

### 1. Getting prescriptions

- Obtaining a prescription from a clinician
  - Getting the initial prescription
  - Getting repeat prescriptions
- The frequent need for new prescriptions can be problematic – due to tailoring of pain medicines to meet individual needs
- Prescribing by multiple clinicians?
- Need to physically collect the prescription?

### 2. Obtaining medicines

- Having to get to the pharmacy?
- Carer or someone else going on individual's behalf?
- Delay in "filling" the prescription as the pharmacy may not stock the medicine or the prescribed dose
- Need to establish a relationship with the pharmacist
- Medicines via a delivery service?
- Any dispensing errors?

### 3. Understanding

- Individuals are faced with understanding the medicines collected
- Individuals usually receive information about their medicines but this may not be to the extent needed or in a helpful form
- Lack of understanding can result in uncontrolled pain
- Confusion because of long drug names, drugs with similar sounding names, abbreviations, maximum dose limits and intervals between taking drugs
- Medicines may be recognised by their appearance rather than name
- Information printed on labels or leaflets may be too small
- Confusion because of the wide variety of information sources – doctors, nurses, pharmacists, leaflets, the pack, the internet etc.

### 4. Organising

- Orderly arrangement of medicines so they can be easily remembered and kept track of
- Often an issue because of the sheer number and various forms of medicines prescribed for regular and as needed use – pain management regimes often include patches, lozenges and liquids as well as pills
- Leads individuals to set up their own organisational strategies e.g. bags, tool boxes, vegetable racks
- Filling of a dosette box – who does this and what medicines can go in it?

#### 5. Storing

- Safe storage - putting medicines safely away
- Storage of old medicines – many individuals describe keeping out-dated prescription medications to hand with no particular plan to dispose of them
- Storage may involve hiding medicines e.g. from grandchildren

#### 6. Scheduling

- Scheduling medicines according to the best time to take them in relation to an individual's daily lifestyle
- Requires understanding of which medicines provide maximum benefit with a fixed schedule and which can be tailored to changing needs
- Often complicated by a mind-set of taking medicine only when the symptom is present
- Some link their schedule to activities such as mealtimes
- Others schedule medicines at easy to remember times e.g. 8am and 8pm

#### 7. Remembering

- Remembering to take the pills
- Problems arise when daily routines change e.g. with visitors
- Drowsiness, forgetfulness or fatigue lead to medicines not being taken
- Family carers can play a key role in reminding individuals to take their medicines
- Others may set alarms to remind themselves to take their medicines

#### 8. Taking

- Nausea makes taking medicines problematic
- There may be trouble swallowing large pills or trouble opening medicine bottles etc.
- Forgetfulness/drowsiness – have the medicines been taken already?
- Are the medicines being taken appropriately e.g. are sustained release pills being split in half?