

CONTROLLED SUBSTANCES

TREATMENT AGREEMENT OREGON

STATE SPECIFIC

Required by State:

No requirements.

Recommended by State:

No recommendations.

ADDITIONAL CONSIDERATIONS COMMON IN OTHER STATES

Considerations:

- The physician should provide reasons for which drug therapy may be discontinued, such as violation of the treatment agreement.
- The patient should receive prescriptions from one physician/practice, with that physician/practice designated in the agreement.
- The patient should have prescriptions filled at one pharmacy, with the name and phone number of the pharmacy designated in the agreement.
- The patient agrees to periodic drug testing (blood, urine, hair, or saliva).
- The physician's prescribing policies, including, for example, the number and frequency of prescription refills, a policy regarding early or urgent refills, and a policy regarding replacement of lost or stolen medication, etc.

TO CONSIDER FROM OTHER STATES

Considerations:

- The patient is responsible for safely using medication, meaning that the patient should store the medication in a secure location and safely dispose of any unused medication.
- The physician will be available during emergencies or otherwise have a covering physician available in the event that unforeseen problems arise and to prescribe scheduled refills.
- The goals of treatment.

- Discuss any monitoring tools that the physician wishes to use, such as pill counts.
- The patient is prohibited from sharing, giving, or selling any medication to others.
- If the physician becomes concerned that there has been illegal activity, the physician may notify the authorities.
- The patient provides informed, written consent for release of the agreement to local emergency departments and/or pharmacies; therefore, other providers such as ER personnel or pharmacists may report violations of the agreement back to the prescribing physician.
- The prescriber's responsibility to provide referrals to substance abuse counseling when the abuse potential is present and also for failed drug screens.
- The patient may be responsible for keeping a pain diary or a diary of daily accomplishments.
- If the patient violates the terms of the agreement, those violations and the physician's response to them will be documented along with the rationale for changes in the treatment plan.

INFORMED CONSENT

OREGON

STATE SPECIFIC

Required by State (when prescribing for intractable pain):¹

- The physician shall discuss with the patient the procedures, alternatives and risks associated with prescribing controlled substances for long term management of pain.
- The patient will be given an opportunity to request further explanations.
- The patient shall sign a written document outlining the issues discussed associated with the prescribed or administered controlled substances.
- The material risk notice should include but not be limited to:
 - The patient's diagnosis.
 - The controlled substance and/or group of controlled substances to be used.
 - The anticipated therapeutic results (pain relief and functional goals).

- The alternatives to controlled substance therapy.
- The potential additional therapies to be used in conjunction with controlled substances.
- The potential side effects (cardiovascular, central nervous system, gastrointestinal, endocrine, respiratory, dermatologic, urinary, pregnancy, etc.).
- The allergy potential.
- Interaction/potentiation of other medications.
- The potential for dose escalation/tolerance.
- Withdrawal precautions.
- The potential for dependence and addiction.
- The potential for impairment of judgment and/or motor skills.
- The patient's satisfaction with or desire for more explanation.
- The patient's signature.

Recommended by State:
No recommendations.

TO CONSIDER FROM OTHER STATES

Considerations:

- Inform the patient of the limited evidence as to the benefit of long-term opioid therapy.
- Inform the patient that one of the risks of opioid therapy is death.
- Inform the patient of the risk of over-sedation.
- Inform the patient of the risk of overdose.
- Alcohol should not be used in combination with the prescribed opioid.
- All medications from other sources, including over the counters and medical marijuana, should be discussed and documented in the medical record.
- Note that compliance with all components of the overall treatment plan is expected.
- Periodic re-evaluation of treatment is needed.

- The patient has the option to consent to the sharing of information with family members and other providers, as necessary.
- Educate the patient and caregivers about the danger signs of respiratory depression and that someone should summon medical help immediately if a person demonstrates signs of respiratory depression while on opioids.
- Ensure the patient does not have any absolute contraindications and review risks and benefits related to any relative contraindications with the patient.

NOTE: This resource covers only informed consent and treatment plan requirements; there may be many other requirements, such as limitations on the quantity of medication prescribed, etc.

¹ OAR 847-015-0030. Written Notice Disclosing the Material Risks Associated with Prescribed or Administered Controlled Substances for the Treatment of “Intractable Pain.”

Compliments of:



Call (800) 245-3333
Email TheProgram@prms.com
Visit us www.psychprogram.com
Twitter @PsychProgram

The content of this resource ("Content") is for informational purposes only. The Content is not intended to be a substitute for professional legal advice or judgment, or for other professional advice. Always seek the advice of your attorney with any questions you may have regarding the Content. Never disregard professional legal advice or delay in seeking it because of the Content.