



At Halton Healthcare Services (HHS), your care and well-being is our number one concern. This pamphlet explains how we can work together to ensure that you receive all of the medications that you require.

## ***Keeping Patients Safe***

Before giving you medication in the hospital, the healthcare workers will review the following “Rights”:

1. Right Patient
2. Right Medication
3. Right Dose
4. Right Amount
5. Right Time
6. Right Method
7. Right Reason
8. Right Route (i.e. oral, injection, inhalation, etc.)

## ***What You Can Do to Help***

When you come to the hospital, bring all your medications in their original containers or a list of **all** the medications you take at home. Certain medications in the hospital might interact with medications on your home list, so it is important that your *Home Medication List* be correct and up-to-date. If you forget your form at home, or have not filled one out yet, you can ask for one when you register in the Emergency Department.

## **Your Medication List Should Include:**

- Prescriptions, including tablets, capsules, creams, eye/ear drops, patches
- Over the counter products (e.g. Tylenol, cough/cold medicine)
- Vitamins
- Supplements (e.g. Ensure)
- Herbal medications
- Naturopathic medications
- Traditional Remedies
- Recreational drugs



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## **Allergies**

List any allergies to medications you have and your reaction to them. This will help us make sure we do not give you medication that can harm you.

## **Taking Your Medication Correctly**

It is **very important** to follow your doctor's direction when taking your medications. Instructions are also written on the medication container that you receive from your pharmacy. Make sure to tell your doctor and the hospital staff **if** you are taking your medication differently than the instructions written on the medication bottle. This will assist your doctor to make the best decision about how to give you medication while in the hospital.



## **Did You Know?**

We are committed to taking steps to ensure medications you take at home are not missed while you are in the hospital. This way all medications are considered when determining the right medications to prescribe for you while in hospital.

Your *Home Medication List* is checked against the current hospital list of medications at three points during your hospital stay:

- On admission to hospital
- If you are transferred to another unit
- Upon discharge home

## **Your Local Pharmacy Can Help**

Your pharmacy offers a free annual service to anyone on three or more prescription medications. The program is called *MedsCheck*, and your pharmacist will sit down with you and go over what medications you are taking and why. Call your pharmacy today to book an appointment, or visit: <http://www.health.gov.on.ca/cs/medscheck/index.html>

## **Questions?**

If you have any questions or concerns, please talk to your doctor, pharmacist or nurse. Make sure that you understand what your medications are for and how to take them properly. We are here to help you!

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## Patient / Family-Recorded Home Medication List

### Why create a Home Medication List?

Your Home Medication List is a tool to help you and your family keep track of all the medications you are taking. It is important to write down everything, including vitamins and supplements, so your healthcare team can provide you with the best possible care. Certain medications might interact with another medication on your list; so, it is important that your Home Medication List be correct and up-to-date.

### Instructions for Patient or Family:

1. List **ALL** prescription medications, non-prescription medications, vitamins, herbal and naturopathic products, and/or drug trials.
2. Write the dosage of each medication.
3. For each medication write the number of pills you take at the listed times. See examples.
  - If your medication time is not listed, write the time you take it in the “Other” column
4. If the name of medication is unknown, describe pill under “Medication Name”, and indicate why you are taking it.
5. Your list will be photocopied and put on your hospital file.
6. Always keep a copy of your *Home Medication List* with you.
7. If you stop taking something or start a new medication, be sure to update this list.
8. If you have any questions about your medication or filling out this form, contact your doctor or pharmacist.

### EXAMPLES:

Medication Name	Dose or Strength	AM	Noon	PM	Bedtime	Other	As Needed
Metformin	500mg	2		2			
Tylenol Arthritis	650mg					1 at 10:30 am	
Natural Tears	1 drop in left eye						√
Hydrocortisone Cream	0.1% To arm				1		
Vitamin D	1000 units	1					