

## Nonopioid Directive

(Must be included in the patient's medical record)

Section 1	
Participant's Name	Date of Birth
Other Names used by Patient	Preferred language of Patient
Emergency Contact Name	Emergency Contact Phone Number
Drug Allergies	
Section 2	
The patient above must not be administered an opioid or offered a p	rescription for an opioid while this directive is in effect.
<ul> <li>An individual who has executed a nonopioid directive on their own lare able to communicate their intent to revoke the form.</li> </ul>	pehalf may revoke the directive at any time and in any way, they
<ul> <li>A guardian or patient's advocate can revoke at any time by issuing the individual's health professional or their delegate.</li> </ul>	a revocation in writing and providing notice of the revocation to
This directive does not apply to:	
<ul> <li>A patient receiving opioids for substance use disorder treatment.</li> </ul>	
A patient who is in hospice.	
<ul> <li>A patient is being treated at a hospital, or in a setting outside of a hospital in the case of an emergency, and, in the prescriber's professional opinion, the administration of the opioid is medically necessary to treat the individual.</li> </ul>	
Section 3	
Signature of Patient, if a Minor, Patient's Parent/Guardian	Date
Printed of Patient	Date
Printed Name of Parent/Guardian	Date