Consent for Treatment with Naltrexone

CONSENT FOR TREATMENT WITH NALTREXONE

Oral Naltrexone and Extended-Release Injectable Naltrexone

Naltrexone is an FDA-approved medication to prevent return to opioid use and treat alcohol use disorder. Maintenance therapy with naltrexone can continue as long as medically necessary, ranging from a few months to lifelong treatment.

You should not start naltrexone if you are using opioids or experiencing withdrawal from opioids. The typical recommendation is to avoid all opioids for 7-10 days before starting naltrexone treatment to avoid getting sick. Urine toxicology screens will be completed before each injection to ensure abstinence from opioids.

Since naltrexone is not an opioid, you will not have any tolerance to opioids during treatment. This means that if you were using opioids before naltrexone, you **will** be more sensitive to lower doses of opioids and at **increased risk for overdose and overdose related injury or death** should you have a resume opioid use.

It is recommended to alert your family, friends, or close contacts that you are on naltrexone and about the risk of an overdose should you return to opioid use.

To ensure that you tolerate naltrexone, patients who have never taken naltrexone should begin with a dose by mouth (tablet form). If you tolerate the tablet well, you may transition to the injectable formulation.

A reaction at the site of injection may occur. The reaction can be serious. It is important to get medical attention for reactions that get worse or that you are unsure of, including intense pain, swelling, warmth or redness, blisters, area feels hard or lump, or skin opening.

Seek emergency medical attention if you develop signs/symptoms of pneumonia including shortness of breath, wheezing, fever, and difficulty breathing. Dizziness may also occur on naltrexone treatment. Avoid driving and operating heavy or dangerous machinery until you are sure how naltrexone affects you.

Laboratory testing to monitor liver function will be completed before and during treatment, as naltrexone can affect your liver. Contact your provider immediately if you develop symptoms during treatment such as yellowing of eyes/skin, dark urine, stomach pain, loss of appetite, fatigue, and change in stool (including development of diarrhea).

You may experience depression while on naltrexone. If you develop depression, it is important to tell someone and/or alert your medical providers. If you feel like harming yourself or someone else, go to your local emergency room or call 911. You should carry alert information so others know you are on naltrexone in a medical emergency, such as a medical alert necklace, bracelet, and/or emergency card.

For patients who can become pregnant: a pregnancy test will be completed before starting naltrexone treatment. If you learn you are pregnant at any time, please alert your medical team.

If you require pain management with opioid medications in an emergency medical situation, it is important that your medical team know that you are taking naltrexone. You require medical management by providers trained in the use of anesthetic drugs and management of potential respiratory effects. Carry emergency contact information with you at all times and have your OBAT team contacted if needed to assist in your care.

Naltrexone is only one part of your treatment. It is recommended that you seek recovery support services, along with the medical part of your treatment, to assist you in your recovery process.

Patient Name	Date
Provider Name	Date

This document has been reproduced with permission from Boston Medical Center© and is excerpted from: Wason, K.F.; Potter, A.L.; Alves, J.D.; Loukas, V.L.; Lastimoso, C.S.; Sodder, S.B.; Caputo, A.M.; and LaBelle, C.T.*Massachusetts Nurse Care Manager Model of Office Based Addiction Treatment: Clinical Guidelines.*Unpublished treatment manual, Boston Medical Center, May 2021. This manual or any documents therein are not a substitute for informed medical decision making by an appropriate, licensed provider.