

Medications & Logs



Home and Hospice Services

Medication Safety

Medications are meant to make you feel better and are generally safe when taken correctly. If not taken properly, medications can actually make you feel worse, cause you to get sicker or even cause death. Medication safety teaches how to properly use and store your medications. We recommend removing or “blacking out” personal identification from medication containers before placing empty containers into the garbage. At the time of death, a hospice staff member will encourage and assist with the immediate and proper disposal of all narcotic and prescription medications.

WHY MEDICATION SAFETY MATTERS

- Knowing how to take medication correctly can prevent serious problems, including trips to the emergency room or hospital
- Understanding how to use your medication helps prevent errors
- Learning how to safely store medications can prevent them from going bad and can stop others from taking them when they should not

WHAT CAN HELP

- Keeping an up-to-date list of all medications, and sharing it with your hospice care team and pharmacist
 - Include prescriptions, over-the-counter medications, supplements, patches and herbal remedies
 - Include the name and number for your pharmacy
- Learning brand names and generic names of each medication
- Learning possible side effects and how medication may interact with other medications or foods
- Storing medications in a safe place away from pets and children
- Never mixing more than one type of medication in the same bottle
- Getting rid of outdated or unused medications as directed
- Seeking help in managing and taking medication if mental or physical problems are preventing safe management or use of medications

WHAT TO REPORT TO YOUR HOSPICE CARE TEAM

- Questions about medications
- New, changed or discontinued medications
- Concerns about the effects of medications
- Concerns about the cost of medications or problems getting medications
- Concerns about stopping, starting or changing medications
- Changes in symptoms after starting, stopping or changing medications
- Any concerns about others using your medications

WHAT YOUR HOSPICE CARE TEAM WILL DO

- Listen carefully and help address concerns
- Communicate your concerns to your doctor and to others on your hospice care team
- Provide education and training on how to manage your symptoms
- Provide training on how to safely use and store medications
- Your hospice nurse will ask questions and will need to see all prescriptions, over-the-counter medications, supplements, patches and herbal remedies

Call our 24-hour number **(847) 475-3002** with questions or concerns so we can provide timely care.

Medication Disposal

In 36 states, water was found to contain substantial amounts of antibiotics and steroidal hormones in water supplies. It is recommended that medications not be flushed down the toilet or poured into the sink drain. Medications that are thrown away pose an environmental hazard and are at risk for misuse or abuse.

MEDICATION DISPOSAL OPTIONS

IN CHICAGO

All Chicago police stations have drop boxes for disposal of:

- Expired medications
- Unused prescriptions and over-the-counter medications
- Controlled substances

For more information, visit CityofChicago.org/HEALTH.

OUTSIDE CHICAGO

In northern Cook County, contact Solid Waste Agency of Northern Cook County at **(847) 724-9205** for drop-box sites.

Kane County—For information, contact **(630) 208-3837** or email recycle@countyofkane.org

Lake County—For information, contact **(847) 336-9340** or visit swalco.org

McHenry County—Offers several drop boxes; contact **(815) 385-6024** for information

MAILING IN MEDICATIONS

CVS and Walgreens both sell postage-paid envelopes to mail in medications for proper disposal. Envelopes typically cost less than \$5 and should be mailed through a post office. Controlled substances should not be sent through the mail. Envelopes are never opened. They are sent directly to a medication incinerator facility.

Sharps Disposal

ILLINOIS LAWS

Residents are required to ensure that used syringes/needles are stored/disposed of safely. Never place loose sharps in the trash.

STORAGE AND DISPOSAL

Needle destruction devices, such as a needle cutter, are available for purchase. The syringe can then be thrown away and needles stored safely until disposed.

Store used needles/pen needles and lancets in a sturdy household container with a screw-on lid; e.g., bleach or detergent bottles. These may be thrown out in regular garbage but not in the recycling bin.

For mail-back programs, search the internet for “sharps mail-back programs.”

BIOHAZARD SHARPS CONTAINER

Place sharps, needle first, in the container. Biohazard sharps containers are NOT allowed in the garbage. This is due to the biohazard label, not the needles themselves.

Northern Cook County residents may get information regarding sharps disposal locations at swancc.org.

DISPOSAL OF MEDICATIONS/CONTROLLED SUBSTANCES (HOSPICE)

POLICY

NorthShore Hospice Services instruct patients and family/caregivers regarding the safe use and proper disposal of unused, expired and discontinued prescription medications, including controlled substances. NorthShore Hospice Services does not collect unused medications for disposal.

PROCEDURE

1. Patient or family/caregiver will receive instructions on safe use and proper disposal of unused, expired and discontinued prescription medications, including controlled substances as part of the initial admission process.
 - A. A copy of this policy and procedure and medication disposal guide will be given to the patient or the family/caregiver during the admission process.
 - B. Instruction will be provided to patient or family/caregiver regarding proper storage of medication in a safe and secure location.
 - C. An informal documentation procedure for the patient and family/caregiver will be outlined for use with “as needed or breakthrough drugs” as appropriate.
 - D. Clinician will document in the clinical record that the above instructions were provided and discussed, and that a copy of the policy and procedure and medication disposal guide was provided.
 - E. Recommend to the patient or family/caregiver to remove or “black out” personal identification from medication containers before placing empty containers into the garbage.
2. At the time of death, one of our hospice staff will encourage immediate and proper disposal of the family member’s prescribed medications.
3. For further information:

<http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/default.htm>

APPROVAL:

<u>Michael Marschke , M.D.</u> Signature	<u>Medical Director of Hospice Services</u> Title	<u>1/3/2017</u> Date
<u>Pat Koepp i, RN</u> Signature	<u>Senior Director of Home and Hospice Services</u> Title	<u>1/3/2017</u> Date

DATES:

Origination: 9/99 **Last Review:** 1/2017 **Next Review:** 1/2018

Medication Log

Patient: _____

Date	Medication	Dose	Reason												
				12A	1	2	3	4	5	6	7	8	9	10	11
				12A	1	2	3	4	5	6	7	8	9	10	11
				12P	1	2	3	4	5	6	7	8	9	10	11
				12A	1	2	3	4	5	6	7	8	9	10	11
				12P	1	2	3	4	5	6	7	8	9	10	11
				12A	1	2	3	4	5	6	7	8	9	10	11
				12P	1	2	3	4	5	6	7	8	9	10	11
				12A	1	2	3	4	5	6	7	8	9	10	11
				12P	1	2	3	4	5	6	7	8	9	10	11
				12A	1	2	3	4	5	6	7	8	9	10	11
				12P	1	2	3	4	5	6	7	8	9	10	11
				12A	1	2	3	4	5	6	7	8	9	10	11
				12P	1	2	3	4	5	6	7	8	9	10	11
				12A	1	2	3	4	5	6	7	8	9	10	11
				12P	1	2	3	4	5	6	7	8	9	10	11
				12A	1	2	3	4	5	6	7	8	9	10	11
				12P	1	2	3	4	5	6	7	8	9	10	11
				12A	1	2	3	4	5	6	7	8	9	10	11
				12P	1	2	3	4	5	6	7	8	9	10	11

Event Log

Patient: _____

Date	Event	Time	Initials

Wound Care Instructions

Wound #1 Location: _____

Wound #3 Location: _____

Dressing should be changed: _____

Dressing should be changed: _____

To clean wound: _____

To clean wound: _____

For wound packing: _____

For wound packing: _____

Cover with: _____

Cover with: _____

Secure with: _____

Secure with: _____

Wound #2 Location: _____

Wound #4 Location: _____

Dressing should be changed: _____

Dressing should be changed: _____

To clean wound: _____

To clean wound: _____

For wound packing: _____

For wound packing: _____

Cover with: _____

Cover with: _____

Secure with: _____

Secure with: _____

(Date Initiated)

(Nurse's Signature)

(Date Revised)

(Nurse's Signature)

Call our 24-hour number (847) 475-3002 with questions or concerns so we can provide timely care.

Patient and Caregiver Training Tracker

Patient: _____ DOB: _____

Enrollment/Admission	Patient:	Caregiver 1:	Caregiver 2:	Caregiver 3:
How to Contact Hospice	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Patient Rights and Responsibilities and Notice of Health Information Practices	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Symptom Management/Symptoms at End of Life	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Tab 3: Emergency Preparedness (refer to section on following page)	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Tab 8: Medication Training, Ordering, Safety and Side Effects	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Use of Logs	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____

Tab 1: Pain & Symptom Management	Patient:	Caregiver 1:	Caregiver 2:	Caregiver 3:
Pain Management	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Trouble Breathing/Oxygen Safety	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Constipation	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Anxiety or Sadness	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Restlessness and Agitation/ When Agitation Becomes Unsafe	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Caring for Your Wound at Home/ Wound Care Instruction	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Nausea	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Changes in Eating and Drinking	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Oral Health	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Urinary Tract Infection	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____

Tab 2: Home & Patient Safety	Patient:	Caregiver 1:	Caregiver 2:	Caregiver 3:
Moving Safely at Home	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Infection Prevention/ Respiratory Infection	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Personal Hygiene	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Bed Bugs	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Oxygen Safety	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____

Tab 3: Emergency Preparedness	Patient:	Caregiver 1:	Caregiver 2:	Caregiver 3:
Disaster Preparedness	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Preparing for Emergencies	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Power Outages and Fire Safety	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____

Tab 4: Preparing for End of Life	Patient:	Caregiver 1:	Caregiver 2:	Caregiver 3:
Preparing for End of Life	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Advance Care Planning	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Power of Attorney for Health Care	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Questions for Your Social Worker	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Important Papers/Funeral Planner/Obituary Information	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____

	Patient:	Caregiver 1:	Caregiver 2:	Caregiver 3:
What to Expect at the Time of Dying	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Other	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Other	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____
Other	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____	<input type="checkbox"/> Date: _____ Trainer: _____

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