

This is best done before starting to treat the patient because it can be more difficult to obtain consent after an issue occurs. Prior to initiating treatment with opioids, the health care provider may want to consider a family conference to help assess the patient's integrity.<sup>19</sup> Consultation with others, however, must be done within the constraints of HIPAA, as noted above. (See *Recommendation 6.2.*)

Tools to accompany *Recommendation 6*:

- Absolute Contraindications to Opioid Prescribing  
[http://health.utah.gov/prescription/pdf/guidelines/absolute\\_contraindications.pdf](http://health.utah.gov/prescription/pdf/guidelines/absolute_contraindications.pdf)
- Sample Treatment Plan for Prescribing Opioids  
[http://health.utah.gov/prescription/pdf/guidelines/treatment\\_plan.pdf](http://health.utah.gov/prescription/pdf/guidelines/treatment_plan.pdf)
- Signs of Substance Misuse  
[http://health.utah.gov/prescription/pdf/guidelines/signs\\_substance\\_misuse.pdf](http://health.utah.gov/prescription/pdf/guidelines/signs_substance_misuse.pdf)
- Guidance on HIPAA  
[http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/provider\\_ffg.pdf](http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/provider_ffg.pdf)
- Prescription Drug Overdose in Oklahoma Brochure  
[http://www.ok.gov/health2/documents/DrugOverDoseBrochure\\_2013.pdf](http://www.ok.gov/health2/documents/DrugOverDoseBrochure_2013.pdf)

## **Initiating, Monitoring, and Discontinuing Opioid Treatment**

**7. Opioids should be initiated as a short-term trial to assess the effects of opioid treatment on pain intensity, function, and quality of life. In most instances, the trial should begin with a short-acting opioid medication.**

**7.1** The health care provider should clearly explain to the patient that initiation of opioid treatment is not a commitment to long-term opioid treatment and that treatment will be stopped if the trial is determined to be unsuccessful. The trial should be for a specific time period with pre-determined evaluation points. The decision to continue opioid medication treatment beyond the trial period should be based on the balance between benefits, including function and quality of life, and adverse effects experienced. Criteria for cessation should be considered before treatment begins. Refer to *Recommendation 11* for more information on discontinuation of treatment.

**7.2** Short-acting opioid medications are, in general, safer and easier to titrate to an effective dose. If the treatment trial proves successful in achieving the goals established in the treatment plan, the health care provider may consider switching the patient to a long-acting or sustained-release formulation. The patient's individual situation should influence whether the patient is switched from a short-acting medication. Treatment with a long-acting opioid medication before a trial using a short-acting medication has been performed is an option that should be prescribed only by those with considerable expertise in chronic pain management.

Tools to accompany *Recommendation 7*:

- Dosing Guidelines  
[http://health.utah.gov/prescription/pdf/guidelines/dosing\\_guidelines.pdf](http://health.utah.gov/prescription/pdf/guidelines/dosing_guidelines.pdf)
- Current Opioid Misuse Measure (COMM)  
<http://health.utah.gov/prescription/tools.html> (see *Tools to Screen for Risk of Complications* on website)

## **Titration Phase of Opioid Treatment**

**8. Regular visits for evaluation of progress toward goals should be scheduled during the period when the dose of opioids is being adjusted (titration period). During the titration period, and until the patient is clinically stable and judged to be compliant with therapy, it is recommended that the health care provider check the Oklahoma PMP more frequently.<sup>14</sup>**