

## Important Information for Our Patients Regarding Controlled Substance Prescriptions

*Updated: August 19, 2016*

Controlled substance medications (narcotics/opioids, tranquilizers, barbiturates) can be very useful in the treatment of some painful conditions. These strong prescription drugs are used not only for relief of pain, but are intended to improve overall function of quality of life. However, these drugs carry a high abuse potential and are therefore closely monitored by local, state, and federal government agencies. **Furthermore, if used excessively, they can cause adverse effects such as**

- **impaired judgment/confusion**
- **vomiting**
- **poor coordination and balance/slow reaction time/lethargy**
- **death**

### **By entering into this arrangement with my prescribing physician at SOS, I agree to the following conditions:**

1. I am responsible for my controlled substance medication. If the medication is lost, misplaced, stolen, or I use more than prescribed, I understand that a new prescription will not be written or issued prior to my next scheduled refill.
2. I will call during normal office hours for all questions and concerns. Information on refills:
  - a. Refill requests must occur at least 3 business days (Mon-Fri) prior to running out of medication. This will give the physician sufficient time to research your chart/situation.
  - b. No new narcotic or refill narcotic prescriptions will be given in after 5 PM weekdays, during the weekend, or on holidays. **NO EXCEPTIONS.**
  - c. Lost, damaged, or stolen prescriptions or medications will **NOT** be replaced. (Please see information on storing your medications)
  - d. Refills will not be made if I "run out early".
  - e. Prescriptions generated by another provider outside of SOS will not be refilled by SOS
3. I **WILL NOT** request or accept any narcotic medications from any other physician or individual while receiving medications from Syracuse Orthopedic Specialists. In addition to being illegal to obtain narcotic prescriptions from multiple providers, it may endanger my health. In addition:
  - a. I **WILL NOT** use any illegal substance such as cocaine, amphetamines, etc.
  - b. I **WILL NOT** consume excessive amounts of alcohol in conjunction with controlled substances.
  - c. I **WILL NOT** share, sell or trade my medication for money, goods, or services, or share it with others. I understand that if I do, my treatment will be stopped.
  - d. I **agree** to use one pharmacy for all my pain medications. If I change from this pharmacy, I agree to notify SOS.
4. I understand that I may be asked to perform a blood or urine drug screen or to perform drug counts at any time to monitor for compliance.
5. I understand that it is my responsibility to keep others and myself from harm. Narcotics may adversely affect my judgment for making decisions and in operating equipment such as an automobile. If there is any question of impairment in ability to safely perform any activity, I agree that I will not attempt to perform the activity until my ability to perform the activity has been evaluated, or I have not used the medication for a time sufficient that it is cleared from my system.

6. I agree to act responsibly, including protecting and limiting access to these medications, and to dispose of any unused medication in a proper manner.
7. I have been informed by my physician about narcotic effects including tolerance (the need for more medication to provide the same pain relief), dependence (an uncomfortable withdrawal reaction which may occur if I stop taking the medication abruptly), and addiction (physiological dependence leading to abnormal behavior).
8. I understand the main treatment goal is to improve my ability to function and/or work, not simply to decrease pain. As such, I agree to apply better habits (lifestyle changes) following the basic rules for healthy living. These include proper nutrition, exercise, water, sunshine, fresh air, and adequate rest.
9. I understand that this is an agreement between me and my prescribing physician, and that these terms are based on trust, respect and professionalism. Therefore, if I violate any of the above terms of this agreement, I will need to look elsewhere for a physician to assume my care. I will be given one final prescription for time necessary in obtaining a new physician. I realize that I may also be reported to my other physician(s) and the appropriate authorities.

**Syracuse Orthopedic Specialists does not offer chronic pain management and will not prescribe chronic pain medication for ongoing pain** (for example, chronic daily narcotics). Patients who require this specialized form of treatment will be referred to a pain management center or specialist when deemed appropriate by a provider within our practice.

**Acute injury, fracture, or recent hospitalization due to an orthopedic condition:** if needed, you will initially be given up to a 7-day supply of pain medication and be re-evaluated, if needed, at your next appointment

**Post-Operative Pain Management:** In the event you require surgery, we will dispense pain medication on an as needed basis for **up to 6 weeks for minor/less invasive procedures, and no longer than 12 weeks for major procedures**. Pain medication needs vary from patient to patient. Some patients do not require 6 weeks of narcotic pain management post operatively. Your orthopedic provider at SOS has the sole discretion to discontinue prescribing pain medication prior to the maximum time period if your condition warrants. After the 12 weeks and/or maximum time deemed appropriate by the physician, patients will be referred to their primary care physician/PCP to discuss continued pain management needs. Alternatively, patients may also be referred to a pain management specialist.

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**Please note that reviewing this policy does not mean that your provider will be prescribing a narcotic pain medication to you today.**

**Please be sure to read this entire document and ask your surgeon, PA, or nurse practitioner if you have any questions or concerns. You will be asked to sign a patient agreement prior to SOS prescribing opioid medications.**