

MEDICATION SAFETY



Important Reminders for Using Medicine Safely

Medications can be safe if you take them correctly.
Medicines can help you get better when you are sick.
Medicines can also keep a health problem under good control.

- Read and follow the directions on the label.
- Take the exact amount written on the label.
- Take each dose around the same time each day.
- Use the spoon, cup, or dropper included with liquid medicine.
- Use the same pharmacy for all of your prescriptions.
- Don't share your medicine or take someone else's medicine.
- Check the expiration date on the label and don't take it past that date.
- If you have out of date medicine add water or something that smells or taste bad (like salt or dirt). Then put it in the trash.
- Keep all medicines out of the reach of children.
- Don't keep medicine in sunlight or in a damp area. Keep medicine in a cool, dry place.
- Tell your doctor and pharmacist about all of the medicines you take.
- Tell them about the prescription medicine and over the counter medicine you take.
Over the counter medicines include:
 - Pain Medicine
 - Cold Medicine
 - Stomach Medicine
 - Vitamins
 - Herbal Medicine
 - Dietary Supplements
 - Other drugs you buy at the store
- Tell your doctor and pharmacist about any allergies to drugs and foods and about problems you had with medicines in the past.
- If you have questions, call your doctor or pharmacist.

**Talk to your
doctor or
pharmacist
about your
medicines**



Questions You Should Ask:

- What is the name of the medicine?
- Why do I need to take it?
- How much do I take?
- How often should I take it?
- How long do I keep taking it?
- Will it make me sleepy or feel bad?
- Can I take it with my other medicine?
- Are there any foods or drinks I should avoid?
- Should I stop taking it when I feel better?
- What should I do if I forget to take it?
- What should I do if I take too much?
- Can I crush, chew or break the pill?

Important Phone Numbers

Doctor's name: _____
Phone No. _____
Pharmacy Name: _____
Phone No. _____
Allergies: _____