

Palliative Care 2014

“Update of Analgesic Use and Opioid Guideline”

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By

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Opioids in palliative care:
safe and effective prescribing
of strong opioids for pain in palliative
care of adults

Issued: May 2012

NICE clinical guideline 140

guidance.nice.org.uk/cg140

NHS

Patient-centred care

- This guideline offers best practice advice on the care of people with **advanced** and **progressive disease**, who require **strong opioids** for pain control.
- Patients are in severe pain who may be opioid-naive, or those whose pain has been inadequately controlled on step two of the WHO pain ladder.
- Treatment and care should take into account patients needs and preferences.

Patient-centred care

- Patients who require strong opioids for pain control, should have the opportunity to make **informed decisions** about their care and treatment, with their healthcare professionals
- **Good communication is essential. It should be supported by evidence-based written information.**

Patient-centred care

- Treatment and care, and the information patients are given about it, should be **culturally appropriate**, accessible to people with **additional needs** such as physical, sensory or learning disabilities, and to people who do not speak or read English.



Guess.....How she feels

- ? Angry**
- ? Depressed**
- ? Hopeless**
- ? Suicidal idea**
- or**
- ? Accept**

Pain Assessment

- **Self - reported pain measurement**

- 1. Visual analog scale (VAS)**

0 ----- 10 cm.

No pain

Worst pain imaginable

- 2. Verbal numerical rating scale (VNRS)**

0 -----2-----4-----6-----8-----10 cm.

No pain

Worst pain imaginable

BI Pain Assessment Form

[illegible]

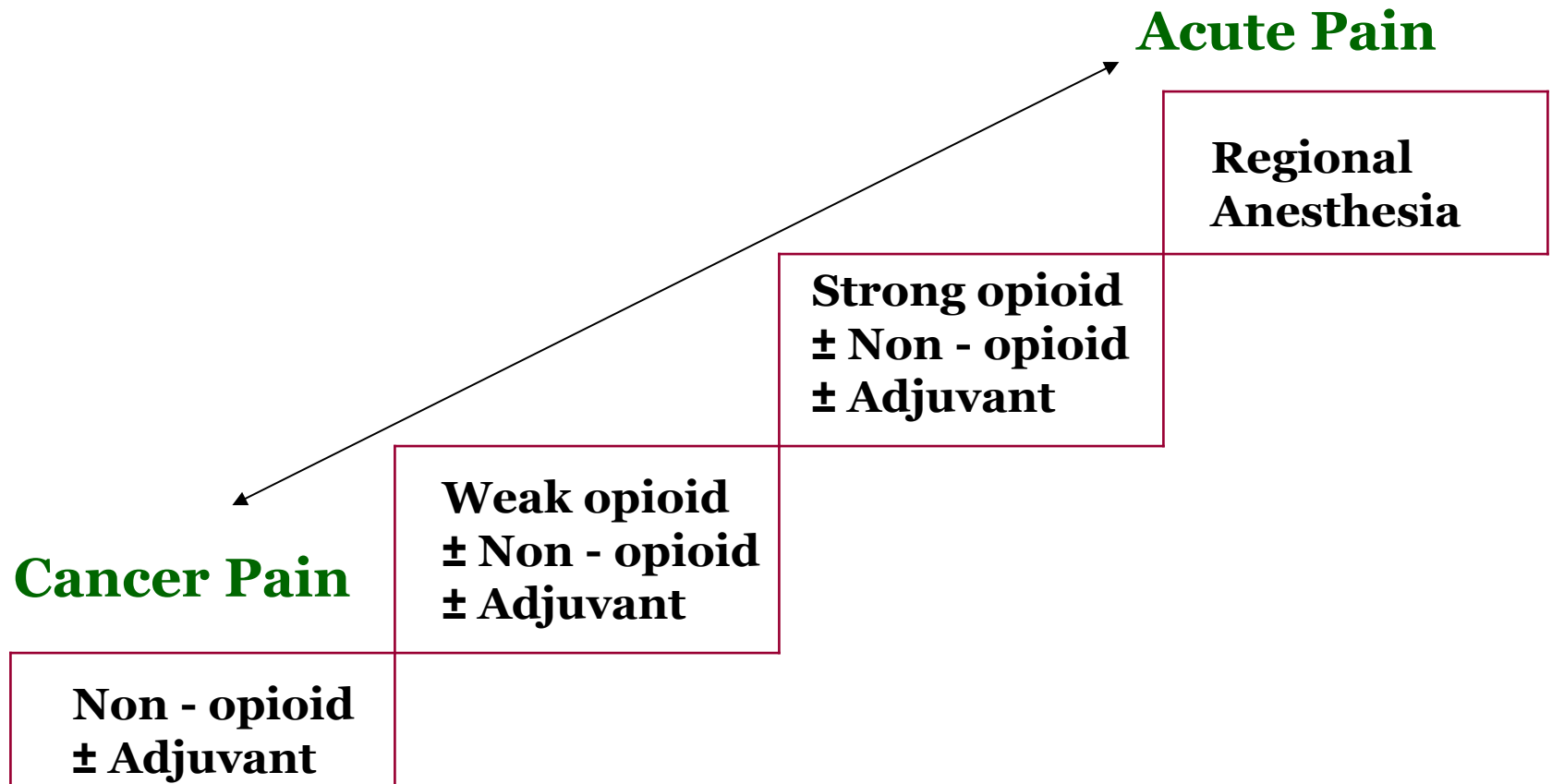
Types of Pain in Cancer

- **Nociceptive pain**
- **Neuropathic pain**

Pain Symptoms

- 1. Background pain**
- 2. Breakthrough pain**
- 3. Incident pain**

Individualized dosage and the “analgesic ladder”



Two principles for analgesic ladder

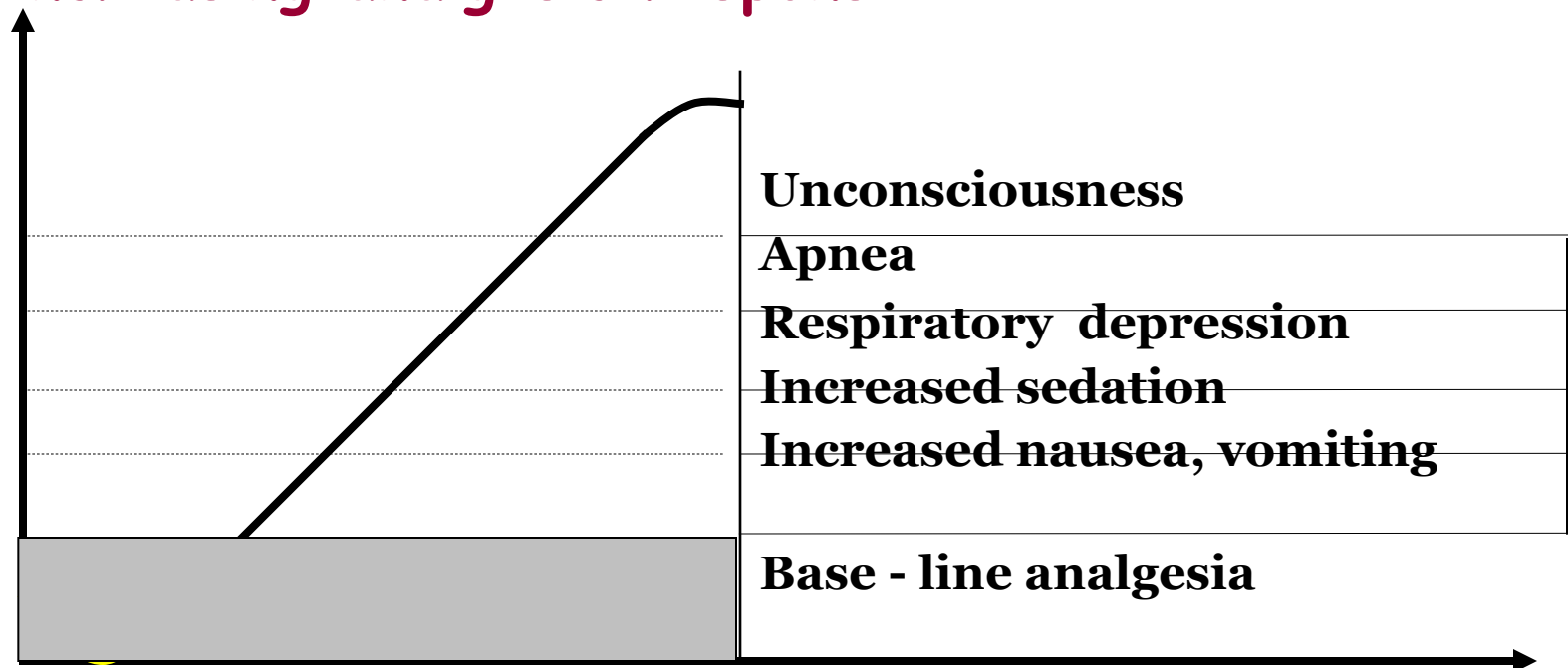
- **Inadequate pain control at one level requires a move to the next level, rather than to an alternative drug of similar efficacy**
- **Continuous pain requires continuous administration of analgesia**

Principle of opioid use

1. Use oral or other non-invasive routes whenever possible
2. Individualize dosage by titrating to response
3. Select analgesics according to severity and type of pain (as in analgesic ladders)
4. Maintain effective analgesic levels in the body as long as there is noxious stimuli
5. Use indicated adjuvants

Principles of Pharmacologic Management

Increasing analgesic response



Increasing opioid dose

The Fact of Respiratory Depression

- **Pain antagonizes respiratory depression**
- **All opioids in equianalgesic doses cause the same degree of respiratory depression**
- **The best clinical indicator of early respiratory depression is sedation.**

Clinical indicators of respiratory depression

Sedation score

0 - none

1 - awake, occasionally sleepy

2 - sleepy, arousable by verbal stimuli

3 - sleepy, arousable by physical stimuli

4 - unconscious

Respiratory rate Less than 8/minute

Titration of Opioid Dose

- **Regular monitoring of endpoints**

How much is enough?

How much is too much?

Aim of Pain Treatment

**To make the patient comfortable while
keeping the sedation score ≤ 2**

Pain

- ❖ Do not reduce dose of opioid solely for decreased blood pressure, respiration rate, or level of consciousness
- ❖ Maintain analgesic therapy; titrate to optimal comfort
- ❖ Recognize and treat opioid-induced neurotoxicity including hyperalgesia
- ❖ If opioid reduction is indicated, reduced by $\leq 50\%$ per 24 h to avoid acute opioid withdrawal or pain crisis. Do not administer opioid antagonist
- ❖ Balance analgesia against reduced level of consciousness based on patient preference
- ❖ Modify routes of administrations as needed (PO, IV, PR, subcutaneous, sublingual, transmucosal transdermal) applying equianalgesic dose conversions Consider sedation for refractory pain

Recommendations

Communication

1. When offering pain treatment with strong opioids to a patient with advanced and progressive disease, ask them about concerns such as:

- **addiction**
- **tolerance**
- **side effects**
- **fears that treatment implies the final stages of life.**

Recommendations

Communication

2. Provide verbal and written information on strong opioid treatment to patients and caregivers, including the following:

- **when and why strong opioids are used to treat pain**
- **how effective they are likely to be**
- **taking strong opioids for background and breakthrough pain, addressing:**
 - **how, when and how often to take strong opioids**
 - **how long pain relief should last**
- **side effects and signs of toxicity**
- **safe storage**
- **follow-up and further prescribing**
- **information on who to contact out of hours, particularly during initiation of treatment.**

First-line maintenance treatment

- 1. When starting treatment with strong opioids, regular**
 - oral sustained-release or oral immediate-release morphine (depending on patient preference)**
 - with rescue doses of oral immediate-release morphine for breakthrough pain.**
- 2. For patients with no renal or hepatic comorbidities, offer**
 - a typical total daily starting dose schedule of 20–30 mg of oral morphine (for example, 10–15 mg oral sustained-release morphine twice daily)**
 - plus 5 mg oral immediate-release morphine for rescue doses during the titration phase.**

First-line maintenance treatment

- 3. Adjust the dose until a good balance exists between acceptable pain control and side effects. If this balance is not reached after a few dose adjustments, seek specialist advice. Offer patients frequent review, particularly in the titration phase.**
- 4. Seek specialist advice before prescribing strong opioids for patients with moderate to severe renal or hepatic impairment.**

First-line maintenance treatment

- 1. Offer oral sustained-release morphine as first-line maintenance treatment to patients with advanced and progressive disease who require strong opioids.**
- 2. Do not routinely offer transdermal patch formulations as first-line maintenance treatment to patients in whom oral opioids are suitable.**
- 3. If pain remains inadequately controlled despite optimising first-line maintenance treatment, review analgesic strategy and consider seeking specialist advice.**

First-line treatment if oral opioids are not suitable – transdermal patches

Use caution when calculating opioid equivalence for transdermal patches:

- **A transdermal fentanyl 12 microgram patch equates to approximately 45 mg oral morphine daily.**
- **A transdermal buprenorphine 20 microgram patch equates to approximately 30 mg oral morphine daily.**

First-line treatment if oral opioids are not suitable – subcutaneous delivery

1. Consider **initiating subcutaneous opioids** for patients in whom oral opioids are not suitable and analgesic requirements are unstable.



First-line treatment for breakthrough pain in patients who can take oral opioids

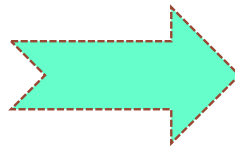
- 1. Offer oral immediate-release morphine for the first-line rescue medication of breakthrough pain in patients on maintenance oral morphine treatment.**
- 2. Do not offer fast-acting fentanyl as first-line rescue medication.**
- 3. If pain remains inadequately controlled despite optimising treatment, consider seeking specialist advice.**

Management of constipation

- 1. Inform patients that constipation affects nearly all patients receiving strong opioid treatment.**
- 2. Prescribe laxative treatment (to be taken regularly at an effective dose) for all patients initiating strong opioids.**
- 3. Inform patients that treatment for constipation takes time to work and adherence is important.**
- 4. Optimise laxative treatment for managing constipation before considering switching strong opioids.**

Management of nausea

1. Advise patients that nausea may occur when starting strong opioid treatment or at dose increase, but that it is likely to be transient.
2. If nausea persists, prescribe and optimise anti-emetic treatment before considering switching strong opioids.



Management of drowsiness

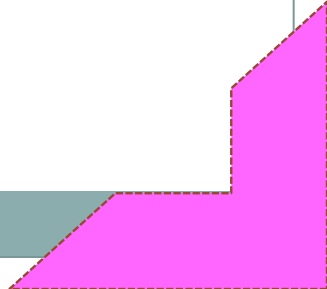
1. Advise patients that mild drowsiness or impaired concentration may occur when starting strong opioid treatment or at dose increase, but that it is often transient. Warn patients that impaired concentration may affect their ability to drive and undertake other manual tasks.
2. In patients with either persistent or moderate-to-severe central nervous system side effects:
 - consider dose reduction if pain is controlled or
 - consider switching opioids if pain is not controlled.



*** Opioid analgesics are widely accepted for the treatment of severe acute pain and chronic pain related to active cancer or at the end of life.**

*** In contrast, the use of chronic opioid therapy (COT) to treat other types of chronic pain remains controversial.**

*** Chronic pain is defined by the International Association for the Study of Pain as “pain that persists beyond normal tissue healing time”.**



1. Patient Selection and Risk Stratification

- 1.1 Before initiating COT, clinicians should conduct a history, physical examination and appropriate testing, including an assessment of risk of substance abuse, misuse, or addiction (strong recommendation, low-quality evidence).**
- 1.2 Clinicians may consider a trial of COT as an option if CNCP is moderate or severe, pain is having an adverse impact on function or quality of life, and potential therapeutic benefits outweigh or are likely to outweigh potential harms (strong recommendation, low-quality evidence).**

1. Patient Selection and Risk Stratification

1.3 A benefit-to-harm evaluation including a history, physical examination, and appropriate diagnostic testing, should be performed and documented before and on an ongoing basis during COT.



2. Informed Consent and Opioid Management Plans

- 2.1 When starting COT, *informed consent* should be obtained. A continuing discussion with the patient regarding COT should include goals, expectations, potential risks, and alternatives to COT.
- 2.2 Clinicians may consider using a *written COT management plan* to document patient and clinician responsibilities and expectations and assist in patient education (weak recommendation, low-quality evidence).

3. Initiation and titration of COT

- 3.1 Clinicians and patients should regard initial treatment with opioids as a therapeutic trial to determine whether COT is appropriate (strong recommendation, low-quality evidence).**
- 3.2 Opioid selection, initial dosing, and titration should be individualized according to the patient's health status, previous exposure to opioids, attainment of therapeutic goals, and predicted or observed harms (strong recommendation, low-quality evidence).**

4. Methadone

Methadone is characterized by complicated and variable pharmacokinetics and pharmacodynamics and should be initiated and titrated cautiously, by clinicians familiar with its use and risks (strong recommendation, moderate-quality evidence).



5. Monitoring

- 5.1 Clinicians should *reassess patients on COT periodically* and as warranted by changing circumstances. Monitoring should include documentation of pain intensity and level of functioning, assessments of progress toward achieving therapeutic goals, presence of adverse events, and adherence to prescribed therapies (strong recommendation, low-quality evidence).

5. Monitoring

5.2 In patients on COT who are at *high risk* or who have engaged in *aberrant drug-related behaviors*, clinicians should periodically obtain urine drug screens or other information to confirm adherence to the COT plan of care (strong recommendation, low-quality evidence).

6. High-Risk Patients

Clinicians may consider COT for patients with CNCP and history of drug abuse, psychiatric issues, or serious aberrant drug-related behaviors *only if* they are able to implement more frequent and stringent monitoring parameters. In such situations, clinicians should strongly consider consultation with a mental health or addiction specialist (strong recommendation, low-quality evidence).

7. Breakthrough Pain

In patients on around-the-clock COT with breakthrough pain, clinicians may consider as-needed opioids based upon an initial and ongoing analysis of therapeutic benefit versus risk (weak recommendation, low-quality evidence).

8. Opioids in Pregnancy

Clinicians should counsel women of childbearing potential about the risks and benefits of COT during pregnancy and after delivery.

APPENDIX 1.
RISK ASSESSMENT TOOL OPIOID RISK TOOL
(ORT)

Date _____

Patient Name _____

OPIOID RISK TOOL

		Mark each box that applies	Item Score If Female	Item Score If Male
1. Family History of Substance Abuse	Alcohol	[]	1	3
	Illegal Drugs	[]	2	3
	Prescription Drugs	[]	4	4
2. Personal History of Substance Abuse	Alcohol	[]	3	3
	Illegal Drugs	[]	4	4
	Prescription Drugs	[]	5	5
3. Age (Mark box if 16 – 45)		[]	1	1
4. History of Preadolescent Sexual Abuse		[]	3	0
5. Psychological Disease	Attention Deficit Disorder	[]	2	2
	Obsessive Compulsive Disorder			
	Bipolar			
	Schizophrenia			
	Depression	[]	1	1
TOTAL		[]		
Total Score		Risk Category		
		Low Risk 0 – 3	Moderate Risk 4 – 7	High Risk ≥ 8

APPENDIX 2.

RISK ASSESSMENT TOOL - SCORE DIAGNOSIS, INTRACTABILITY, RISK EFFICACY (D.I.R.E.)

D.I.R.E. Score: Patient Selection for Chronic Opioid Analgesia

For each factor, rate the patient's score from 1-3 based on the explanations in the right hand column

Score	Factor	Explanation
	<u>D</u>agnosis	1 = Benign chronic condition with minimal objective findings or no definite medical diagnosis. Examples: fibromyalgia, migraine headaches, non-specific back pain. 2 = Slowly progressive condition concordant with moderate pain, or fixed condition with moderate objective findings. Examples: failed back surgery syndrome, back pain with moderate degenerative changes, neuropathic pain. 3 = Advanced condition concordant with severe pain with objective findings. Examples: severe ischemic vascular disease, advanced neuropathy, severe spinal stenosis.
	<u>I</u>ntractability	1 = Few therapies have been tried and the patient takes a passive role in his/her pain management process. 2 = Most customary treatments have been tried but the patient is not fully engaged in the pain management process, or barriers prevent (insurance, transportation, medical illness). 3 = Patient fully engaged in a spectrum of appropriate treatments but with inadequate response.
	<u>R</u>isk	(R= Total of P+C+R+S below)
	<u>P</u>sychological:	1 = Serious personality dysfunction or mental illness interfering with care. Example: personality disorder, severe affective disorder, significant personality issues. 2 = Personality or mental health interferes moderately. Example: depression or anxiety disorder. 3 = Good communication with clinic. No significant personality dysfunction or mental illness.
	<u>C</u>hemical Health:	1 = Active or very recent use of illicit drugs, excessive alcohol, or prescription drug abuse. 2 = Chemical coper (uses medications to cope with stress) or history of CD in remission. 3 = No CD history. Not drug-focused or chemically reliant.
	<u>R</u>eliability:	1 = History of numerous problems: medication misuse, missed appointments, rarely follows through. 2 = Occasional difficulties with compliance, but generally reliable. 3 = Highly reliable patient with meds, appointments & treatment.
	<u>S</u>ocial Support:	1 = Life in chaos. Little family support and few close relationships. Loss of most normal life roles. 2 = Reduction in some relationships and life roles. 3 = Supportive family/close relationships. Involved in work or school and no social isolation.
	<u>E</u>fficacy score	1 = Poor function or minimal pain relief despite moderate to high doses. 2 = Moderate benefit with function improved in a number of ways (or insufficient info- hasn't tried opioid yet or very low doses or too short of a trial). 3 = Good improvement in pain and function and quality of life with stable doses over time.

_____ Total score = D + I + R + E

Score 7-13: Not a suitable candidate for long-term opioid analgesia

Score 14-21: Good candidate for long-term opioid analgesia

APPENDIX 3.
SAMPLE INFORMED CONSENT FORM



Consent for Chronic Opioid Therapy

A consent form from the American Academy of Pain Medicine

Dr. _____ is prescribing opioid medicine, sometimes called narcotic analgesics, to me for a diagnosis of _____.

This decision was made because my condition is serious or other treatments have not helped my pain.

I am aware that the use of such medicine has certain risks associated with it, including, but not limited to: sleepiness or drowsiness, constipation, nausea, itching, vomiting, dizziness, allergic reaction, slowing of breathing rate, slowing of reflexes or reaction time, physical dependence, tolerance to analgesia, addiction and possibility that the medicine will not provide complete pain relief.

I am aware about the possible risks and benefits of other types of treatments that do not involve the use of opioids. The other treatments discussed included:

I will tell my doctor about all other medicines and treatments that I am receiving.

I will not be involved in any activity that may be dangerous to me or someone else if I feel drowsy or am not thinking clearly. I am aware that even if I do not notice it, my reflexes and reaction time might still be slowed. Such activities include, but are not limited to: using heavy equipment or a motor vehicle, working in unprotected heights or being responsible for another individual who is unable to care for himself or herself.

I am aware that certain other medicines such as nalbuphine (Nubain™), pentazocine (Talwin™), buprenorphine (Buprenex™), and butorphanol (Stadol™), may reverse the action of the medicine I am using for pain control. Taking any of these other medicines while I am taking my pain medicines can cause symptoms like a bad flu, called a withdrawal syndrome. I agree not to take any of these medicines and to tell any other doctors that I am taking an opioid as my pain medicine and cannot take any of the medicines listed above.

I am aware that addiction is defined as the use of a medicine even if it causes harm, having cravings for a drug, feeling the need to use a drug and a decreased quality of life. I am aware that the chance of becoming addicted to my pain medicine is very low. I am aware that the development of addiction has been reported rarely in medical journals and is much more common in a person who has a family or personal history of addiction. I agree to tell my doctor my complete and honest personal drug history and that of my family to the best of my knowledge.

I understand that physical dependence is a normal, expected result of using these medicines for a long time. I understand that physical dependence is not the same as addiction. I am aware physical dependence means that if my pain medicine use is markedly decreased, stopped or reversed by some of the agents mentioned above, I will experience a withdrawal syndrome. This means I may have any or all of the following: runny nose, yawning, large pupils, goose bumps, abdominal pain and cramping, diarrhea, irritability, aches throughout my body and a flu-like feeling. I am aware that opioid withdrawal is uncomfortable but not life threatening.

I am aware that tolerance to analgesia means that I may require more medicine to get the same amount of pain relief. I am aware that tolerance to analgesia does not seem to be a big problem for most patients with chronic pain, however, it has been seen and may occur to me. If it occurs, increasing doses may not always help and may cause unacceptable side effects. Tolerance or failure to respond well to opioids may cause my doctor to choose another form of treatment.

(Males only) I am aware that chronic opioid use has been associated with low testosterone levels in males. This may affect my mood, stamina, sexual desire and physical and sexual performance. I understand that my doctor may check my blood to see if my testosterone level is normal.

(Females Only) If I plan to become pregnant or believe that I have become pregnant while taking this pain medicine, I will immediately call my obstetric doctor and this office to inform them. I am aware that, should I carry a baby to delivery while taking these medicines, the baby will be physically dependent upon opioids. I am aware that the use of opioids is not generally associated with a risk of birth defects. However, birth defects can occur whether or not the mother is on medicines and there is always the possibility that my child will have a birth defect while I am taking an opioid.

I have read this form or have it read to me. I understand all of it. I have had a chance to have all of my questions regarding this treatment answered to my satisfaction. By signing this form voluntarily, I give my consent for the treatment of my pain with opioid pain medicines.

Patient signature _____ Date _____

Witness to above _____

APPENDIX 4.
SAMPLE MEDICAL AGREEMENT



**SAMPLE FOR ADAPTATION AND REPRODUCTION
ON PHYSICIAN LETTERHEAD**

PLEASE CONSULT WITH YOUR ATTORNEY

**Long-term Controlled Substances Therapy
for Chronic Pain**

SAMPLE AGREEMENT

A consent form from the American Academy of Pain Medicine

The purpose of this agreement is to protect your access to controlled substances and to protect our ability to prescribe for you.

The long-term use of such substances as opioids (narcotic analgesics), benzodiazepine tranquilizers, and barbiturate sedatives is controversial because of uncertainty regarding the extent to which they provide long-term benefit. There is also the risk of an addictive disorder developing or of relapse occurring in a person with a prior addiction. The extent of this risk is not certain.

Because these drugs have potential for abuse or diversion, strict accountability is necessary when use is prolonged. For this reason the following policies are agreed to by you, the patient, as consideration for, and a condition of, the willingness of the physician whose signature appears below to consider the initial and/or continued prescription of controlled substances to treat your chronic pain.

1. All controlled substances must come from the physician whose signature appears below or, during his or her absence, by the covering physician, unless specific authorization is obtained for an exception. (Multiple sources can lead to untoward drug interactions or poor coordination of treatment.)
2. All controlled substances must be obtained at the same pharmacy, where possible. Should the need arise to change pharmacies, our office must be informed. The pharmacy that you have selected is:
_____ phone: _____
3. You are expected to inform our office of any new medications or medical conditions, and of any adverse effects you experience from any of the medications that you take.
4. The prescribing physician has permission to discuss all diagnostic and treatment details with dispensing pharmacists or other professionals who provide your health care for purposes of maintaining accountability.
5. You may not share, sell, or otherwise permit others to have access to these medications.
6. These drugs should not be stopped abruptly, as an abstinence syndrome will likely develop.
7. Unannounced urine or serum toxicology screens may be requested, and your cooperation is required. Presence of unauthorized substances may prompt referral for assessment for addictive disorder.

8. Prescriptions and bottles of these medications may be sought by other individuals with chemical dependency and should be closely safeguarded. It is expected that you will take the highest possible degree of care with your medication and prescription. They should not be left where others might see or otherwise have access to them.
9. Original containers of medications should be brought in to each office visit.
10. Since the drugs may be hazardous or lethal to a person who is not tolerant to their effects, especially a child, you must keep them out of reach of such people.
11. Medications may not be replaced if they are lost, get wet, are destroyed, left on an airplane, etc. If your medication has been stolen and you complete a police report regarding the theft, an exception may be made.
12. Early refills will generally not be given.
13. Prescriptions may be issued early if the physician or patient will be out of town when a refill is due. These prescriptions will contain instructions to the pharmacist that they not be filled prior to the appropriate date.
14. If the responsible legal authorities have questions concerning your treatment, as might occur, for example, if you were obtaining medications at several pharmacies, all confidentiality is waived and these authorities may be given full access to our records of controlled substances administration.
15. It is understood that failure to adhere to these policies may result in cessation of therapy with controlled substance prescribing by this physician or referral for further specialty assessment.
16. Renewals are contingent on keeping scheduled appointments. Please do not phone for prescriptions after hours or on weekends.
17. It should be understood that any medical treatment is initially a trial, and that continued prescription is contingent on evidence of benefit.
18. The risks and potential benefits of these therapies are explained elsewhere [and you acknowledge that you have received such explanation].
19. You affirm that you have full right and power to sign and be bound by this agreement, and that you have read, understand, and accept all of its terms.

Physician Signature

Date

Patient Signature

Patient Name (Printed)

APPENDIX 5.

**MONITORING TOOL CURRENT OPIOID
MISUSE MEASURE(COMM)**

Please answer each question as honestly as possible. Keep in mind that we are only asking about the **past 30 days**. There are no right or wrong answers. If you are unsure about how to answer the question, please give the best answer you can.

Please answer the questions using the following scale:	Never	Seldom	Sometimes	Often	Very Often
	0	1	2	3	4
1. In the past 30 days, how often have you had trouble with thinking clearly or had memory problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. In the past 30 days, how often do people complain that you are not completing necessary tasks? (i.e., doing things that need to be done, such as going to class, work or appointments)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. In the past 30 days, how often have you had to go to someone other than your prescribing physician to get sufficient pain relief from medications? (i.e., another doctor, the Emergency Room, friends, street sources)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. In the past 30 days, how often have you taken your medications differently from how they are prescribed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. In the past 30 days, how often have you seriously thought about hurting yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. In the past 30 days, how much of your time was spent thinking about opioid medications (having enough, taking them, dosing schedule, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. In the past 30 days, how often have you been in an argument?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. In the past 30 days, how often have you had trouble controlling your anger (e.g., road rage, screaming, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. In the past 30 days, how often have you needed to take pain medications belonging to someone else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the questions using the following scale:	Never	Seldom	Sometimes	Often	Very Often
	0	1	2	3	4
10. In the past 30 days, how often have you been worried about how you're handling your medications?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. In the past 30 days, how often have others been worried about how you're handling your medications?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. In the past 30 days, how often have you had to make an emergency phone call or show up at the clinic without an appointment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. In the past 30 days, how often have you gotten angry with people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. In the past 30 days, how often have you had to take more of your medication than prescribed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. In the past 30 days, how often have you borrowed pain medication from someone else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. In the past 30 days, how often have you used your pain medicine for symptoms other than for pain (e.g., to help you sleep, improve your mood, or relieve stress)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. In the past 30 days, how often have you had to visit the Emergency Room?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OPIOID CONSENT

Informed Consent for Narcotics Use In Pain

Name: _____

HN: _____ Date: _____

Birth Date: _____ Age: _____

Room: _____ Sex: _____

Physician: _____

Allergies: _____

- I (Mr./Mrs./Ms).....
- I confirm that I have been informed by Dr.....
- About the proposed terms and conditions and I have no further questions. I understand that if I fail to follow these terms and conditions, that I may be dismissed from the pain treatment. I may also be barred from receiving care from other resources at Bumrungrad International and I will do as follows:
1. I will actively participate in all aspects of the suggested treatment plan.
 2. My treatment goal is improvement of function with my pain.
 3. I understand that I am responsible to keep my appointments, including referrals made for me to see other specialists, such as physiatrists and psychiatrist.
 4. I will disclose all the medication I take to my physician. Medications must be taken as prescribed. I will disclose to my physician for any non-compliance on my part.
 5. I will not use illegal drugs nor use another person's medication.
 6. If I am prescribed narcotic pain medication, I will not take any pain medication from other sources - neither will I hoard drugs nor use "left-over" prescriptions.
 7. I will take the medication at the dose and frequency prescribed by my physician. I agree not to increase the dose of narcotics on my own and understand that doing so may lead to the rescindment of narcotic therapy.
 8. I will not receive opioid pain medications from any other physician except in an emergency or in the unlikely event that I run out of medication. Should such occasions occur, I will inform my prescribing physician as soon as possible.
 9. I understand that Bumrungrad International may not provide "walk-in appointments" for pain treatment with narcotics. If new medical problems arise or acute pain while under care of the pain treatment, I will address those with my primary care physician or go to the Emergency Room.
 10. I understand that the common side effects of narcotic therapy include nausea, constipation, sweating and itchiness of the skin. Drowsiness may occur when starting narcotic therapy or when increasing the dosage. I agree to refrain from driving a motor vehicle or operating dangerous machinery until such drowsiness disappears.
 11. I understand that there is small risk that I may become addicted to the narcotic medication I am being prescribed. As such, my physician may require that I have additional tests and/or see a specialist in addiction should a concern about addiction arise during my treatment.
 12. I understand that the use of any mood-modifying substance, such as tranquilizers, sleeping pills, alcohol or illicit drugs (such as cannabis, cocaine, heroin or hallucinogens), can cause adverse effects or interfere with narcotic therapy. Therefore, I agree to refrain from the use of all of these substances without first discussing it with my physician.
 13. I agree to be responsible for the secure storage of my medication at all times. I agree not to provide my prescribed pain medication to any other person.
 14. If I break this agreement, my physician reserves the right to stop prescribing narcotic medication for me.
 15. I hereby agree that my physician has the authority to disclose the prescribing information in my patient file to other health care professionals when it is deemed medically necessary according to the physician's judgment.
 16. I acknowledge and have been given patient instruction for by hospital staff.

I hereby AGREE to receive the treatment mentioned above.

.....
Patient's Name

.....
Signature

.....
Date

.....
Witness's Name

.....
Signature

.....
Date

.....
Second Witness's Name (Only if finger print used)

.....
Signature

.....
Date

Interpreter's Statement

I have given alanguage translation of the consent form (Consent for Narcotics Use in Pain) and/or any additional verbal and written information given to the patient/parent or guardian/substitute decision maker by the doctor

.....
Name of interpreter

.....
Signature

.....
Date

As the patient's condition reasonably precludes the ability to grant informed consent*, the above information has been explained to the following responsible relative and treatment is hereby authorized :

.....
Name

.....
Signature

.....
Relationship

.....
Date

.....
Identification No.

.....
Issue Place




.....
Issue Date




.....
Expiration Date

.....
Current address of the signed responsible relative.

***State why the patient is not able to sign this form**

- ☐ Minor - patient who has not reached his/her 20 years of age.
- ☐ In case the patient is in the condition that cannot sign consent by himself/herself with its cause from
-

HOSPITAL ADMINISTRATIVE POLICY		Document No : HAP 2.69		
Dept. Name : Pharmacy		Title : Narcotics Management and Use		
Date of Original Issue : 1 April 2014		Originator :	Reviewed By :	Approved By :
Date of Revision :	Number of Revision :	 (Mr. Puttarapong Kanpukdee) Division Director	 (Dr. Rosanee Valyasevi) Chairperson of PT&T Committee	 (Mr. Korpong Rookkapan) Chief Operating Officer
-	-			
Date of Review :	Number of Review :			
-	-			

นโยบายการบริหารงานโรงพยาบาล		เลขเอกสาร: HAP 2.69		
ฝ่าย/แผนก : เภสัชกรรม		เอกสารเรื่อง: ระบบบริหารการใช้ยาเสพติด		
วันที่เริ่มใช้ : 1 เมษายน 2557		ผู้เรียบเรียง	ผู้ทบทวน	ผู้อนุมัติ
วันที่แก้ไข :	ครั้งที่แก้ไข :	 (ภก. ภัทรพงศ์ กาฬภักดิ์) ตำแหน่ง ผอ.ฝ่าย	 (พญ. รสนีย์ วลัยะเสวี) ตำแหน่ง ประธาน กรรมการ PT&T Committee	 (ผศ. นพ. ก่อพงศ์ รุกขพันธ์) ตำแหน่ง ผอ. ด้าน ปฏิบัติการ
-	-			
วันที่ทบทวน :	ครั้งที่ทบทวน :			
-	-			

7. การติดตาม (Monitoring)

7.1 แนวทางการติดตามดูแลผู้ป่วยที่ได้รับยาเสพติดให้โทษประเภท 2 ชนิดฉีด

7.1.1 กรณีบริหารยาฉีดทาง intramuscular (IM) หรือ subcutaneous (SC) พยาบาลจะต้องบันทึกสัญญาณชีพ ได้แก่ Blood Pressure, Heart Rate, Respiratory Rate ทุก 15 นาที 2 ครั้ง และให้คำแนะนำการสังเกตอาการเมื่อกลับบ้าน

7.1.2 กรณีบริหารยาฉีดทางหลอดเลือดดำ ให้ปฏิบัติตามขั้นตอนการปฏิบัติงานเรื่อง การพยาบาลผู้ป่วยที่ได้รับยาบรรเทาปวดทางหลอดเลือดดำ (NRS 2.30)

7.2 กรณีผู้ป่วยเกิดอาการไม่พึงประสงค์จากการใช้ยาบ่อยครั้ง หรือไม่ตอบสนองต่อการใช้ยา แพทย์เจ้าของไข้ควรพิจารณาส่งปรึกษาแพทย์เฉพาะทางที่เกี่ยวข้อง เช่น แพทย์เฉพาะทางด้านดูแลความเจ็บปวด ด้านจิตเวช หรือแพทย์เฉพาะทางสาขาอื่นๆ ที่เกี่ยวข้องกับอาการของผู้ป่วย

7.3 กรณีแพทย์มีความเห็นว่า ผู้ป่วยมีพฤติกรรมน่าสงสัยว่าอาจมีการใช้ยาไม่เหมาะสม ควรพิจารณาหยุดการรักษาผู้ป่วยหรือพิจารณาส่งต่อ Medical group therapy ซึ่งประกอบด้วยแพทย์อย่างน้อย 2 ท่าน จากแพทย์ต่อไปนี้

7.3.1 แพทย์เจ้าของไข้

7.3.2 แพทย์เฉพาะทางด้านดูแลความเจ็บปวด

7.3.3 แพทย์เฉพาะทางด้านจิตเวช

พฤติกรรมที่เข้าข่ายน่าสงสัยว่าอาจมีการใช้ยาอย่างไม่เหมาะสม ได้แก่

- ผลตรวจปัสสาวะพบหรือมีข้อสงสัยว่า มีการใช้สารเสพติดชนิดอื่นๆ
- ขยายยาที่แพทย์สั่งให้แก่ผู้อื่น
- ปลอมแปลงใบสั่งยา
- ขโมยยา หรือขอยืมยาผู้อื่น
- ทำยาหายบ่อยๆ
- มีท่าทีก้าวร้าวเมื่อต้องการยา
- เพิ่มขนาดยาเองโดยไม่มีคำสั่งแพทย์
- มีการใช้ยาเสพติดให้โทษอื่น ที่ไม่มีในคำสั่งแพทย์
- มีการใช้ยาที่ผิดกฎหมายร่วมด้วย
- มีการรับยาเสพติดให้โทษจากแพทย์หลายท่าน
- มีการรับการรักษาที่แผนกฉุกเฉินเพื่อรักษาอาการปวดเรื้อรังบ่อยๆ



Thank You