## Be Informed, Stay Safe

Maintaining a personal Universal Medication Form that stays in your wallet or purse is a very important step in preventing harmful medication errors. This form helps you and your family members remember all of the medications you are taking. Always provide your doctor, nurse or other healthcare professional with a up-to-date list of your medicines. These include over-the-counter medications, vitamins and herbal remedies. Be sure to ask your doctor, nurse or pharmacist if you have questions about your medicines.

Write down all the medicines you take at this time on the Universal Medication Form, and list all of your allergies.

You should know:

- the name of each medicine
- what it is for
- how much you take each time
- how and when you take it
- what to do if you miss a dose
- what the side effects are
- whether or not it is safe to take with other medicines

## **Keep Your Form up-to-date**

Always keep your Universal Medication Form current. Write down any changes, including if you stop taking a medicine. Always take your medicines as prescribed. If any of your medicines are making you feel sick or causing pain, call your doctor as soon as possible. Be sure to safely dispose of any medicine that has expired.

If you need help keeping your medication form current, ask a family member or your health care professional or pharmacist.

This form will be helpful when you are at home, at the doctor's office, at the pharmacy or in the hospital. For more information, call 803-296-5355 or visit our website at palmettohealth.org/PatientSafetyInformation.



palmet to health.org/Patient Safety Information

**Our Vision:** To be remembered by each patient as providing the care and compassion we want for our families and ourselves.



## **Managing Your Medications**

Safety Tips for Keeping Track of Your Medicines





## UNIVERSAL MEDICATION FORM

Fold this	form and keep it in your <b>v</b>	Date form started:/ /							
Name:			Address:			Emergency Contact/Phone numbers			
Phone Nu	umber:								
Birth Date:			Organ Donor: Yes No		0				
		IMMUNIZATIO	N RECORD (Reco	ord the date/year o	of last dose take	en, if known)			
FLU VACCINE PNEUMONIA VACCINE			HEPATITIS VACCINE TETANUS		TETANUS _	OTHER			
Allergic To /Describe Reaction:			Allergic To /Describe Reaction:		Allergic To /Describe Reaction:				
	IEDICINES YOU ARE CUF						nples: aspii	rin, antacids)	
	nd herbals (examples: ginseng, gingko). Include DATE NAME OF MEDICATION / DIRECTION					Reason for taking and DA		TE Notes: Reason for	
DAIL	DOSE		t use medical abbrevia			octor Name	STOPPED	stopping; complications, etc	
								<del></del>	
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