

Guidelines For Chronic Narcotic Administration

The successful management of chronic pain involves many modalities including, but not limited to, physical therapy, surgical consultation, injection therapy, stress reduction, biofeedback, and oral medications. Occasionally, upon the mutual agreement of the patient and the Pain Management physician, it may be necessary to institute long-term opiate administration to achieve satisfactory pain control. The following are guidelines that will be helpful in managing the long-term administration of narcotic medications. Prior to initiating this therapy, I would encourage you to read the following guidelines and discuss them thoroughly with the provider.

1. **Patient agrees to fill prescription medications at one pharmacy only.** This pharmacy will be responsible for all medications prescribed during treatment. .
2. **Medication prescriptions should be obtained only from the pain clinic office.** "Doctor shopping" for additional pain medications from other physicians is discouraged, and if this occurs. will jeopardize the physician/patient relationship. Patients must make an office visit for their pain mediation refill. No refills are done over the phone or fax.
3. **Please take only the amount of medication prescribed.** Narcotic analgesics will hopefully make your pain more tolerable. but they should not be used to relieve stress or to promote sleep. If your pain worsens or if there is a change in your symptoms, please make an appointment to be seen in the office.
4. **Lost or misplaced medications or their prescriptions will not be refilled at an early date.**
5. **Emergency Room visits for pain medication are discouraged.** The Emergency Room is an inefficient way to achieve pain reduction and may involve a long wait and the risk that no medication will be dispensed. It is unlikely that the Pain Management physician will be available when you arrive in the Emergency Room.
6. **Sedatives or "nerve medications" are rarely useful in chronic pain management and will rarely be prescribed.**
7. **Patient also agrees to continue with other modalities of chronic pain management** as deemed appropriate by the referring physician and the pain clinic physician. This will most likely include but is not limited to: physical therapy, lifestyle and nutritional strategies, rehabilitation, psychology, pain management psychiatrist, re-evaluation by other specialists, relaxation therapy, counseling, and other methods to help handle the stress of chronic pain.
8. **Patient authorizes Southwest Pain Group to obtain information** concerning medications prescribed, amount, and frequency from pharmacies and other physician offices.
9. **Patient agrees to have a random drug screen** when ordered by a provider; as recommended by the teams medical board
10. **Patient agrees to report to any Southwest Pain Group practitioner any problems with memory disturbance or difficulty in remembering how and when to take their medications.**
11. **Patient understands that an exit strategy is always sought if possible.**

NARCOTIC THERAPY - SIDE EFFECTS, RISKS AND COMPLICATIONS

The patient understands that narcotic analgesics may result in physical dependence that may ultimately require slow weaning once the pain condition improves. Immediate discontinuation of this medication is not advised. Tolerance to the medication may develop after long-term usage which means that ultimately these medications may become less effective. Other side effects may include ...

- Respiratory depression resulting in respiratory arrest and/or death, as well as resultant cardiac arrest &/or death.
- Tolerance and/or physical dependence necessitating tapered discontinuation of the medications.
- Withdrawal phenomenon with abrupt discontinuation of the medication causing significant side-effects such as palpitations, diaphoresis, elevated pulse and blood pressure.
- Disorientation, resulting in falls and significant injury.
- Constipation and bowel obstruction, possibly requiring surgical intervention and potentially ischemic (dead) bowel, sepsis and death.
- Allergic and/or anaphylactic reactions to the medications resulting in hypotension, tachycardia, arrhythmias, respiratory or cardiac arrest, and death.
- Potentiation of other sedative medications causing additive and/or synergistic interactions and greater than expected or enhanced side-effects (see above list).

PRECAUTIONS

- (1) Patients taking anticoagulants are at particularly high risk since any kind of trauma (falls,etc) could result in life-threatening hemorrhage, intracranial bleeding, and death.
- (2) Extremes of age. The very young and the elderly may exhibit marked and dramatic side-effects from narcotic medications, even in low doses.
- (3) Patients with other significant medical problems (heart or lung disease, other) are at increased risk for complications related to the use of narcotic medications.
- (4) Patients taking sedative medications or central nervous system depressants should use narcotics sparingly and in reduced doses if absolutely necessary, due to additive and/or synergistic interactions and greater than expected or enhanced side-effects.
- (5) It is especially important to keep your medications in a secure location, and preferably, under lock and key, to avoid others (including children) from obtaining access to these potentially deadly substances.
- (6) **Narcotic analgesics should not be used during pregnancy.**

WHAT NOT TO DO WHILE TAKING NARCOTICS

- Any kind of activity where judgment is required - i.e. signing important documents, caring for the sick, the elderly, or the very young.
- Driving a car, motorcycle, truck or any motorized device
- Operating machinery
- Working in high-risk areas (i.e. construction sites, elevated work sites, working with power tools, etc)
- Drinking alcohol is prohibited while on narcotics due to potent and unpredictable enhancement of central nervous system depression of these two substances when taken together.

All questions were answered to the patient's satisfaction. The patient was encouraged to ask any additional questions or seek clarification for anything which was not clear in the guidelines.

Additionally, non-narcotic management treatment options were offered. These were declined by the patient.

I have read the above guidelines and will make every effort to follow these guidelines during my chronic pain management.

Signature of Patient	Printed Name	Date
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Witness	Printed Name	Date
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