



K-Check

Monitoring Questions

1. Current Drug Use:

How much ketamine are you currently using?
What form of ketamine are you using (crystal, liquid, powder)?
How do you use ketamine (snort, IM, IV or other)?
Other drugs including alcohol currently using and amounts?

2. Dose and Tolerance Management:

What is your normal pattern of using ketamine (occasional use, weekend use, frequent, daily)?
What is your normal starting dose (% of gram)?
What is your normal finishing dose (% gram)?
How does your experience of your first dose of a session compare with when you first used ketamine?

3. Physical Health:

Have you done any damage to the inside of your nose from sniffing ketamine or other drugs?
Do you have any injecting related concerns?
Do you have trouble passing urine when taking ketamine?
Do you go to the toilet very frequently?
Have you ever had blood in your urine?
Do you have any pain in your bladder or kidneys?
Have you experienced sharp pains in your stomach (k-cramps) when taking ketamine?

4. Changes in weight:

Have you noticed changes in your weight?

5. Using environments:

Where do you use ketamine?
Have you ever been caught using, being under the influence or with a 'polo'¹?
Have you ever had an accident while on ketamine?
Have you ever been robbed or exploited while under the influence of ketamine?
Have you ever taken ketamine in the bath?
How soon after using would you feel safe to drive a car?

¹ White powder ring round nostril left after sniffing fine ketamine powder



6. Sexual health:

Do you have sex while using ketamine?

Do you have concerns about your sexual health at the moment?

Have you had penetrative sex without a condom in the last 3 months?

If yes, do you have any irritation, soreness, discharge or inflammation around your vagina, penis or back passage (as applicable)?

Are you concerned about HIV or other STIs?

Do you have access to condoms?

Do you know how to use them?

7. Mental health:

Have you ever had dissociative experiences on ketamine (k-holes) that have scared you or your friends?

What impact does ketamine have on your memory?

How would you describe your frame of mind before you ever used ketamine?

How would you describe your state of mind now?

8. Attitudes to future use:

Which statement best describes your relationship with ketamine?

- I enjoy ketamine but I am worried about some physical health issues
- I would like to reduce my frequency of use, dose and/or better manage my tolerance to ketamine
- I would like to take a break from ketamine to recover my health and reduce my tolerance
- I feel trapped using ketamine and would like to stop



Examination on Review

a. Physical health

Check inside and around the nostrils

Check injecting sites

Pelvic Pain & Urgency Frequency Patient Symptom Scale

b. Changes in weight

Record weight and note increase or decrease from previous review

c. Mental health

Mental health review

Record of Advice Given and Action Taken

1. Current Drug Use:

Review K-Reduce Harm guidelines

Check access to NSP

Advice on other substances and substance mixing

2. Dose and Tolerance Management:

Give feedback on tolerance and dose management

3. Physical Health:

Advice on nasal care and wound management

Safer injecting teaching session

Referral for safer injecting advice or NSP

Reducing bladder damage - hydration, dose and frequency management,

Urine test to rule out infection

If experiencing pain or blockages in urethra, bladder or kidneys:

- Urgent referral to urologist
- Encourage cessation of using – for minor problems may resolve, continued use will exacerbate

Acute k-cramps (cholangitis - inflammation of the bile ducts) - general antibiotics and referral to urologist

4. Changes in weight:

Advice on managing diet while using stimulants

Guidance on how to stimulate appetite, establish routines for healthy eating and the link between diet and heart health.



5. Using environments:

Review impact of setting on risks associated with ketamine
Highlight risks of drowning even in shallow baths on ketamine
High exposure and risk to self and others of driving on ketamine

6. Sexual health:

Advice on safer sex
Screening STIs and / or blood borne viruses
Provision of free condoms

7. Mental health:

Advice on managing dissociative experiences on ketamine (k-holes)
Advice on management of psychological problems
Provide or arrange counselling
Referral to specialist agencies

8. Attitudes to future use:

Advice on cutting down
Advice on taking breaks or detoxing
Referral to specialist agencies