## **Advance Directive for Addiction in Remission and to Ensure Continued Recovery**

Patient Last Name		Patient First Name	Middle Initial
Birth Date		Medical Record Number	Date Prepared
A	In event of my inability to speak for myself, I am recovering from addiction to		
	() Alcohol () Opioids	( ) Benzodiazepines ( ) Amphet	camine () Cocaine () Other
В	I would request if any mood altering medications are to be given that they are used sparingly and in amounts and formulations designed for my personal recovery to minimize iatrogenic		
	relapse. Signed document allows for permission to use INSPECT at any time		
С	USE: Long acting () morphine () oxycodone () methadone () oxymorphone () other		
	USE: Short Acting () morphine ()oxycodone () hydrocodone () other		
D	Responsible Party for post procedural take home medications		
E	Scheduled ( ) Every [ ] hours for [ ] days no longer than [ ] days		
F	Responsible prescribing clinician/Pharmacy (one of each only)		
G	Copy of current treatment agreement attached		
Н	Sponsor/Recovery Coach		



## Indiana University Health

April 30, 2010

Dear Dr. Nigh,

This letter concerns the upcoming surgery for John Doe, whom you are operating on.

Due to a past history of addictive disorder with narcotics as drug of choice (primary drug was oxycodone based products, hydrocodone, and IV Demerol), I have outlined a plan for his post-operative pain along with pain psychiatrist Dr. Ed Covington (216,444,5964). John is currently in a very stable remission and has been for nearly 14 years. He wants to maintain sobriety and will work within our suggested guidelines.

We have outlined a protocol for post-operative opioid pain management.

A basic outline would be as such:

- Toradol for pain, narcotics to be used only emergently.
   If narcotic is needed, then Kadian 10-20 mg every twelve hours for no longer than two days.

  3. John should avoid short-acting narcotics to avoid addictive cues.

  4. His wife will destroy and report such directly to you any unused pain medications.

He does have a caregiver to manage all of his home meds after discharge.

Sincerely,

Medical Director

Chronic Pain Rehabilitation Program Chemical Dependency Program Indiana University Health Methodist

CC: John Doe

T 317.962.2000