

DRAFT TEMPLATE from Hawaii Dept. of Health

This template is being published at the request of the Hawaii Department of Health and was developed to help you comply with SB505, which takes effect on 7/1/18. You may either use/modify this template or develop your own template for qualified patients.

Informed Consent for Opioid Prescribed Pills

Please review the information listed here. Initial next to each item when you have reviewed it with your provider and feel you understand and accept what each statement says.

Initial	Statement
	My provider is prescribing opioids (pills) for the following condition(s): _____
	When I take these pills, I may experience side effects that are dangerous. These include sleepiness, constipation, nausea, itching, or allergic reactions. The pills may cause me to not think clearly, may slow my reactions, or slow my breathing.
	When I take these pills, it may not be safe for me to drive, operate machinery, or take care of people. If I feel sleepy, confused, or impaired by these pills or other drugs, I should not do things that may harm others.
	If I take these pills regularly, I will become dependent on them. This means my body will become used to taking the pills every day. I will feel sick if I stop taking them. I will feel sick if I stop taking them too quickly. I will feel like I have the flu. I may also have abdominal pain, nausea, vomiting, diarrhea, or sweating. I may also have body aches, muscle cramps, a runny nose, yawning, anxiety, and sleep problems.
	I may become addicted to the pills. I may need addiction treatment. I will tell my provider if I cannot control how I am using them. I will tell my provider if bad things happen because of the pills.
	Anyone can become addicted to the pills. People who have had mental illness or drug or alcohol problems are at higher risk. People who have a hard time stopping smoking are at higher risk. I told my provider if I or anyone in my family has had these types of problems.
	Taking too many of my pills can cause me to overdose. I may stop breathing. So, I will not take more than prescribed.
	Mixing my pills with psychiatric medicine can cause me to overdose and stop breathing. I have told my provider about any drugs I take for psychiatric problems.
	Mixing my pills with other drugs that cause sleepiness could cause me to overdose and stop breathing. I have told my provider about any drugs I take to help me sleep.
	Taking drugs used to treat addiction may reverse the effects of my pills and could cause me to go into withdrawal. I have told my provider about any drugs I take for drug addiction. ¹
	It is my responsibility to tell any provider that is treating me that I am taking opioid pain pills. This is so they do not give me medicines that interact with my pain medicine.

