your provider has prescribed a controlled narcotic medicine for you to reduce your pain and help you to function better. The *Misuse of Drugs* law has a list of medicines that are 'controlled' in order to keep people from being harmed by them. These medicines can have serious or fatal side effects. A narcotic pain medicine agreement is used when you are put on a controlled narcotic medicine to help keep you safe.

What are the risks of using narcotic medicines?

The risks of narcotic medicines can be divided into five categories:

1. Life threatening:

- Sleepiness and confusion
- Poor decision-making
- Accidents
- Breathing problems (which can lead to death)
- Alcohol and some other drugs can increase your risk if taken with narcotic medicines

2. Serious:

- Constipation
- Nausea and Vomiting
- Trouble urinating
- Loss of sexual function
- Irregular periods
- Itching and Rashes
- Allergic reaction

3. Physical Dependence: If you stop your medicine suddenly, you may go through 'withdrawal'.

Babies born to moms who have a physical dependence on a narcotic medicine may also have these symptoms. Here are the possible withdrawal symptoms:

- Nausea and vomiting
- Cramps and diarrhea
- Sweating
- Runny nose
- Body pain
- Pounding heart
- Goose flesh



4. Addiction: A psychological need for the medicine for how it makes you feel. Your risk of addiction increases if you have a history of alcoholism, smoking or drug abuse. A family history of the above also increases your risk. Some mental illnesses also increase your risk.

5. Tolerance: Over time you may need more medicine to give you the same pain relief.

Is there anything else I can do to help with my pain?

Yes! We want you to be able to do the things that are important to you in your daily life. There are many things you can do to help with your pain. Your treatment may include diet, exercise, and life changes. It may also include physical therapy, other treatments, specialists, counseling or other types of medicines. These things are just as important to help your pain as your medicine.

What will I have to do while on this agreement?

There are some things that you will need to agree to before your provider can give you your medicine. This is to keep you safe while taking your medicine. See the next page for the agreement.

Narcotic Pain Medicine Agreement
Regarding my pain medicine to keep safe...**I WILL:**

1. Get my medicine from only one provider or his/her partners.
2. Get my medicine only from the pharmacy I say I will.
3. Take my medicine exactly as prescribed.
4. Keep my medicine in a safe place. This is to be sure it will not get lost, stolen, or into the hands of children.
5. Tell every provider or dentist that cares for me about all medicines I am taking, including all pain medicines. This includes prescription, over-the-counter, herbs, and vitamins.
6. Tell my provider if any other provider or dentist prescribes a pain medicine for me.
7. Allow my provider to talk to other providers about my health problems.
8. Follow my treatment program for diet, exercise, and other therapies.
9. Make and keep all my appointments, including with other providers and therapists. If I miss my appointment, I know I may not be able to get my medication refilled.
10. Agree to random urine testing to be sure I am taking my medicine right. I know I will have to pay for the tests if my insurance does not cover it. I also know if I don't have the test when I am asked (usually within 24 hours), I may not get any more medicine.
11. Agree to bring in my medicine in the pharmacy bottle for random pill counts to be sure I am taking it right. I also know if I don't do this if asked (usually within 24 hours), I may not get any more medicine.

12. Tell my provider about any side effects I may be having. I may also let my provider know if I feel I am becoming addicted. I know if I have serious side effects or start to become addicted, the provider will have to reduce or stop my medicine.
13. Have some way for my provider to get hold of me (phone, email, or mail).

I WILL NOT:

14. Share, sell or trade my medicine with anyone.
15. Take anyone else's medicine.
16. Take extra, even if my symptoms are worse, without talking to my provider first.
17. Stop taking my medicine suddenly without talking with my provider first.
18. Drive or operate any machine if I am dizzy, sleepy or confused.
19. Use street drugs while on my medicine.
20. Use alcohol or marijuana while on this medicine. I know that using alcohol or marijuana while on this medicine may increase my risk. My provider may need to reduce or restrict my use of these substances after determining my individual risk.
21. Behave inappropriately towards providers and office staff. Lying, abusive language, or deliberate misuse of narcotic medication may result in dismissal from PeaceHealth.

I understand that if I do not follow this agreement, my provider may not be able to give me any more medicine.

I have read this agreement or had it explained to me. All my questions have been answered. I understand the risks of taking narcotic medicines. I would like to use these as part of my treatment plan. I agree to follow all the safety rules listed above.

For staff use only: Interpreter service and/or special accommodations provided? YES Not Needed

Patient Name: _____ Signature: _____ Date: _____
(print)

Witness Name: _____ Signature: _____ Date: _____
(print)

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Patient Identification

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Med Agreement-Signed