pennsylvania
DEPARTMENT OF HEALTH

Pennsylvania Non-Opioid Directive Information Sheet

- **Background:** There are an estimated 1.2 million Pennsylvanians in recovery from substance use disorder (SUD). SUD affects one in four Pennsylvania families. However, stigma, shame and related communication barriers can create an unnecessary risk of relapse or recurrence of substance use behaviors. Some examples are:
    - An individual with a close relationship with their primary care provider has open discussions about their SUD history. When attending an office visit for bronchitis, they are seen by another physician in the practice who offers Tylenol with codeine.
    - An individual in long-term recovery goes to the hospital and informs the physician of their history. However, that evening a different prescriber offers medications.
- **Benefits of this form:**
    - It helps prescribers and patients begin dialogue of substance use history.
    - It may prevent inadvertently offering certain controlled substances to those who could be adversely affected.
- **Considerations for the prescribing physician:**
    - This form may be considered as a communication aide, similar to identification of a patient allergy.
    - This form does not take the place of a detailed biopsychosocial history.
    - While this form is designed specifically for opioids, due to the risk of cross addiction, it is important to use caution when prescribing any other substances with a risk of misuse, such as stimulants, benzodiazepines or other medications that the FDA has identified with risk of SUD.
    - There may be times when a patient may benefit from an opioid or other medication with risk of misuse. An example of this would be a patient who develops cancer. These situations may warrant a conversation with the patient regarding a detailed review of the risks and benefits of medication options.
    - Consider ways to communicate this patient request in your local practice, for example, notation on the hospitalization wristband, notes in the allergy section of the medical record, etc.
    - Consider facility procedures for revoking of PNOD.
- **Considerations for the patient:**
    - If you are in an emergency situation, a physician may override this directive.
    - It is important to share this request with other family members as well, which requires signing a release of information with the physician's office.
    - This form does not take the place of ongoing collaboration with your health care provider, including at times of relapse risk.
    - If you choose to withdraw this directive, carefully review this decision with your prescribing physician, loved ones and others in your recovery network.

SEND THIS FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED.
This form is valid for all venues of medical and dental care.

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Pennsylvania Patient Non-Opioid Directive (PNOD)

Last name	
First/middle initial	
Date of birth	

FIRST, follow these orders, **THEN** contact physician, certified registered nurse practitioner or physician assistant. This is an order sheet based on the person's medical condition and their wishes at the time the orders were issued.

A

PATIENT OPTION TO REFUSE OPIOID THERAPY

☐ **By checking this box, the documented patient refuses the offer, supply, prescription or otherwise administration of any controlled substance containing an opioid.**

- This includes any preparation or derivative of opium, any synthetic narcotic that has opiate-like effects but is not derived from opium, or any naturally occurring peptides that bind or otherwise influence opiate receptors, including opioid agonist medications.

B

EXEMPTIONS

If, in the professional medical judgment of the health care practitioner or other health care providers and emergency personnel, a controlled substance containing an opioid derivative, non-derivative synthetic narcotic, peptide or opioid agonist medication described in Section A above is necessary, the administering medical personnel are exempt from this directive.

If a written prescription for a medication described in Section A above is presented at, or electronically submitted to, an outpatient pharmacy, that prescription shall be valid, and a pharmacist shall not be in violation of this directive for dispensing that prescription. Such a written prescription does not obligate a patient to agree to comply with such prescribed medication.

Medically recommended changes to a patient's directive herein should be explicitly reviewed with the patient and surrogate (as applicable), upon each exemption incident. The patient's directive should also include an explanation of the risks of dependence and addiction associated with patient's use of medications listed in Section A and, in the case of a patient in recovery from any substance (illicit, prescription, legal or otherwise), an explanation of the increased risk of reoccurrence and relapse with the use of such medications, as well as a management plan and referral for relapse risk avoidance.

C

Check One

SUMMARY OF DISCUSSION AND SIGNATURES:

Discussed with:

☐ Patient
☐ Parent of minor
☐ Health care representative
☐ Health care agent
☐ Court-appointed guardian
☐ Other:

By signing this form, I acknowledge that this request regarding opioid medication is consistent with the known desires of, and in the best interest of, the individual who is the subject of the form.

Health care practitioner printed name:	**Health care practitioner phone number**
Health care practitioner signature (required):	**DATE**

Signature of patient or surrogate

Signature (required)	**Name (print)**	**Relationship (write "self" if patient)**

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Other Contact Information

Surrogate	Relationship	Phone number	
Health care practitioner preparing form	Preparer title	Phone number	Date prepared

Guidelines for Health Care Professionals

Any individual for whom a Pennsylvania Patient Non-Opioid Directive (PNOD) form is completed should either have medical-decision making ability, or have a clearly identified and activated surrogate. PNOD forms may be obtained online from the Pennsylvania Department of Health: www.health.state.pa.us.

Completing PNOD

The PNOD document refers to the person for whom the orders are issued as the "individual" or "patient" and refers to any other person authorized to make health care decisions for the patient covered by this document as the "surrogate."

The PNOD also, in Section B, has authority for a health care practitioner to be able to complete the form with regard to a patient, in accordance with the parameters mentioned in Section B. "Practitioner" is to be defined in Section 103 of the Act of July 19, 1979 (P.L.130, No.48) known as the Health Care Facilities Act.

Using PNOD

The PNOD shall be recorded in the patient's medical record or, if available, the patient's interoperable electronic medical record.

No practitioner or employee of a practitioner acting in good faith shall be subject to criminal or civil liability or be considered to have engaged in unprofessional conduct for failing to offer or administer a prescription or medication order for a controlled substance containing an opioid under the voluntary non-opioid directive form.

No person acting as a representative or agent under a health care proxy shall be subject to criminal or civil liability for making a decision with regard to the PNOD in good faith.

Notwithstanding any other provision of law or regulation, a licensing board may limit, condition or suspend the license or assess a fine against a practitioner who recklessly or negligently fails to comply with a patient's voluntary non-opioid directive form.

Reviewing PNOD

The PNOD form should be reviewed at least annually and a new form completed if parties with the authority to revoke the PNOD choose to exercise that ability.

Revoking PNOD

The patient or surrogate may revoke the PNOD form for any reason, at any time, and may do so by written or oral means.