



Patient's Advocate's & Wellness(P.A.W.) Union's Adherence Program(A.P.)

This Opioid Agreement is associated with P.A.W. Union's Adherence Program. It is designed to:

- Create an open conversation between the patient, myChronic Pain Advocate, and the prescriber about the benefits, risks, and limitations of opioid medicines
- Be used as a decision making tool before an opioid medicine is used for acute or persistent pain, and
- Ensure the appropriate and safe use of opioid medicines
- Correctly apply the Center for Disease and Control Guidelines. For example, inconsistent access to effective opioid medicines is a misapplication.

Prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life clinical decision-making is to be based on an understanding of the patient's clinical situation, functioning, and life context.

Part 1: For the Patient: Deciding whether to use opioid medicines for pain. I will check off each item as I discuss it with myChronic Pain Advocate:

1. ___ a) Pain and pain treatment are different for each person. Opioid medicines are a type of analgesic (pain reliever) medicine used to reduce moderate to severe pain. myChronic Pain Advocate and/or prescriber will routinely check how I am doing to determine whether the benefits of opioid medicines outweigh the side effects of continuing to use them.

2. I hope opioid medicines may reduce pain, making it easier to:

- ___ Go back to work
- ___ Climb stairs
- ___ Walk short distances
- ___ Sleep through the night without pain
- ___ Do daily household chores
- ___ Start a light exercise program
- ___ Improve my quality of life

3. My prescriber, myChronic Pain Advocate, and I have tried alternative or additional treatment options for my condition, including:

- ___ Non-opioid medicines (for example, over-the-counter medicines such as Tylenol®, Motrin®, Aleve®, prescription medicine such as antidepressants, or anticonvulsants, as appropriate)
- ___ Physical therapy, appropriate exercises
- ___ Acupuncture



***Patient's Advocate's & Wellness(P.A.W.)
Union's Adherence Program(A.P.)***

___ Self-management techniques and coping strategies such as meditation, stress reduction, counseling and coaching, massage therapy, social support group, and attention to proper sleep

___ Surgical or other medical procedures

4. I need to be aware of the following side effects of using opioid medicines:

___ a) Physical dependence- if I suddenly stop taking an opioid medicine, I can experience withdrawal symptoms: body aches, diarrhea, sweating, nervousness, nausea, trouble sleeping.

___ b) Tolerance - Over time, I might need more opioid medicine to get the same pain relief. This is called tolerance. As with other medicines, opioid medicine may begin to feel like it's not working anymore. My prescriber can help me by making changes to the opioid medicine or refer me to a specialist in a way that meets my needs.

___ c) Addiction - I may develop an intense craving for opioid medicine, even if I take it as prescribed. When a person is not able to control their opioid medicine. If addiction occurs, it can be difficult to stop taking the opioid medicine, and I will need medical supervision. My prescriber can help me gradually lower the dose and stop the opioid medicine or refer me to a specialist in a way that meets my needs.

___ d) Other Opioid Side Effects:

breathing problems during sleep,

disruption of sleep

confusion

constipation

depression

drowsiness

dry mouth that can cause tooth decay

intestinal blockage

itching

lowered testosterone levels, infertility and impotence

nausea or vomiting

serious problems, including an increased chance of stopping breathing and death



**Patient's Advocate's & Wellness(P.A.W.)
Union's Adherence Program(A.P.)**

5. ___ Opioid medicine can impair my judgment and responses. I understand that I must be cautious if I drive or operate machinery or do any activity that requires me to be alert until I am sure I can perform such activities safely.
6. ___ Taking even small amounts of alcohol or taking medicines such as sleeping pills, antihistamines, and anti-anxiety medicines while taking an opioid medicine will increase the chance of opioid medicine side effects. These side effects can include drowsiness, dangerously slowed breathing, and decreased alertness.
7. ___ a) It may be necessary that I routinely provide a urine, saliva, or blood sample before or while I am taking opioid medicine.
- ___ b) I understand a scheduled appointment 48-72 hours in advance may be necessary for assistance in management of my opioid medicine performed by my Chronic Pain Advocate.
8. ___ My prescriber and I have discussed all the information above and have made a decision about using opioid medicines.
9. ___ a) Yes, my prescriber and I have agreed to try an opioid medicine for my condition. If I check "Yes", we will continue to discuss the rest of this checklist
- ___ b) No, my prescriber and I have not agreed at this time to try an opioid medicine for my condition. If I check "No", we don't need to continue to Part 2 of this checklist.

Part 2: For the Patient: My promise to using opioid medicines safely

Now that my prescriber and I have agreed that I will try an opioid medicine, I understand that I need to take an active role in my own health care to get the most benefit and reduce the chance of side effects from using an opioid medicine. myChronic Pain Advocate wants me to have the following information so that I may have the best possible pain reduction while also protecting my health and reducing the chances of possible harm to myself and others while I am taking an opioid medicine.

10. ___ a)it's important to inform my prescriber and myChronic Pain Advocate about all the medicines I am taking, including any prescription, over-the-counter and herbal medicines. I will also discuss with my prescriber any new medicine that I take in the future. Some medicines and other substances such as alcohol, sleeping medicines, antihistamines and anti-anxiety medicines can increase the chance of opioid medicine side effects.



***Patient's Advocate's & Wellness(P.A.W.)
Union's Adherence Program(A.P.)***

_____ b)Understanding recommendations by the Center of Disease Control:

Set goals for pain and function when starting opioid medication.

Reassess benefits and risks when increasing dose, especially to >50 MME; escalating doses to >90 MME will be avoided.

If benefits of continuing opioids do not outweigh harms, optimize therapies and work with opioid use.

Access Naloxone.

11. _____ If I start to have more pain or other unusual or severe side effects, I will contact my prescriber right away. We may need to change the dose or try a different opioid medicine. I will not make any changes to the opioid medicine without first talking to my prescriber.

12. _____ I will tell my prescriber if I am pregnant or planning to become pregnant. Taking opioid medicine during pregnancy can harm my unborn baby.

13. _____ I will not share this opioid medicine with other people. It is against the law to share an opioid medicine with other people. Sharing an opioid medicine with another person can cause serious harm to them, including death.

14. _____ I will keep my opioid medicine in a secure place where other people cannot reach it. If someone accidentally takes some of my opioid medicine or I accidentally take too many doses, I will contact my prescriber or call the Poison Control Center at 1-800-222-1222.

15. _____ I will remove expired, unwanted, or unused opioid medicine from my home to avoid accidentally harming children, other adults, or myself:

- I may be able to drop off unused opioid medicine through a "medicine take-back program". A "medicine take-back program" is an official place and time for dropping off unused opioid and other medicines.
- If I cannot find a "medicine take-back program" or if I want to remove the medicine from my home right away, I understand that I can't flush my opioid medicine down the toilet. My opioid medicine can be mixed with cat litter or coffee grounds and thrown out with the household trash.
- I can get more information about disposing of my opioid medicine by calling 1-888-FDA-INFO (1-888-463-6332)



**Patient's Advocate's & Wellness(P.A.W.)
Union's Adherence Program(A.P.)**

or at the following website-

[http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicin
esafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm](http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicin
esafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm)

Part 3: For the patient, myChronic Pain Advocate, and Provider:

___myChronic Pain Advocate and I have discussed all the items on this checklist.

___myChronic Pain Advocate, Provider, and I agree that an opioid medicine is the best choice for my condition at this time.

___my Provider has reviewed all the items on this checklist.

___myChronic Pain Advocate and I agree that we will go over this checklist again in the future.

Date ___ / ___ / ___

Patient's name _____

Chronic Pain Advocate's name _____

Provider's name _____

Patient's signature _____

Provider's signature _____

Witness' signature _____