Memorandum of Understanding
Narcotics and Transplantation

I have been referred to the Maine Transplant Program and have agreed to undergo evaluation for kidney and/or pancreas transplantation. I have been informed of the transplant program’s policy concerning narcotic use, and understand the following:

1. Patients using long term narcotics prior to transplant will have their medication records verified against the Maine Prescription Monitoring Program-Office of Substance Abuse database.

2. Patients using narcotics prior to transplantation will have a blood toxicology screen performed.

3. Undeclared illicit drug use is an absolute contraindication to transplantation.

4. Patients with narcotic dependence must be involved in a treatment program.

5. The Maine Transplant Program will provide appropriate pain relief for post-operative pain for up to 14 days. Thereafter, patients with ongoing narcotic requirements will be advised to return to their primary care provider for narcotic prescriptions.

6. The Maine Transplant Program will not assume the responsibility for prescribing narcotics, benzodiazepines or other psychotropic medications beyond 14 days after transplantation.

I have read and understood this policy:

_______________________________________  ______________
Patient  Date

or

_______________________________________  ______________
Patient’s Legal Representative  Date

_______________________________________  ______________
Health Care Provider Signature (Witness)  Date

Original date: 8/12/09; 11/02/16