**Opioid Medication Informed Consent**

Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initiating Increasing

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ordering Provider) has recommended that an opioid medication in your medication regimen. Opioid medications may be beneficial to treat your pain, however, there are risks associated with the use of these medications. You have the right to make an informed decision regarding your care and treatment, including what medications are added or dosages increased in your medication regimen.

Opioids are a class of medicines that are used to provide relief from moderate-to severed acute or chronic pain. While they are one of the most widely used analgesic, they have been overused, overprescribed, and misused, which can result in a substance misuse disorder.

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| Potential Benefits of Opioid Use: * Pain lessening or relief.
* Relief of symptoms that are secondary to increased pain such as decreased mobility, participation in activities, and
 | Potential Risks Associated with Opioid Drug Use: * Sedation/drowsiness
* Changes in cognition
* Increased risk of falls
* Side effects from the medication including constipation, nausea, dizziness and others.
* Addiction, abuse, and misuse of opioids.
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| Alternative Treatment Options:  | Opioid Medication Warnings: According to the U.S. Food & Drug Administration, Opioid medications is a strong pain medication that can put individuals at a risk for addiction, abuse, and misuse which can lead to overdose and death.  |

I acknowledge that nursing home staff discussed the above information with me and allowed time for questions. Based on the potential benefits and risks, I

Consent Do not consent

To the use of an opioid medication.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Reviewing Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_