Patient Contract
For
Use of Opioid Medications in Chronic Pain

Bayne-Jones Army Community Hospital (BJACH) is committed to providing the best possible multidisciplinary approach for the treatment of chronic pain with the goal of restoring each patient to the fullest possible function and quality of life.

Opiate (narcotic) medications have a proven benefit in the treatment of acute pain. They often have a role in the treatment of chronic pain. However, the prolonged use of narcotics increases the risk of adverse side effects such as tolerance, dependence, and potential for misuse. Likewise, the use of narcotics on a chronic basis limits a person's ability to drive, operate machinery, and work in certain occupations. Accordingly, BJACH requires patients prescribed narcotics for chronic pain to agree to certain conditions and safeguards on their use. This contract describes those conditions and safeguards.

Patient please initial next to each principle to indicate your understanding.

PRINCIPLES OF TREATMENT

GOAL OF THERAPY

_____ 1. BJACH's goal of chronic pain treatment is to restore each patient to his or her fullest possible functional status, not necessarily to completely relieve all pain.

OVERDOSE, DEPENDENCY, and WITHDRAWAL

_____ 1. Opiates (narcotics) are strong medications with potentially lethal side effects. I agree to use them only as prescribed and to report any side effects I may experience.

_____ 2. Overdose on opiate medications may be fatal; this may occur accidentally or as the result of a deliberate overdose. The usual cause of death is a decrease of the drive to breathe. I understand that it is wise to obtain a medic alert bracelet to advise medical personnel that I am taking narcotics to assist them in reviving me should an overdose occur.

_____ 3. Prolonged use of narcotics causes dependence. Abruptly stopping or decreasing the medication often causes withdrawal symptoms (nausea, vomiting, diarrhea, aches, sweats, chills, anxiety and restlessness). These symptoms are uncomfortable but, generally, not life threatening for an adult.

_____ 4. If I am pregnant or become pregnant while taking these medications, my child may become physically dependent upon them. Withdrawal may be life-threatening for a baby or infant. If I am pregnant or become pregnant while taking these medications I will immediately inform my provider.

LIMITATIONS ON ACTIVITY

_____ 1. I understand that these medications have sedating effects, and that they may impair my ability to drive, operate machinery, or make important decisions. I agree to accept prescribed limitations on driving and other activities as determined to be necessary by my provider.

_____ 2. For active duty patients, these limitations on driving, etc. are formalized in the form of a physical profile (DD 3349). This profile may have an impact on my career path and my ability to remain on active duty.

SOLE PROVIDER

_____ 1. I understand that the purpose of the sole provider program is to ensure coordination of care involving dangerous medications to ensure accountability of these drugs; and to prevent abuse and misuse of these drugs.

_____ 2. I agree to work directly with my sole provider for all scheduled refills of this medication. In the event my sole provider is not available, he or she will appoint an alternate point of contact for me during his or her absence. However, I will not seek refills or new prescriptions for narcotics or other controlled substances from any other provider while enrolled in this program.

_____ 3. I agree to take this medication as prescribed and not to change the amount or frequency of the medication without first discussing it with my sole provider (the provider signing this contract).

_____ 4. I agree to fill my prescriptions at the BJACH Pharmacy, unless I make arrangements with my sole provider to obtain medications elsewhere (e.g., while traveling).

_____ 5. I agree to attend all scheduled follow up visits with my sole provider.

PREVENTION OF ABUSE AND MISUSE

_____ 1. I agree to keep my medication in a secure place. Lost, stolen, or damaged medication will not be replaced, although an alternative pain medication may be offered. I understand that one common sign of drug dependency or selling your prescribed medication is requesting early refills or reporting of lost or destroyed prescriptions.

_____ 2. I agree not to sell, give, or lend my medications to any other person and not to use medications prescribed to any other person.

_____ 3. I agree not to drink alcohol or take other mood-altering drugs while I am taking opioid analgesic medication.

_____ 4. I agree to submit a urine specimen if my provider so requests and give my permission to be tested for alcohol and drugs.

_____ 5. I am aware that I may be criminally prosecuted for selling or buying narcotic medications, or for using illegal drugs such as cocaine, marijuana, methamphetamine, etc., under either civilian laws or the Uniform Code of Military Justice (UCMJ).

_____ 6. If, in the opinion of my sole provider, I display signs of addiction to narcotic medications, I agree to undergo treatment for addiction, including enrollment in the Army Substance Abuse Program if indicated.

FAILURE TO ADHERE TO THE CONTRACT

I understand the terms of this contract, and agree that, if I fail to adhere to it, my sole provider may terminate my enrollment in the program. If that occurs, I understand that I will no longer be able to receive narcotic medications from the BJACH pharmacy. Non-active duty patients may be referred to civilian providers for further care. Active duty patients may face UCMJ charges.

Patient: _____ Provider: _____

Date: _____ Provider Stamp: