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|  | **Consent for Long-Term Opioid Therapy for Pain** |
| **A. IDENTIFICATION** | |
| **1. Patient Name, Social Security Number, and Date of Birth:**    **Name: Last, First, Middle Last four digits of SSN Date of Birth** | |
| **2. Decision-making capacity:**  The patient HAS decision-making capacity (skip to item 3).  The patient DOES NOT HAVE decision-making capacity. Enter surrogate name and relationship to the patient. (If the patient's surrogate is not established or available, refer to Handbook 1004.01 for guidance).    **Name: Last, First, Middle** Relationship | |
| **3. Name of the treatment:** Long-Term Opioid Therapy for Pain | |
| **4. Practitioner obtaining consent:**  **Name: Last, First, Middle** | |
| **5. Supervising practitioner:** (if applicable)  **Name: Last, First, Middle** | |
| **6. Additional practitioner(s) performing or supervising the treatment:** (if not listed above) | |
| **B. INFORMATION ABOUT THE TREATMENT** | |
| **7. Reason for long-term opioid therapy (diagnosis, condition, or indication):** | |
| **8. Location of pain:** | |
| **9. Goal(s) of long-term opioid therapy (e.g., pain score, functional abilities such as go back to work, climb stairs, walk short distances, sleep through the night, do daily household chores, start a light exercise program):** | |
| **10. Name of current or initial opioid medication(s):** | |
| **11. Brief description of the treatment:**  Opioids are very strong medicines and so it is very important to weigh their risks and benefits when considering them and other treatment alternatives for long-term, non-cancer pain. When opioids are prescribed, ongoing strategies to decrease your risk may include utilizing the lowest dose for the shortest time possible. In addition, your health care team will monitor side effects as well as whether opioids are helping or possibly harming you.  Your healthcare team will monitor when you renew and refill your prescription within VA. Consistent with state law, they will also monitor this outside of VA. All states have prescription drug monitoring programs (PDMP) that track patterns of prescription drug use. VA and these programs may obtain and share information about you without your specific consent.  For your safety, your healthcare team may also count your pills, ask you about your symptoms, and talk with you about testing your urine or blood. Urine drug testing (or in some cases blood testing) is part of the pain care plan when opioids are prescribed. Urine drug tests (or blood tests) will show which substances and medicines you have been taking. This can help determine if there are added risks for side effects or overdose from opioids when they are used with other medicines or substances (e.g., marijuana, street drugs, and alcohol). Your provider will order urine or blood drug tests with your oral informed consent (separate from this consent).  If you or your provider make a decision that the risks of opioids outweigh the benefits or that opioids are no longer the right treatment for you, your provider will work with you to taper the medicine to minimize withdrawal symptoms. You may be asked to sign a new consent form if you seek opioid pain care from another VA provider, if the treatment plan for your opioid prescription significantly changes, or If your condition or diagnosis changes so that a new informed consent conversation is needed to make new decisions about your treatment.  As part of this informed consent discussion, your healthcare team will review a patient information guide with you called “Safe and Responsible Use of Opioids for Chronic Pain” to make sure that you know how to take your medication, understand the potential risks of taking opioids for chronic pain, and alternatives to opioids for pain management. Your healthcare team will give you a copy of the guide so that you can use it as a reference    The guide includes information about:   * Opioid medicines * Your pain care plan involving specific types of treatments and activities * Alternatives to opioids for pain management * Possible side effects of opioid medicines * How to take opioids in a safe and responsible way | |
| **12. Potential benefits of the treatment:**  Opioids are more effective in reducing acute pain than chronic pain.   * They usually only “take the edge off” chronic pain for a short time * Daily use of opioids can actually make your pain worse over time | |
| 1. **Known risks and side effects of the treatment:**   Opioids are no longer recommended for the routine management of chronic pain.  No matter how much you take, opioids will not take the pain away.   * Any dose can be risky, even a small dose * Higher doses usually cause more side effects, without reducing your pain   Possible opioid side effects include:   * Sleepiness or mental confusion (slow thinking) * Bad dreams or hallucinations * Constipation * Sweating * Nausea and vomiting * Itching (possible allergic reaction) * Decreased sex hormones (including for women, irregular or no menstrual periods; for men, less ability to have an erection) * Bone loss/brittle bones * Dry mouth, tooth decay * Worsening pain * Opioid Use Disorder (when moderate or severe is also known as “addiction”) * Respiratory depression (slow or shallow breathing) * Overdose and death | |
| 1. **Other risks of opioid therapy:** 2. Increased pain:  * For some people, opioids may increase pain * If this happens, a change in your pain treatment plan may be needed  1. Withdrawal symptoms can happen when a person takes opioids for more than a few weeks then stops taking the opioid, lowers the dose too quickly, or takes a drug that reverses the effects of the opioid (e.g., naloxone). Some common withdrawal symptoms are:  * Runny nose * Chills * Body aches * Diarrhea * Sweating * Nervousness * Nausea * Vomiting * Mental distress * Trouble sleeping  1. Impaired driving or impaired ability to safely use machinery:  * Sleepiness and confusion are common side effects from opioids * Do not drive or operate machinery if you feel sleepy or confused * Alcohol and other sedating medicines can increase these symptoms  1. Tolerance:  * When opioids are taken daily, your body gets used to the medication * Over time, the opioid will be less effective at lowering your pain  1. Dependence:  * Means your body will depend on the opioid to feel normal * Anyone taking opioids can develop dependence * The risk goes up the longer you take opioids and with higher doses * Treatments are available for opioid dependence  1. Opioid use disorder:  * Can happen even when opioids are taken as prescribed and it can be life-threatening * Medication-assisted treatment for opioid use disorder (that is, medications and counseling) can relieve pain and other opioid withdrawal symptoms, decrease opioid craving, and reduce the risk of overdose and death * Medicines for opioid use disorder include buprenorphine, extended-release injectable naltrexone, and (when administered daily through an Opioid Treatment Program) methadone  1. Drug interactions- problems when drugs are taken together. Opioid side effects can be increased by:  * Drinking small amounts of alcohol * Some over-the counter medications * Some herbal remedies * Other prescription medications * Street drugs  1. Risks in pregnancy:  * Continued use of opioids during pregnancy can cause your baby to have withdrawal symptoms after birth. Your baby may need 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 during pregnancy. If there is an increased risk for birth defects in pregnancy with opioid use, it is likely small  1. Respiratory depression  * Any opioid use increases risk for respiratory depression (slow or shallow breathing)  1. Overdose and death  * Any opioid use increases risk for possible overdose and death | |
| 1. **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:   1. Self-care  * General Health Activities   + Develop or maintain supportive relationships   + Get a good night’s sleep every night   + Eat healthy foods including fruits and vegetables   + Move your body every day and do activities you enjoy   + Stop smoking and using other tobacco products   + Try meditation or other relaxing activities * Pain Management Strategies   + Improve your posture: stand or sit up straight   + If you are overweight, lose weight. Consider enrolling in a weight management program   + Practice yoga, exercise, stretching, and/or Tai Chi   + Learn and practice deep breathing and relaxation exercises   + Use heat or cold packs on the painful areas   + Attend pain management classes and join support groups  1. Non-medication Treatments  * Behavioral Therapies   + Learn to react to pain in a way that helps you function better and reduce your pain. For example: Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), mindfulness-based therapies including meditation * Acupuncture * Spinal Manipulation (Chiropractic therapy) * Physical Therapy and Occupational Therapy * Nerve stimulation (like a Transcutaneous Electrical Nerve Stimulator [TENS unit])  1. Non-opioid Medication Treatments  * Topical Treatments * Gels, creams, ointments, or patches that are applied to the skin on a painful area. For example: diclofenac gel, methyl salicylate cream/ointment, lidocaine patch or ointment * Oral Treatments * Anti-inflammatory medicines – for muscle/bone pain * Nonsteroidal anti-inflammatory drugs (NSAIDs). For example: ibuprofen, naproxen, meloxicam, etodolac, celecoxib * Antidepressant medicines – for muscle/bone and nerve pain * Tricyclic antidepressants (TCA). For example: nortriptyline, desipramine, amitriptyline, imipramine * Serotonin norepinephrine reuptake inhibitors (SNRI). For example: duloxetine, venlafaxine * Anticonvulsant medicines – for nerve pain. For example: gabapentin, pregabalin  1. Other Treatment Options  * You may benefit from more specialized treatments available in some primary care clinics or from some pain clinics   + These treatments may include trigger point injections in areas of localized pain and muscle spasms, or steroid injections for joint pain * Pain clinics may provide epidural steroid injections and several types of pain blocks that can help some patients with spine conditions. * Rarely, spinal cord stimulation devices or spine surgery may be considered   + These interventional pain procedures are for pain conditions that have not or are not likely to respond to other treatments   + They are often used with the treatments listed above | |
| **16. Additional Information:** | |
| **17. Comments:** | |

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| **C. SIGNATURES** |
| **Practitioner obtaining consent:**   * All relevant aspects of the treatment and its alternatives (including no treatment) have been discussed with the patient * (or surrogate) in language that s/he could understand. This discussion included the nature, indications, benefits, risks, side effects, monitoring, and likelihood of success of each alternative that was considered * I have discussed all of the information contained in the education document "Safe and Responsible Use of Opioids for Chronic Pain " with the patient (or surrogate) and have provided the patient a copy * If I am prescribing methadone for chronic pain I have given the patient the methadone information sheet * The patient (or surrogate) demonstrated comprehension of the discussion * I have given the patient (or surrogate) an opportunity to ask questions * I did not use threats, inducements, misleading information, or make any attempt to coerce the patient/surrogate to consent to this * treatment * I have offered the patient (or surrogate) the opportunity to review and receive a printed copy of the consent form * If the patient is a woman of childbearing age (ages 15-50), I have discussed the patient's pregnancy status and pregnancy intentions   + If the patient is not considering pregnancy, I have discussed (or referred the patient for) contraceptive counseling   + If the patient is considering pregnancy, I have discussed (or referred the patient for) preconception counseling     Signature Date Time |
| **Patient or surrogate:**   * Someone has explained the treatment, what it is for, and how it could help or harm me * Someone has explained things that could go wrong, including serious side effects and death * Someone has told me about other treatments that might be done instead, and what would happen if I have no treatment * I have discussed the information in the document "Safe and Responsible Use of Opioids for Chronic Pain" with my provider * I understand the importance of:   + Telling my provider about side effects   + Telling my provider about changes in my pain and daily function   + Getting my opioids from only my VA provider and no one else   + Not giving away (or selling) my opioids to other people   + Storing my opioids in a safe place away from children, family, friends, and pets   + Safely getting rid of opioids I do not need   + Not drinking alcohol or taking illegal street drugs when I am on opioids   + For women, telling my provider if I think I might be pregnant, know I am pregnant, or am planning to become pregnant. * I plan to use my medications responsibly, and take them as prescribed * I understand how to refill my opioid prescription or get a new prescription. I understand that my VA pharmacy may be closed on weekends, holidays, and after regular clinic hours. I understand that my provider might not give me early medication refills or replace doses that are lost or stolen * I understand that my provider will order urine drug tests. I understand that the results of these tests or my refusal to be tested may cause my provider to talk to me about changing my opioid treatment plan * I understand that I may have to taper opioids if my provider decides that it is unsafe for me to continue * Someone has answered all my questions * Someone has given me information about how to contact the clinic, if there is a problem and who to call in an emergency * I know I may refuse or change my mind about having treatment. If I do refuse or change my mind, I will not lose my healthcare or any other VA benefits * I have been offered the opportunity to review and receive a copy of my consent form * I choose to have this treatment     Signature Date Time |
| **Witnesses:** No witness is needed if the patient or surrogate signs their name. Two witnesses are needed only when the patient's signature is indicated with an "X" or some other identifying mark.  Witness Name (Please Print)    Witness Signature Date Time  Witness Name (Please Print)    Witness Signature Date Time |