Medication Review Worksheet

This improvement resource should be used as a discussion guide when health care professionals are teaching patients about a new prescription medication. The use of such a worksheet/discussion guide should become protocol each time a new prescription medication is introduced to a patient. (Multiple medications will warrant multiple uses of the worksheet.) Patients and/or family members should complete the worksheet with a health care professional's supervision so that the patient's understanding of the medication, its purpose, administration instructions, dosage, and possible side effects can be verified. Modify this worksheet to meet the needs of your staff and patient base (especially special instructions and potential side effects). Health care professionals should place special emphasis on explaining potential side effects of the medication in layman's terms.

Medication Review Worksheet

# A discussion guide for health care professional-patient conversations about medication

**Patient’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This Medication is being taken for (list condition): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Required Dosage (i.e., how much medicine you should take): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

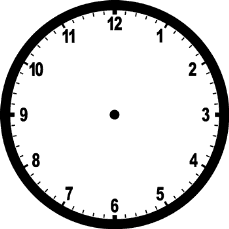
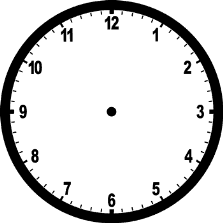
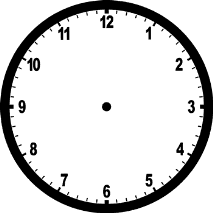
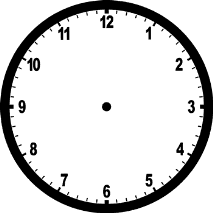
**Circle day or days when you’ll take this medication**

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

**Indicate which part of the day you must take this medication**

□ Morning □ Afternoon □ Early Evening □ Before Bed

**Show the time(s) when you must take this medication**

Morning Afternoon Early Evening Before Bed

**Check off what you must know about this medication**

□ Keep in refrigerator. □ Should be taken with food.

□ Do not drive or operate machinery while taking this medicine.

□ No alcoholic beverages while taking this medicine.

□ Other instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle the following side effects you’ve been instructed to watch for (The health care professional should describe each of the potential side effects in easily understood layman’s terms.)**

Drowsiness Nausea Shortness of Breath Palpitations Dizziness Diarrhea

Abdominal Pain Blurred Vision Headache Loss of Appetite Memory Loss