

Guidelines For Treatment With Controlled Substance Medications

This document is about your use of controlled substance medications prescribed by your physician. These medications are being used to relieve pain and improve function. Most patients who use these drugs find them very helpful and use them without problems. We have found that it helps patients when we establish a clear understanding at the beginning of therapy concerning the use of these medicines. This document should help you to understand our medication policies and your role as part of the pain treatment team.

You need to have your primary care physician or family doctor sign the document acknowledging that you are receiving pain medications from our clinic. While your physician is not obligated, he or she can decide to take over prescribing the pain medications once you are on a stable dose; however, this must be done with our consent.

These guidelines apply to all controlled substances including opioid pain medicines. "Medications" refers to these substances. These guidelines do not apply to other drugs used for other purposes. "Provider" refers to the physician or other medical professional who has agreed to prescribe your medications.

1. You are responsible for your medications. You are expected to take them only as prescribed by your provider. Please communicate any questions or concerns, such as side effects or dose questions, to your provider or nurse.

2. All your pain medications should be prescribed only by your main pain management doctor. You should get them from a single pharmacy (provide information at the end of document).

You should not obtain medications from other doctors or pharmacies, unless you are a patient in the hospital. You should tell any hospital or emergency room doctors that you receive pain medications from your provider. Have your dentist contact your provider before giving you medications. These guidelines are designed to protect you from the danger of receiving too much medication.

3. You may not change your medication dose without first getting your provider's permission. Changing the dose without permission may endanger your health. Your provider will give you instructions about what to do if the office is not open when you need advice.

4. You are expected to make sure that your prescriptions are filled on time. You will be given enough medication to last a fixed amount of time, usually 30 days. Refills can only be given during regular office hours, in person, during a scheduled visit. To avoid interruption in your medications, please schedule regular appointments for medication refill. Make sure that you schedule each appointment far enough in advance to avoid running out of medications. Prescriptions cannot be filled early. Prescriptions will not be sent by mail, faxed, or filled by telephone request.

5. Keep your pain medications in a safe and secure place. We advise that you keep them in a locked cabinet or safe. You are expected to protect your medications from loss or theft. Stolen medications should be reported to the police and to your provider immediately. If your medications are lost, misplaced, or stolen, your provider may choose to taper and discontinue the medications. You may also be asked to provide a police report to your provider.

6. You **may not give or sell** your medications to any other person under any circumstances. If you do so, you may endanger that person's health. It is also against the law.

7. You should not use alcohol or illegal drugs while taking these medications. You should not use sleeping pills, cold medicines, or other medications that might cause drowsiness, dizziness, or changes in thinking unless you first discuss them with your provider.

8. You should not drive or operate heavy machinery if you feel tired, mentally foggy, or are experiencing other side effects from your medications. It is your responsibility to keep yourself and others from harm.

9. It is sometimes necessary for your provider to check your medication levels. At such times, you may be asked to provide blood and/or urine specimens for testing. Typically this is done once a year and at the start of your treatment.

10. Your medications are only a portion of a larger treatment plan. We ask that you participate fully in treatment and follow your providers' advice regarding physical therapy, psychotherapy, vocational rehabilitation, counseling, other medications, or other prescribed or recommended treatment.

11. So that your other doctors understand and can help with your treatment, we ask that you let your provider contact other providers and pharmacists about your use of medications.

12. These medications are very helpful to many patients but are not right for everybody. It is sometimes necessary for a provider to stop prescribing these medications for a patient. Your provider might choose to taper and discontinue your medications if:

- The treatment is not helpful.
- The treatment loses its effectiveness.
- You have serious side effects from the medication.
- You become less able to function physically, socially or emotionally as a result of the treatment.
- You are unable to follow the other guidelines listed in this document.

13. If your medications must be stopped for any reason, your provider will taper you off the medications (slowly decrease the dose) in controlled fashion to avoid withdrawal symptoms. Your provider may consult a specialist if s/he feels additional help is needed to accomplish a safe taper.

14. *For women only:* Your use of these medications may adversely affect a fetus if you are pregnant, or a child if you are breastfeeding. If you are pregnant or breastfeeding now, or if you are considering becoming pregnant, you should discuss your use of these (and any other) medications with your primary provider or obstetrician.

By signing below, you acknowledge that you have received, read, understood and agree to follow the following guidelines. Also, you agree that failure to follow these guidelines can result in discontinuance of medications.

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|--------------|-----------|------|
| Patient Name | Signature | Date |
|--------------|-----------|------|

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| Pharmacy Name | Phone Number |
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Thank you. We look forward to working with you to help relieve your pain and improve your function.