MEDICATION SAFETY TOOLKIT

A resource for members of the Alabama Hospital Association and their patients

provided by AlaHA’s Quality Task Force
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INTRODUCTION

As part of its ongoing efforts to help hospitals in our state improve health care quality and patient safety, the Alabama Hospital Association’s Quality Task Force is pleased to provide this toolkit as a resource for hospitals throughout Alabama and their patients. AlaHA’s Image Task Force has also assisted in providing suggestions of ways to implement the public awareness portion of the toolkit.

Central to the “Medication Safety Toolkit” is a pamphlet for consumers titled, “Medication Safety Tips: Important Information You Need to Know.” The pamphlet includes medication safety tips and encourages consumers to take an active role in their care. It includes specific recommendations for when the consumer is at home, in the hospital, at the drugstore and at doctor’s offices. Complementary to the pamphlet is the Universal Medication Form, which allows consumers to track their medications. The toolkit also includes a patient chart version of the Universal Medication Form and a Medication Reconciliation Form for hospital use.

Hospitals should feel free to duplicate the resources provided in this toolkit and may also wish to link the pamphlet and Universal Medication Form on their Web sites. In addition, the pamphlet and Universal Medication Form are linked on the Alabama Hospital Association’s site, www.alaha.org. The entire toolkit is available on the member access section of the Web site.

We hope you will find these tools useful to you and your patients. If you have any questions, concerns or suggestions, please contact Rosemary Blackmon at (800) 489-2542 or rblackmon@alaha.org or Kim Swinney Morgan at (334) 834-3477 or kswinney@alaha.org.
ABOUT THE ‘MEDICATION SAFETY TIPS’ PAMPHLET

The consumer pamphlet, “Medication Safety Tips: Important Information You Need to Know,” discusses medication safety and encourages use of the Universal Medication Form. Hospitals may wish to produce copies of the brochure for themselves and affiliated physicians to share with patients. Hospitals may also link the brochure on their Web sites or refer patients to the Alabama Hospital Association Web site, www.alaha.org.

We’ve enclosed some pamphlets for your use. Additional copies are available while supplies last. In addition, we have three versions posted on the member access section of the AlaHA Web site, www.alaha.org, which may be downloaded and reproduced: a color version that may be printed in house, a black and white version that may be printed/copied in house, and a full-bleed, color version that may be sent to a commercial printer.
ABOUT THE UNIVERSAL MEDICATION FORM

The Universal Medication Form is a tool developed for consumers to track the prescription and over-the-counter medications, as well as the herbal supplements and vitamins, they take at home. Hospitals and other health care providers are encouraged to keep copies of this form and to distribute them to patients upon discharge or upon request from patients and/or families. You may also wish to distribute the forms at community health fairs, senior organization meetings, etc. Consumers should be encouraged to complete the form and give copies to their doctors, pharmacist and dentist. These health care providers can then help the patient update the form as needed.

The form can be printed and completed by hand or it may be downloaded to the consumer’s computer and updated electronically. The form is available in English and Spanish. Instructions for both forms are printed on the back.
CHECKLIST FOR UTILIZING TOOLKIT

Internally

- Inform the appropriate individuals of the hospital’s plans to focus on medication safety. These individuals could include, but are not limited to:
  - Hospital medical staff
  - Hospital pharmacists
  - Nurses
  - Department managers, particularly:
    - Patient Safety
    - Quality
    - Senior Services
    - Public Relations
- Distribute copies of the Medication Safety Toolkit (feel free to make copies, download PDF from AlaHA Web site or e-mail Web link) to appropriate individuals within hospital.

Externally

- Inform the appropriate individuals/groups within your community of the hospital’s plans to focus on medication safety. These individuals/groups could include, but are not limited to:
  - Patients
  - Local retail pharmacists
  - Local senior organizations
  - Local community and civic organizations
  - Local businesses
- Ideas for external communications about medication safety and available resources.
  - Post brochure and consumer forms on hospital’s Web site.
  - Include article in community and senior newsletters (sample article included in toolkit).
  - Distribute brochure and consumer forms at health fairs.
  - Have a hospital representative present the information at meetings of local organizations or to businesses.
[Sample Community Newsletter Article]

[Hospital Name] provides medication safety tips, new resources

Being safe about your medications could save your life. That’s why [Hospital Name] has teamed up with hospitals across the state to publish a new informational pamphlet called, “Medication Safety Tips: Important Information You Should Know.” The pamphlet includes medication safety tips and encourages you to take an active role in your health care.

One important safety tip is to know exactly what medications you take, how much you take and when you take them...and to be able to give this information to your caregivers. To help you keep track of your medications, Alabama’s hospitals are offering another resource called the Universal Medication Form. You can get this form at [Hospital Name], as well as on-line at [hospital Web site address] or on the Alabama Hospital Association’s Web site, www.alaha.org. The form can be used to list information about the prescription medications, as well as the over-the-counter medications, vitamins and herbal supplements, you take. It also includes a place to include past allergic reactions. The “Medication Safety Tips” pamphlet includes suggestions for ways you can use the Universal Medication Form, as well as other many other tips, including:

- Tell your doctor or nurse about any past allergic reactions.
- Take only the medication given to you by your doctor or pharmacist.
- Take new medication prescriptions and refills to the same drugstore.
- Make sure any refill of the medication is the same color, size and shape.
- Do not stop taking medication just because you feel better.
- Keep your medication out of reach of children and pets.
- Keep your medication away from heat and dampness, which can affect how it works.
- Throw away medication if the expiration date has passed.
- Call your doctor right away if you feel any medication is making you sick.

Remember, your health is important and taking an active role in your medical care can help prevent medication errors. You should never be afraid to ask your doctor, nurse or pharmacist about your medications.

Come by the hospital or visit our Web site, [hospital Web site address], to get your copy of “Medication Safety Tips” with these and many more tips, as well as a copy of the Universal Medication Form.
**UNIVERSAL MEDICATION FORM**  
(hospital to complete)

**Emergency Contact/Phone Numbers:**

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**IMMUNIZATION RECORD** (Record the date/year of last dose taken, if known)

<table>
<thead>
<tr>
<th>TETANUS</th>
<th>FLU VACCINE</th>
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<tbody>
<tr>
<td>PNEUMONIA VACCINE</td>
<td>HEPATITIS VACCINE</td>
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</table>

**Allergic To/ Describe Reaction:**

<table>
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<tr>
<th><strong>Allergic To/ Describe Reaction:</strong></th>
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**Medications:** Include all prescription and over-the-counter medications and herbals. Include medications taken as needed.

<table>
<thead>
<tr>
<th>NAME OF MEDICATION/DOSE</th>
<th>DIRECTIONS/NOTES: Use patient friendly directions. Do not use medical abbreviations.</th>
<th>DATE STOPPED</th>
<th>RX</th>
<th>PEI</th>
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**For Inpatients:** At the time of discharge, complete this form from the information on the Medication Assessment History-Physician Order Form and/or from physician orders. On the next available row, write “listed upon discharge” along with your initials and the date.

**For Outpatients:** Upon admission, complete this form and when the list is verified, on the next available row, write “list verified upon admission” along with your initials and date. At the time of discharge, mark through those medications to be discontinued and add any new medications as ordered by the physician. On the next available row, write “updated upon discharge” along with your initials and date.

**GIVE COPY OF THIS FORM TO PATIENT OR PATIENT'S CAREGIVER AT THE TIME OF DISCHARGE** along with patient education information sheets (PEI) and new prescriptions (RX). Review the information with the patient and/or the patient’s caregiver.
Initiated by: ________________________________ (RN/LPN) Date and time: __________
Completed by: ________________________________ (RN/LPN) Date and time: __________
Allergies: ___________________________________________________________________________
____________________________________________________________________________________

Height: ______ ft. ______ in. Weight: ______ lbs. ______ oz.

<table>
<thead>
<tr>
<th>Home Medication</th>
<th>Reason</th>
<th>Last Dose Taken</th>
<th>Cont. same med.</th>
<th>Discont. med.</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose/Route/Frequency/Time (Include Herbal/OTC/Vitamins)</td>
<td></td>
<td>“?” If unknown</td>
<td></td>
<td></td>
<td>(record changes in dose, route, frequency or time)</td>
</tr>
<tr>
<td>Patient takes no medications</td>
<td>☐</td>
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</tr>
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MD Review: ___________________________________________________
(I have reviewed home meds, orders previously written. This does not constitute order.)

Information obtained: ☐ Patient/Family ☐ Bottles/List ☐ Old Records ☐ Retail Pharmacy ☐ MD Office Records
☐ Universal Medication Form

Meds sent to: ☐ Not applicable ☐ Hospital Pharmacy
☐ Home with: ________________________________________________
☐ Other: ____________________________________________________

New Medication Orders

Physician’s order signature: ____________________________ Date/time: __________