

camurus®



Care Planning Tool

Get the support *you need*
to live a healthier life



Understanding *your medication*

Opioids are a type of medicine that help relieve pain. They are effective over short periods to help relieve moderate to severe pain.

There is evidence that opioids may not be effective in treating long-term pain (chronic pain) and when used in this way, the risks may outweigh the benefits.

Prolonged use of opioids can cause tolerance, dependence and in some cases, addiction.

Tolerance is when opioids become less effective over time, as your body has got used to the pain relieving effect.

Dependence is characterised by both tolerance (the need for increasing doses to maintain the same effect) and withdrawal symptoms when the medication is reduced or withdrawn.

Addiction also features tolerance and withdrawal but is accompanied by additional characteristics of cravings, lack of control, overuse and continued use despite harm. Addiction is also associated with problematic behaviours including: unsanctioned dose escalations, requesting early prescriptions, or seeking prescriptions from multiple prescribers.

The risks associated with these medicines include:

- dependence:
 - no longer feeling the beneficial effects of the prescription and the need for increasing doses to maintain the same effect
 - continuing to take medication despite the underlying condition having resolved
- symptoms of withdrawal towards the end of the dose window, as the concentration of medicine is dropping in your body, or on trying to reduce or stop taking the medicines. Such as fatigue, aches and pains, sweating, anxiety and restlessness, insomnia, and stomach and bowel problems
 - these may be similar to/mimic the reasons you were prescribed opioids in the first place
- developing harmful coping mechanisms, such as alcohol and other substance use
- developing other conditions such as depression.

And some common side effects are:

- constipation
- itching
- weight gain
- lack of sex drive
- difficulty breathing at night



Please answer the following questions relating to *your medication*.

These will help us to understand your current situation to be able to work together to get the appropriate support in place:

1. How long have you been prescribed opioids?

2. Why were they prescribed?

3. Has the total daily dose increased?

4. Have you run out of your medication early?

5. Do you get anxious about acquiring your next prescription?

6. Do you take your medication to help you cope with difficult situations?

7. Have you sought medication from other sources e.g. relative, pharmacy?

8. Have you ever concealed from, or misled a relative, friend or healthcare professional about how much of your medication you are taking?

9. Do you get any of the following symptoms if you stop taking your medication or skip doses:

a. Agitation

e. Lacrimation (tearing up)

i. Nausea

b. Anxiety

f. Runny nose

j. Vomiting

c. Restlessness

g. Sweating

k. Diarrhoea

d. Muscle pain

h. Gooseflesh

l. Inability to sleep

Actions

Healthcare worker actions

Date:

Signature:

Patient actions

Date:

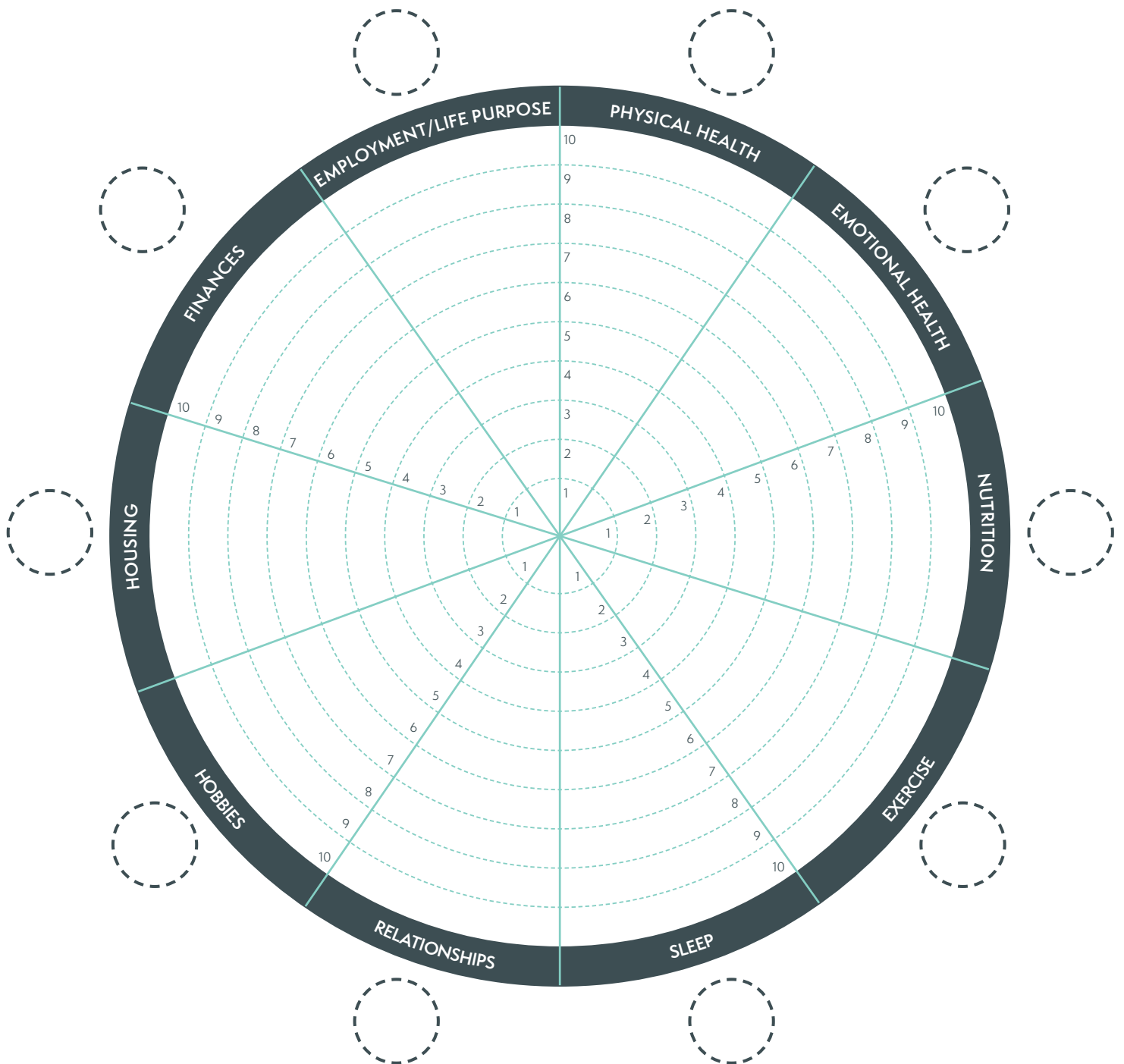
Signature:

Below is a table showing ten different areas of life. Think about these statements related to your life and give each of them a rating between one and ten, where one is really not very good, and ten is the best it could be for you. Circle that number on the line below each statement.

Area of Life	Statement
Physical health	I feel well in my body and can move freely
Emotional health	I am happy with my own thoughts and feelings, and I am able to cope with life events
Nutrition	I eat a well-balanced diet with plenty of fruit and vegetables
Exercise	I am active for 30 minutes per day or more
Sleep	I achieve at least 6 hours of sleep per night and feel well rested in the morning
Relationships	I have a good network of friends and/or family who I can rely on and talk to about my concerns
Hobbies	I fill my time by doing things I am passionate about
Housing	I have a safe and comfortable place to live
Finances	I have no money concerns
Employment	I am satisfied with my employment
Life purpose/spirituality	I have a sense of meaning and purpose in my life

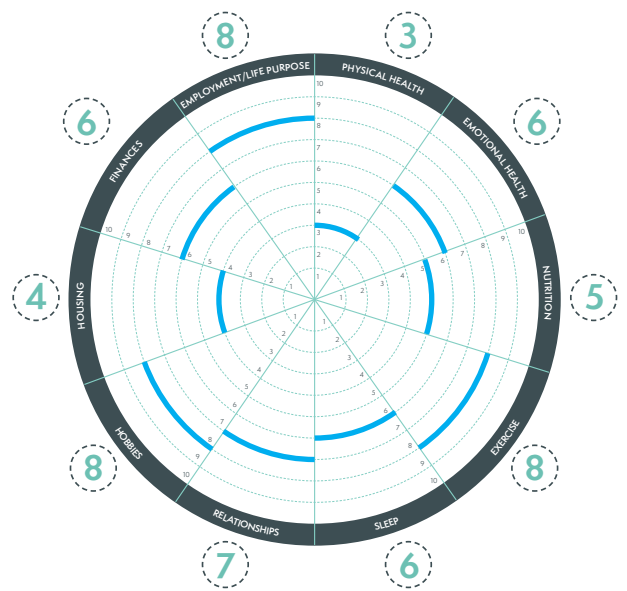
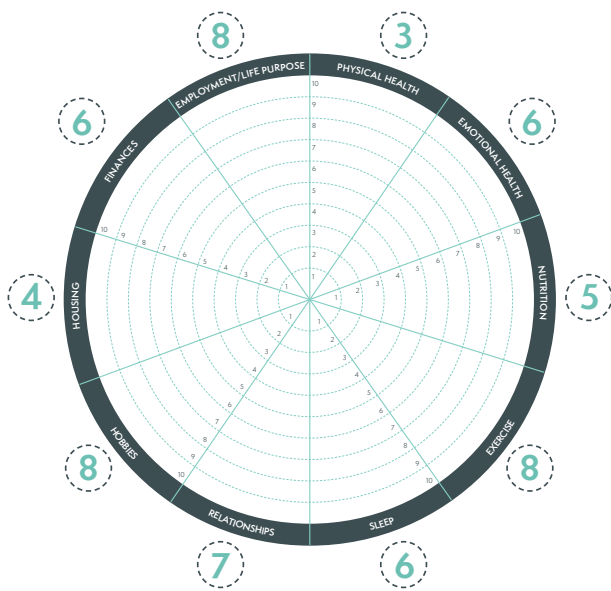
Your wheel of life

- 1) When you have rated each statement, we're going to create a visual representation of your current 'wheel of life'. Below is a wheel split into ten segments. Each segment represents an area of life you have just rated. Use a marker pen to draw an arc in each segment that corresponds to the number you've given to that area.
- 2) Next, connect those arcs along the straight lines, please see example on the next page.





Wheel of life example



The support *you need*

Now we have established the aspects of your life where you feel less positive, we can work on those areas together and give you the support to get your life back on track.

Choose which area it is that you would like to focus on – the area where making a change would bring real fulfilment into your life.

Now you've chosen the area you want to focus on, explore a little what it's like right now, and what you want it to be like, then choose an action to commit to that will bring you more fulfilment in this area:

Area		Rating today	
What is important to you?			
What could you do to improve this area?			
What small step are you going to take to make this happen?			

We can *work together* towards a healthier life