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| **PLEASE SEND THIS CASE FOR DISCUSSION TO**  **FAX: 03 5823 3299 Attn: Tim Griffiths OR EMAIL:** [**echo@pabn.org.au**](mailto:tgriffiths@primarycareconnect.com.au)  **Patient ID: SVHM-VOM-  Year of Birth:**   **SEX:  Ethnicity:**   **Country of Birth:**   **Referring Practitioner:**  (All patient information will be de-identified for Project ECHO)  **Opioid History:** IVDU Yes  No  On OAT: Yes  No Daily pick up  Takeaways  **Alcohol use:**  **Tobacco use:**  **Cannabis use:**  **Other drug use:**  **Other medical history:**  **Social / psych history:** | | **Area:** | | |
| Western Victoria & Geelong  Hume area  Gippsland | Grampians, Loddon, Mallee  Southern & Eastern Metropolitan  Northern & Western Metropolitan | |
| **Examination:**  Any abnormal signs.. Not known IVDU signs: Yes ☐ Recent  Chronic  BMI:  **Investigations**  **Medications:**  **Any other comments/information:**  **What is your question about this case?** | | |
| |  | | --- | | **TIPS TO ASSIST YOU**  with this form and treatment work-up  **6 C’s checklist when assessing patients:**  Complications of opioid use Co-morbidities Conflicting priorities Concomitant medications Compliance Contraception  **Medication Interactions:** Include prescribed, over the counter, recreational and herbal preparations  **Opioid Use History:** Which Opioids Dose Duration  **Chronic liver disease signs:** Splenomegaly, spider naevi, palmar erythema, peripheral oedema / ascites, jaundice, muscle wasting  **Risk of Overdose:**  Naloxone? | |  | | |