

# Hawai'i Pain Center

2226 Liliha Street, Suite 407, Honolulu, HI 96817

☎ 808-445-9172 📠 808-445-9182

## Opioid Informed Consent

Opioid treatment has many potential risks and side effects which may persist despite discontinuation. These include, but are not limited to, the following:

- General Side Effects: Include mood changes, drowsiness, dizziness, constipation, nausea and/or confusion, weight gain, sexual dysfunction from testosterone depletion, impairment of physical and mental performance, and increased pain sensitivity. Constipation often persists and may require management with medications.
- Tolerance: Tolerance means that over time you will need higher doses of the medication to achieve the initial effects of that drug. Increasing the dose of opioids to achieve pain relieving effects will increase the risk for unwanted adverse effects such as respiratory depression, sedation, or nausea.
- Dependence: Dependence is characterized by a withdrawal syndrome upon abrupt cessation of opioids, which may include sweating, diarrhea, irritability, sleeplessness, runny nose, tearing, muscle and bone aches, and dilated pupils affecting vision. Dependence will occur with continuous use of opioids.
- Addiction: Addiction is characterized by a persistent pattern of dysfunctional opioid use that may involve loss of control over its use, preoccupation with obtaining opioids despite the presence of adequate pain relief, and continued use despite physical, psychological, and/or social adverse consequences. Individuals with a personal or family history of alcoholism and/or drug abuse are at increased risk for the development of addiction while receiving opioid treatment.
- Pregnancy Risk: Babies born to women who are regularly taking opioids will likely be physically dependent at birth. Abrupt discontinuation of an opioid while pregnant may result in a miscarriage.
- Overdose: Misuse of opioids (such as taking more than prescribed or taking the medication with illicit drugs, alcohol and other substances of abuse) can cause death. Appropriate use of opioids can also cause death.

**PATIENT:** I understand and accept the risks to opioid treatment. My concerns and questions have been answered to my satisfaction.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date