## Appendix 5 – Medicines Information Card

**Medicines Information Card**

**Patient Details:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Going Home**

1. Wait until nursing or pharmacy staff have checked all your medicines.
2. Remember to give your cabinet key to the nurse.
3. If you have any questions about your medication when you are at home you can contact your GP or local pharmacy.

**General Advice About Medication**

1. To reduce the risk of taking the wrong medication, always keep them in the original container.
2. If child resistant containers are not convenient ask for easy open ones.
3. Store all medication out of the reach of children.
4. Be sure you can read the label. Ask for large type if necessary.
5. Pay attention to any directions or cautions on the label.
6. Return any unwanted medication to your local pharmacy for destruction.
7. Please take this card with you when going to the pharmacy so that it can be amended.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name, strength and formulation of medicine** | **Reason for taking the medicine** | **How much and when to take** | | | | **Special directions** | **Possible side effects (also see manufacturer’s leaflet with this medicine)** | **Length of treatment** |
| **Breakfast** | **Lunch** | **Dinner** | **Bedtime** |
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