

- Exhibiting extreme drowsiness and slow breathing;
- Slow, shallow breathing with little chest movement;
- Increased or decreased heartbeat; and
- Feeling faint, very dizzy, confused or has heart palpitations.

6.2 The patient and, when applicable, the family or caregiver should be involved in the education process.¹⁴

Educational material should be provided in written form and discussed in person with the patient and, when applicable, the family or caregiver.¹⁴ Educating the family or caregiver about the signs of opioid overdose may help detect problems before they lead to a serious complication.

It is important to act within the constraints of the Health Insurance Portability and Accountability Act (HIPAA). HIPAA regulates the conditions under which information about the patient can be disclosed to others, such as family members, and under what conditions discussions about the patient with others are allowed.

6.3 The treatment plan, which defines the responsibilities of both the patient and health care provider, should be documented.^{6,9,13,14,15}

Patient responsibilities include properly obtaining, filling, and using prescriptions, and adherence to the treatment plan. Patient responsibilities also include instructions to keep a pain diary, a diary or log of daily activities and accomplishments, and/or instructions on how and when to give feedback to the prescriber.¹⁴

The prescribing health care provider may consider requiring that the treatment plan be documented in the form of a treatment agreement signed by the patient. Patients should be encouraged to store opioid medications in a secure location to keep the medication away from others who should not have access to them.

6.4 The treatment plan should contain goals of treatment, guidelines for prescription refills, agreement to submit to urine or serum screening upon request, and reasons for possible discontinuation of drug therapy.^{9,13,14,15,17}

The treatment plan (sometimes referred to as a treatment agreement) should contain the items developed jointly by the patient and health care provider, such as follow-up appointments, the pharmacy and health care provider to be used, as well as any non-negotiable demands or limitations the health care provider wishes to make, such as the prohibition of sharing or trading the medication or getting refills early. Specific grounds for immediate termination of the agreement and cessation of prescribing may also be specified, such as forgery or selling of prescriptions or medications or obtaining them from multiple providers as documented by Oklahoma's Prescription Monitoring Program.^{14,20}

Optional inclusions in the agreement:

- Pill counts may be required as a means to gauge proper medication use;^{14,19}
- Prohibition of use with alcohol or certain other medications;¹⁴
- Documentation of counseling regarding driving or operating heavy machinery; and^{6,14}
- Specific frequencies of urine testing.

Ideally, the patient should be receiving prescriptions from one prescriber only and filling those prescriptions at one pharmacy only.^{14,17,19}

It is not necessary to include specific consequences for specific non-compliant behaviors, but it should be documented in the treatment agreement that continuing failure by the patient to adhere to the treatment plan will result in escalating consequences, up to and including termination of the clinician-patient relationship and of opioid prescribing by that clinician.

6.5 Discuss involvement of family members in the patient's care and request that the patient give written permission to talk with family members about the patient's care.