# How to Take Medicines Safely at Home





# **Important Phone Numbers**

| Health Care Provide | e <b>r:</b> |      |
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| Phone:              |             | <br> |
| Pharmacy:           |             | <br> |
| Phone:              |             | <br> |
| Clinic:             |             | <br> |
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Keeping track of your medicines — and knowing how and when to take them — is important to your health.

#### **How to Take Medicine**

#### What to Do

- Take your medicine(s) as directed.
- If you miss a dose, take it as soon as you can.
  - If you do not remember to take it until it is time for your next dose, skip the missed dose and return to your regular schedule.
  - Never double up on doses.
- If you are pregnant, talk with your health care provider before taking any medicines.
- If you are seeing more than one health care provider, tell each one which medicines you are taking.
- To help with an upset stomach, take your medicine with a small snack, such as soda crackers.
- To help with dizziness, lie down for a short time after you take your medicine.

#### What Not to Do

- Do not stop taking your medicines without talking to your health care provider or pharmacist.
- Do not share your medicines with anyone else.
- Do not take medicines prescribed for anyone else.
- Do not take any more than the prescribed dose of any medicine.

#### **How to Store Medicine**

- Follow any special instructions you receive for where or how to keep your medicine.
- Keep all medicines (including herbals and vitamins) out of reach of children and pets.
- Keep medicines in their original containers.
- Keep all medicines away from heat, light and humidity. Do not keep medicines in the bathroom or near the kitchen sink.

### **How to Buy Medicine**

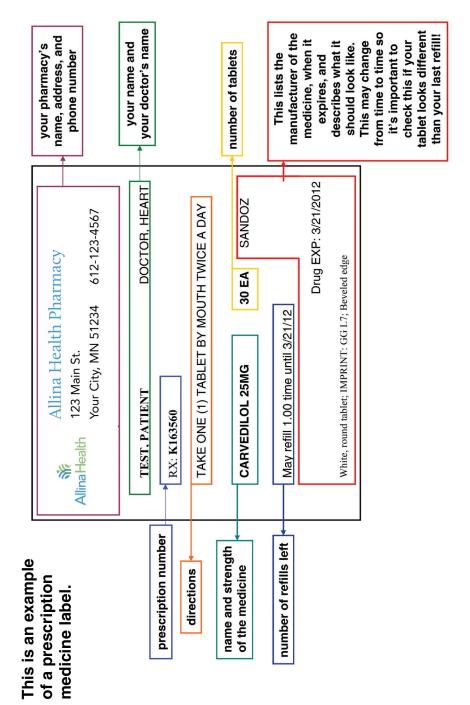
- Have all of your medicines filled at one pharmacy.
- Call your pharmacy for refills at least 1 week before your prescription runs out. (Plan ahead for vacations.)

#### Side Effects of Medicine

- Ask your health care provider about potential side effects before you start taking the medicine.
- If you have any severe or unusual reactions, call your health care provider right away.

#### How to Read the Label

- Read the labels of all prescription and over-the-counter medicines you take.
- Ask your pharmacist or health care provider if the medicines are safe for you.
- Read the list of ingredients to make sure you do not have any allergies.
- Look at the expiration date. Do not keep outdated (expired) medicines.



#### What to Ask Your Health Care Provider

Be sure that you ask and understand the following about your medicines:

- What is the medicine's name? (Know both the generic and brand names of your medicine. For instance, warfarin and Jantoven®, or ibuprofen and Advil®.)
- Why am I taking it?
- When do I take it?
- How much do I take?
- How long do I take it?
- Are there any blood tests I need to check how well the medicine is working?
- Should I take it with food?
- What side effects are there?
- How many refills can I get?
- Are there any precautions I need to take?

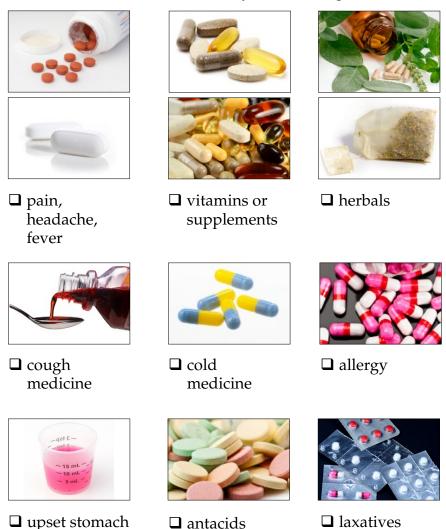
# When to Call Your Health Care Provider or Pharmacist

Call your health care provider or pharmacist right away if you have unusual feelings after taking medicine. This includes feeling dizzy, itchy or sick to your stomach.

#### **Over-the-counter Medicines**

Your health care team needs to know **all** of the medicines you take. This includes over-the-counter medicines, herbals, vitamins or other supplements.

Check the boxes of all medicines you are taking\*.



<sup>\*</sup> Your medicine may look different from the ones pictured.



lue eye drops



☐ creams or lotions



□ patches (such as for stopping smoking, or pain relief)



□ sleeping pills



☐ diet pills





☐ nasal spray or neti pot

<sup>\*</sup> Your medicine may look different from the ones pictured.

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### **Medicine Side Effects**

| If you have any problems from your medicines (such as side effects, allergies or reactions), tell your health care provider. |  |
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## **Keeping Track of Your Medicines**

Use *My Medicine List* to keep track of your medicines (prescription, over-the-counter, herbals, vitamins or other supplements). Your nurse can give you a copy.

See the example on the next page to guide you on how to fill it out. Fill out the forms on pages 12 and 13.

List all medicines you are currently taking. Include prescriptions (examples: pills, inhalers, creams, shots), over-the-counter medications (examples: aspirin, antacids, vitamins) and herbals (examples: ginseng, gingko). Include medications taken as As needed for allergy symptoms (Reason for taking?) To control blood pressure. To control blood glucose. Keep in the refrigerator. NOTES To prevent a stroke. (running nose) STOPPED DATE 9/1/2010 Take by mouth once a day Take by mouth once a day Inject into stomach every (How do you take it? When? How often?) Put one drop in left eye DIRECTIONS Take by mouth every night at 10 p.m. in the evening. every 4 hours. as needed. morning. DOSE 10 units 10 mg 1 drop 20 mg needed (example: nitroglycerin, inhalers). 5 mg Coumadin (warfarin) Viroptic (trifluridine) Claritin (loratadine) **MEDICATION** NAME OF Zestril (lisinopril) **NPH** insulin START DATE 2/19/2008 6/21/2010 8/28/2010 2/19/2012 11/2/2011

#### **Questions or Concerns**

Starting a new medicine, changing a prescription, or changing a dose can lead to questions or concerns.

Write down anything you need answers to. Bring this list to your next health care appointment.

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| <b>List all medicines you are currently taking</b> . Include prescriptions (examples: pills, inhalers, creams, shots), over-the-counter medications (examples: aspirin, antacids, vitamins) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin, inhalers). | NOTES (Reason for taking?)                        |  |  |  |  |  |  |
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| ly taking. Inclutacids, vitamin  | DOSE  |  |  |  |  |  |  |
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| List all medic<br>medications (<br>needed (exam  | START DATE  |  |  |  |  |  |  |

| <b>List all medicines you are currently taking.</b> Include prescriptions (examples: pills, inhalers, creams, shots), over-the-counter medications (examples: aspirin, antacids, vitamins) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin, inhalers). | ME OF DOSE (How do you take it? STOPPED (Reason for taking?) |  |  |  |  |  |  |
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