The following are tips to help manage medications more easily:

Medication Review

It is a good idea to periodically have a doctor conduct a medication review to assess which drugs are still needed and determine which ones could be eliminated.

Fill All Prescriptions at One Pharmacy

This can help safeguard against serious interactions with a person's medications. The pharmacy should also be able to easily run a report to flag any interactions or contraindications among prescribed and over-the-counter drugs. Note that a drug may look different when refilled, if it was made by a different manufacturer.

Use a Pill Organizer Carefully

Pill organizers can be a big help—but only if they're filled properly in the first place.

- Keep at least one pill in the original medication container for identification purposes
- Refill the container at a regular time that can be undisturbed
- Draw a diagram of the pill organizer, and clearly list which drugs were placed in each compartment



Do Not Modify Pills

Certain medications are designed to have a timed release that occurs gradually throughout the day. Crushing them could destroy how the drug is released, causing the person to get too much all at once or none at all. If swallowing pills is a problem, a doctor or pharmacist may be able to provide the same medication in a smaller tablet or a liquid form.

Store Medications According to Instructions

Some drugs may need to be kept refrigerated. For non-refrigerated medications, choose a dark, dry and cool storage place. The bathroom medicine cabinet is typically not the best place to store medications due to moisture. Also be sure to discard any drugs that have expired or have no labels.

Contact Compassionate Care Home Health Services for further information and assistance with medications.



A Simple Medication Management Chart Compassionate Care HOME HEALTH

Medications

Medication Allergies _					

Compassionate Care HOME HEALTH

List prescription drugs, over-the-counter drugs, vitamins and herbal supplements. Write down a name and phone number to call if you have questions.

Pharmacy Name/Phone _____

Medication Name	Dosage	Time of Day to Take			Notes			
Prescribing Physician / Number	How Often				Side Effects / Danger Signs			
Dr.								
Dr.								
Dr.								
DI.								
_								
Dr.								
		-						
Dr.								
Dr.								
Dr.								
Dr.								
DI.								
D.:		-						
Dr.								
Dr.								
Dr.								