# Patient Medication Schedule

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| **Medication Schedule for:** | **Date:** |
| **Medication Name** | **Dose** | **How Many I Take Each Day** | **When I Take it** | **Reason I Take it** | **Refill Date** | **Prescriber Name** | **Prescriber Phone** | **Special Instructions** |
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| **Pharmacy Name and Phone Number:** |

 **Tips for Taking Your Medications**

* Create a routine that fits into your life.
* Take your medicine along with other daily habits: eating or brushing your teeth for example.
* Leave yourself notes to help you remember to take your medicine. The bathroom mirror is a good place for a post-it note.
* Use a pill box marked with the days of the week and times of the day.
* Use a calendar to mark down when to take medicines and make a check mark to note when you’ve taken it.
* When traveling, make sure you have enough medication for your entire vacation with a couple of extra days supply in case of emergency. Keep a supply of your medications in your carry-on luggage in case your checked luggage gets lost.
* Keep medicine in a place where you see it; the kitchen table or counter is a good place for many. Keep medicines safe from children.
* Store all medicines in one designated location together. The location should be a dry and cool place. The bathroom is a bad place to store medicine because of the heat and moisture generated.
* Read medication labels carefully to make sure you are taking the right medicine at the right time.
* Do not alter your medication dose or schedule without first talking with your health care provider.
* Make a note on your calendar when you will be due for refills.

Be sure to plan ahead a week or two before your medications run out.

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# Pearls For Medication Adherence

**Patient Form**

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| **1** | Use medication boxes to assist in taking the medication at the right dose, at the right time, every day. |
| **2** | If you are unable to put the pills in the medication boxes, ask for the assistance of family, friends or a professional. |
| **3** | Check your community for services, such as volunteers in your church, Elderly Affairs Association, etc. |
| **4** | Ask your healthcare provider to explain why you are taking the medication and how it will benefit your health as well as side effects to watch for. |
| **5** | If you have a side effect, question or a concern about your medication, call your healthcare provider and discuss it. A simple solution may be found. |
| **6** | Write down all of your medications including the dose and the number of times that you take it on a card or pad and carry it with you to show all of your healthcare providers what you are taking. Keeping a notebook or diary may be helpful so that you know the date, time, and type of medicine that you took. |
| **7** | Ask the pharmacist for medication bottles with easy-opening caps. |
| **8** | If you have difficulty reading the prescription bottle, ask the pharmacist to use large print on your bottles or packages so that you can read the name of the medicine and how to take easily. |

Pearls For Medication Adherence

**Professional Form**

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| **I Determine potential barriers to medication non-adherence.** |
| **A** | Presence of psychological or cognitive impairment |
| **B** | Side effects of certain medications |
| **C** | Patient has a poor understanding of his/her illness |
| **D** | Loss of healthcare insurance, the cost of medication, co-payment or both |
| **E** | Financial struggles at home |
| **F** | Complexity of treatment |
| **G** | Lack of family or social support |
| **II Clinical methods to improve adherence** |
| **A** | Educate the patient and family about the disease and the reason for the treatment. |
| **B** | Supply patient information pamphlets/booklets to take home so they can read about the illness and be better prepared to ask questions at the next visit. Obtain from AHA, NHLBI, Krames, etc. |
| **C** | Offer written guidelines on the purpose of the medication, how it will benefit the patient, potential side effects, and how to take the medication. (see www.PCNA.net) |
| **D** | Explain the benefits of treatment versus non-treatment. Involve the patient in the decision making of the medication. |
| **E** | Encourage the spouse, other family member or friend to be present during the teaching to support the goals at home. |
| **F** | Simplify the medication regimen when possible. Use combination pills to aid in a reduction of the volume of pills. Consider transdermal medications, extended release once-daily preparations, and well-tolerated medications if possible. |
| **G** | To decrease cost, order a larger dose of the medication and have the patient cut the pill in half if that is possible. Also use generics when possible. |
| **H** | Be specific in directions, eg, “Take this medication one hour before or two hours after meals.” Avoid making a statement, eg, “Don’t take with meals.” |
| **I** | If there are specific foods or drink to avoid while taking the medication, be specific on which food and explain why. |
| **J** | Develop a contract where the patient agrees to take the medications. Examples can be found on the PCNA Forms web site. |
| **K** | Follow up with telephone calls to the patient and ask about side effects and how they are managing their medication. |

*table continues* ➥


# Pearls For Medication Adherence

**Professional Form** *(cont)*

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| **L** | Encourage the patients to bring all of their medications to the office with them when they have an appointment. Include over-the-counter types, herbs, and vitamins. |
| **M** | Reminders in the home are helpful; charts, pill organizers, calendars, patient diaries, etc. Include as many supports as the patient needs. |
| **N** | Include self-management education such as dietary salt restriction. Explain the effect of salt in blocking the efficacy of some medications as well as the effect on the vasculature and blood pressure. Explain the effect with heart failure. Other self management includes exercise, calorie restriction, weight loss, heart rate, and blood pressure monitoring. |
| **O** | Schedule routine follow-ups. If the patient does not keep the appointment, have a system in place where the secretary contacts the patient to reschedule. |
| **III Elderly population — in addition to above:** |
| **A** | Begin with low doses and increase as tolerated. |
| **B** | Be aware of the physiologic changes that occur in the elderly that change the pharmacokinetics. Oral absorption may be slowed due to decreased gastric motility. Lean body mass decreases and this may result in a longer half-life of some medications including lipophilic drugs. Hydrophilic drugs may also have an increased half-life due to a reduction in total fluid volume. Albumin productiondecreases, which may result in decreased protein binding and increased free drug. Often the glomerular filtration rate is decreased and some medications must be adjusted based on GFR and renal clearance. As the body ages, there is an increased risk of side effects and toxicity. |
| **C** | Is the patient able to swallow the pill or is there another method of administration that would be easier and better absorbed? |
| **D** | Does the patient have any psychological problems that would prevent him/her from taking the medication? |
| **E** | Is there cognitive impairment? Can the patient read and follow directions? |

**References**

1. Osterberg L, Blaschke T. Adherence to medication. *NEJM* 2005;353:487-497.
2. Pearson T, Kopin L. Bridging the treatment gap: improving compliance with lipid-modifying agents and therapeutic lifestyle changes. *Prev Cardio* 2003;6(4):204-213.
3. Schroeder K, Fahey T, Ebrahim S. How can we improve adherence to blood pressure-lowering medication in ambulatory care? *Arch Intern Med* 2004;164:722-732.
4. Becker DM, Allen JK. Improving compliance in your dyslipidemic patient: an evidence-based approach.

*J Am Acad Nurse Pract* 2001;Vol.13;(5):200-207.

1. Norby SM, Stroebel RJ, Canzanello VJ. Physician-nurse team approaches to improve blood pressure control.

*J Clin Hypertens* 2003;5(6):386-392.