

Tools to accompany *Recommendation 5*:

- Pain Management Evaluation Tool  
<http://health.utah.gov/prescription/pdf/guidelines/PainManagementWorksheet.pdf>
- Patient Pain and Medication Tracking Chart  
<http://health.utah.gov/prescription/pdf/guidelines/PatientPain-FunctionTracking.pdf>
- Sheehan Disability Scale  
<http://health.utah.gov/prescription/pdf/guidelines/SheehanDisabilityScale.pdf>
- Brief Pain Inventory Form  
<http://health.utah.gov/prescription/pdf/guidelines/BriefPainInvNPEC.pdf>
- Sample Treatment Plan for Prescription Opioids  
[http://health.utah.gov/prescription/pdf/guidelines/treatment\\_plan.pdf](http://health.utah.gov/prescription/pdf/guidelines/treatment_plan.pdf)
- Cultural considerations in assessing function, quality of life, and pain intensity  
<http://prc.coh.org/culture.asp>

## **6. The patient should be informed of the risks, benefits, and terms for continuation of opioid treatment, ideally using a written and signed treatment agreement.<sup>13</sup>**

**6.1** Patients should be informed not to expect complete relief from pain. The excitement and euphoria of initial pain relief that may occur with a potent opioid can lead the patient to expect long-term complete pain relief. Without careful guidance, this may lead the patient to disappointment and to seek excessive doses of opioids.

The patient should be counseled about the appropriate use of opioid medications, possible adverse effects, and the risks of developing tolerance, physical and/or psychological dependence, and withdrawal symptoms.<sup>9,19</sup> Adverse effects can include opioid-induced hyperalgesia, allodynia, abnormal pain sensitivity, and depression.<sup>6,9,20</sup>

Sedation and cognitive impairment may occur when patients are taking opioid medications. Therefore, discuss with patients the need for caution in operating motor vehicles or equipment or performing other tasks where impairment would put them or others at risk.<sup>11</sup>

Ensure the patient does not have any absolute contraindications, and review risks and benefits related to any relative contraindications with the patient.

Absolute contraindications for opioid prescribing:

- Allergy to an opioid agent (may be addressed by using an alternative agent);
- Co-administration of a drug capable of inducing life-threatening drug-drug interaction; and
- Active diversion of controlled substances (providing medication to someone for whom it was not prescribed).

More detail about absolute contraindications is contained in the *Guidelines Tools* section.

Consider co-prescribing naloxone for high risk patients, and providing training to family/caregivers to reverse potential life-threatening depression of the respiratory and central nervous system. Educate patients and family/caregivers about the danger signs of respiratory depression. Everyone in the household should know to summon medical help immediately if a person demonstrates any of the following signs while on opioids:

- Snoring heavily and cannot be awakened;
- Periods of ataxic (irregular) or other sleep disordered breathing;
- Trouble breathing;