

OPIOIDS FOR CHRONIC PAIN: WHAT YOU SHOULD KNOW

WHAT ARE OPIOIDS?

Opioids are a family of pain-relieving medications. They may also be called opiates, narcotics, or strong pain relievers. Because they are strong medicines, they should be taken cautiously.



If taken too long, they can cause your pain to get worse, and you could get addicted to them.

When taken in low doses, they are safe and effective. They can be deadly if not taken as directed.

IMPORTANT THINGS TO REMEMBER

- Take your medication exactly as prescribed.
- Tell your medical provider all the prescription and over the counter medicines you take.
- Do NOT drink alcohol, use illegal drugs, or take sleep aids or muscle relaxants with opioids.
- Never take medications that are not prescribed to you.

POTENTIAL SIDE EFFECTS

- Fatigue
- Nausea/Vomiting
- Depression
- Anxiety
- Chronic Constipation
- Sleep Problems
- Breathing problems
- Itching
- Dry mouth
- Confusion
- Dizziness, falls
- Irregular heart beat
- Addiction
- Dependence
- Sexual dysfunction
- Withdrawal symptoms: restlessness, irritability, muscle and bone pain



Discuss all side effects and concerns with your medical provider.

URINE SCREEN DRUG TEST

You may be asked to give a urine sample at any time. Failure to comply will result in medications not given.



It is important to stick to your treatment plan and the pain agreement you have set up with your medical provider.

SUMMARY	DECISION SUPPORT	PATIENT EDUCATION/SELF MANAGEMENT
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CHRONIC PAIN: PREPARING FOR YOUR HEALTH CARE VISIT PART I

Many things can affect your pain.
These can include:

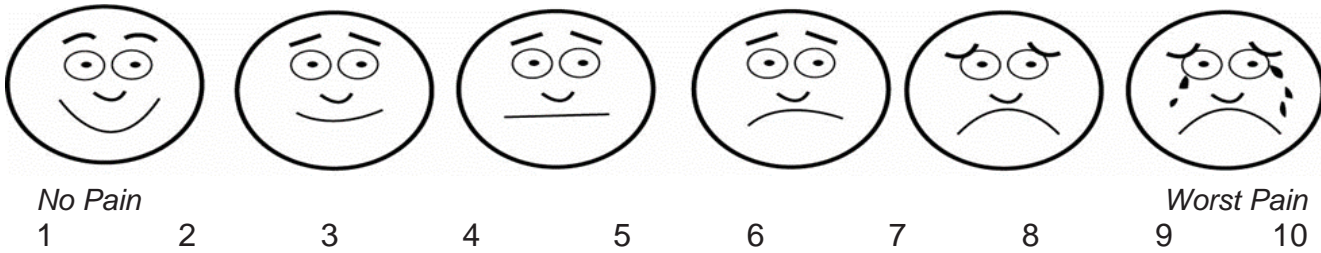
- Stress
- Feeling alone
- Poor Sleep
- Sadness
- Depression
- Fear
- Anger
- Being worried/anxious

When you visit with your Health Care Team, be ready to talk about:

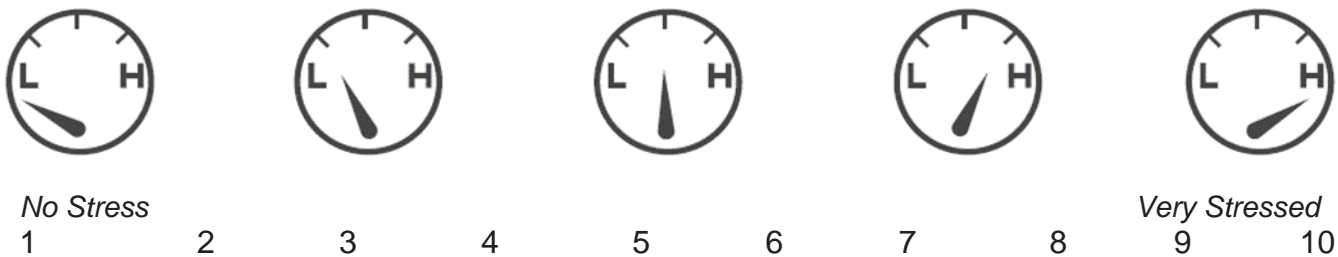
1. What do you think is wrong?
2. Any new symptoms or improvements since your last visit?
3. How is the pain affecting your daily life?
4. Any other questions?

Before your visit, look at each section below and circle the number that most closely matches how you have felt in that area over the last 2-3 weeks.

Pain Level



Stress



Sleep



SUMMARY

DECISION SUPPORT

PATIENT EDUCATION/SELF MANAGEMENT

CHRONIC PAIN: PREPARING FOR YOUR HEALTH CARE VISIT PART 2

Look at each section below and circle the number that most closely matches how you have felt in that area over the last 2-3 weeks.

Fear of Pain



No Fear

Very Afraid

1 2 3 4 5 6 7 8 9 10

Hunger



Eating Normal Meals

Not Hungry

1 2 3 4 5 6 7 8 9 10

Mood



Happy & Calm

Sad, Depressed, or Anxious

1 2 3 4 5 6 7 8 9 10

Activity



Normal Activity

No Activity

1 2 3 4 5 6 7 8 9 10

Using Medications as Prescribed



Always Take As Directed

Do Not Take As Directed

1 2 3 4 5 6 7 8 9 10