

Warbixin ku saabsan daawo qorista xanuun baabi'yaha Opioid

Dhakhtarkaaga waxa uu kuu qoray Daawooyinka Opioids-ka si loo daaweeyo xanuunkaaga. Waxaa muhiim kuu ah in aad ogaato khataraha xeeran daawooyinkan, inkastoo daawooyinkan ay si dhaqsi ah u baabi'iyaan xanuunka (muddo dheer ama gaaban), isticmaalkeeda xitaa muddo gaaban waxa ay kordhin kartaa fursadaha mustaqbalka ee aad caadaysato, qaasatan haddii aad ku bilowdo xilli hore ee nololaha. Bukaano badan ayaa ogaaday in ay jiraan hab kale oo xanuunka looga hortagi karo sida Ibuprofen iyo acetaminophen, sidoo kale Jimicsi jireed (fiishiyo tarabi) riix riix ama toobin, si ay isaga daaweeyaan xanuunka mana u baahdaan in ay qaataan xanuun baab'iyayaasha xooga badan ee loo yaqaan Opioids-ka. waxaad dhakhtarkaaga kala hadashaa waxyaabaha ee kale ee xanuunka looga hortagi karo.

Waqti yar qaado oo aqri warqadda warbixinta bukaanka si ay kuugu fududaato in aad kala xaajooto wixii su'aal ama walaac aad qabto dhakhtarkaaga. markii laguugu wargelliyo khataraha ka imaan kara daawooyinka xanuun baab'iyayaasha xooga badan, Fadlan saxiix qeybta hoose ee foomka.

Anigoo ah _____, Waxaan la tashaday dhakhtarkayga oo waan fahamsanahay halista la xiriirta isticmaalka Opioids-ka. waxaana la iiga siiyay macluumaadka soo socda:

- Saameyntooda waxaa ka midha in si **qalad ah loo isticmaalo, Ku xadgudbid, ka leexasho, iyo in la qabatimon** Daawooyinka Opioids-ka.
- **Waxyelooinkooda** waxaa ka midha: Dawaqaad (wareer), Calool fadhi, Dhidid, cuncun, feker xumo, qadka ka baxa marka la joojiyo isticmaalka, isbadal ku yimaad niyada (oo ay ku jirtoniyad jab aad u xub), isbadbadal ku yimaad hurdada (oo ay ka mid tahay hurdo la'aan), iyadoo ay waxyeelo gaarsiiyaan hormoonada
- Tartiib u dhis dulqaad – macnaheedu waxa weeye inaad qaadata daawo dheeraad ah si aad u hesho saameyn isku mid ah xanuunka.
- Cabsi gelin-nololsha niyad jab hawo mareenka – micnaheed waxa weeye in aad joojini kartid neefsashada.
- Si aan loo kasayn haddii loo qaato waxa ay sababi kartaa in la isticmaalo wax tanka ka badan **qaasatan carruurta**. Waa in aad dhigtaa goob ammaan ah daawadan si aad uga hortagto in la furto ama la xado.
- Haddii la isticmaasho xilliga uurka **ilmaha waxa ay ku keentaa Qatar aad u weyn** iyo xaalad aan caadi ahayn marka ay dhashaan.
- **Isku darka daawooyinka opioids-ka iyo khamriga / ama dawooyinka kale ee nafsiga ah** sababaan dhimasho xad dhaafka daawada.. Waxaana ka mid ah, balse aan ku koobnayn, Isku-darka oo la mid ah benzodiazepines iyo barbiturates

Waxaa sidoo kale la isiiyay warqadda tacliinka bukaanka eek u aadan opioids-ka.

Taariikhda

Saxiixa bukaanka

Saxiixa waalidka ama mas'uulka ama wakiil (hadii uu jito)

Saxiixa dhakhtarka

Diidmada Ogolaanshahan Oggolaanshaha ee Ogolaanshahaan waxaa bixiya Waaxda Caafimaadka ee Vermont oo loo bixiyay ilaha macluumaadka oo kaliya looma isticmaali karo ama lagu tiirsaneynin daaweyn kasta ama ujeedo sharciyeed. Warbixintan looguma talagalin inuu noqdo mid bukaanka ah, oo uusan abuurin xiriirka bukaan-dhakhtareed, waana in aan loo isticmaalin beddelka cilad-sheegista iyo daaweynta. Ma aha talobixin sharciyeed oo ku saabsan qeyb ka mid ah Gobolka Vermont. Macluumaadkani ma abuurayo xiriirka qareen-macmiilka mana aha beddelaad raadinta talo sharci oo qareen ama sharci ah.

[Magaca goobta]

MRN _____

Patient Name _____

DOB _____

Prescribed Opioid Informed Consent

Your provider has prescribed opioids to treat your pain. It is important for you to understand the risks associated with this medication. While opioids can be effective at treating acute (sudden or short-term) pain, using them even for a short time can increase your chances for addiction in the future, especially if taken early in life. Many patients find that there are other methods, such as ibuprofen and acetaminophen, as well as physical therapy, massage or acupuncture, to treat their pain and that they do not need opioid medications. Talk to your provider about other options for pain relief.

Take time to review the included patient information sheet and be sure to discuss any questions or concerns with your provider. Once you have been informed of the risks, please sign the bottom of this form.

I, _____, have been counseled by my provider and understand the risks associated with opioid use. I have been provided with information on the following:

- The potential of **misuse, abuse, diversion, and addiction** with opioid medication.
- **Side effects** including: feeling drowsy, constipation, sweating, itching, cloudy thinking, withdrawal upon discontinuation of use, mood changes (including worsening depression), sleep pattern changes (including worsening sleep apnea), and effects on hormones.
- Building up a **tolerance** – meaning having to take more medication to get the same pain relief effect.
- Life-threatening respiratory depression – meaning you can **stop breathing**.
- Accidental exposure can lead to potentially **fatal overdose, especially in children**. You must safely store your drugs to avoid accidental exposure or theft.
- Use while pregnant may cause **neonatal opioid withdrawal syndrome** in a newborn.
- **Combining opioids with alcohol and/or other psychoactive medication** can cause a fatal overdose. This includes, but is not limited to, combining with benzodiazepines and barbiturates.

I have also received a patient education sheet on opioids.

Date

Signature of Patient

Signature of Patient's Parent, Guardian, or Legal Representative (if applicable)

Signature of Prescriber

Disclaimer This EXAMPLE informed Consent is provided by the Vermont Department of Health provided as an information resource only and is not to be used or relied on for any treatment or legal purposes. This information is not intended to be patient education, does not create any patient-physician relationship, and should not be used as a substitute for professional diagnosis and treatment. It does not constitute legal advice on the part of the State of Vermont. This information does not create an attorney-client relationship and is not a substitute for seek legal advice from an attorney or competent legal resource.

[Name of Facility]