



POLICY FOR PRESCRIBING NARCOTIC PAIN MEDICINE

The Colorado Springs Orthopaedic Group recognizes the need for appropriate pain management following traumatic injuries and surgery. In these circumstances, there is no medication which is effective in entirely eliminating pain. Our goal in prescribing narcotic pain medicine is not only to diminish pain but to enhance return to function while minimizing adverse side effects and avoiding long-term dependency on pain medications. The common side effects of narcotic use include nausea, constipation, sedation, and respiratory suppression and risk of death from drug overdose and dependency. The risk of side effects when taking narcotics is increased with simultaneous use of many medications including antihistamines, sleeping medications, medications for psychiatric illness, alcohol, or illicit drugs, and you should inform us if you are using any other medications before we prescribe narcotics to you. Present studies indicate that any patient using a short-term narcotic longer than 3 months has a 50% likelihood of long-term narcotic dependency. For this reason, our policy is that, when narcotics are prescribed, the prescriber and patient should make a plan to taper off use as quickly as possible.

The Colorado Springs Orthopaedic Group providers participate in the Colorado Prescription Drug Monitoring program. If you receive a prescription for controlled substance (narcotic drug) from our office and fill that prescription at a pharmacy in Colorado, certain identifying prescription information, including name of patient, will be entered into a secure database maintained by the Colorado Prescription Drug Monitoring program. State law requires pharmacies to report information about controlled substance prescriptions filled to the prescription drug monitoring database. Certain persons associated with health care providers, law enforcement, and health system licensure may obtain access to this information for official and secure purposes in accordance with the law.

If you would like more information about Colorado's prescription drug monitoring program, including copies of the prescription drug records stored in the database that apply to you as an individual, you may contact the Colorado State Department of Regulatory Agencies by calling 303-894-5957 or by visiting <http://www.dora.state.co.us/pharmacy> and then clicking on "prescription drug monitoring program." Alternatively, you can access the consumer forms through the program's private administration contractor, at <http://www.hidinc.com/copdmp/consumers.html>.

If you are placed on a narcotic pain medication by this practice, it is important that no other provider is prescribing narcotics to you during the course of our treatment. We may use the Colorado Prescription Drug Monitoring program to confirm this. It is anticipated that all patients will be tapered off of all narcotic pain medicine by 3 months following initiation of narcotic pain management. Requests for narcotic use greater than 3 months will be addressed on an individual basis and may be indication for referral to a pain management specialist. Be aware that it is the policy of this practice to prescribe or renew narcotic medications only during regular business hours.

The following are considered red flags for narcotic abuse and may trigger the immediate termination of narcotic prescribing from this practice.

1. Seeking narcotic pain medication from the practice after clinic hours.
2. Frequent trips to the emergency room for pain medicine.
3. Evidence of simultaneous narcotic prescriptions from other physicians.
4. Requests for increasing dose or higher potency narcotic medications over time.
5. Verbal abuse or physical threats when refused requests for additional pain medication.
6. Physical signs of drug abuse.

Whenever possible, patients are encouraged to seek alternatives to narcotic pain medication for pain management and Colorado Springs Orthopaedic Group providers will assist you in finding alternative pain management as appropriate. You should contact our office immediately if you experience unusually severe pain or sudden increases in pain as these are always a concern.

By signing this document, you indicate you understand our policy regarding the prescribing of narcotic pain medication. In addition you understand our participation in the Colorado Prescription Monitoring program.

I have read and understand this notification.

Signature of patient/guardian: _____ Date: ____/____/____

If this notification is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's Name: _____ Relationship to Patient: _____