

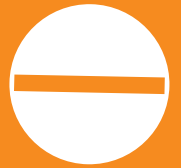
# TRAINING OF CAREGIVERS:

## Older Adult Medication Management

Washington Poison Center



**WASHINGTON  
POISON CENTER**  
(800) 222 1222



# TABLE OF CONTENTS

1. Older Adult Medication Management: Assessment Guide
2. Strategies to Improve Medication Management
3. Medication List Development Guide
4. Medication List Worksheets
5. Wallet Health & Medication Record
6. Sample Medication Calendar
7. 10 Questions to Ask a Provider or Pharmacist
8. How to Have a Conversation About Medication Management
9. Practice Scenario

# OLDER ADULT MEDICATION MANAGEMENT

## - Assessment Guide -

Use this assessment guide to determine an older adult's medication management status. The guide is divided into three categories: 1) safe medication storage, 2) medication knowledge, and 3) medication management strategies.

The guide provides two types of assessment questions: conversational and observational. Ask the older adult the conversational questions (in quotation marks "..."). Use the observational questions (in brackets [...]) to interpret the older adult's answers and/or to look for medication management challenges that may not be clear within their response. Each question is followed by a "traffic light" assessment of the responses and observations - a key for the traffic light is included below.

Use the *Strategies to Improve Medication Management* form to improve Yellow Light and Red Light assessments within each medication management category.



### Red Light: Stop! Take Action ASAP

The older adult's current medication management practices place them at high risk of medication error. Work in partnership with the older adult to immediately implement new strategies from the *Strategies to Improve Medication Management* form.

### Yellow Light: Caution... Take Action Soon

The older adult uses some concerning medication management practices that may lead to medication errors. Work with the older adult to implement improved medication management practices from the *Strategies to Improve Medication Management* form.

### Green Light: All Clear

The older adult is following best practices for medication management. Continue to monitor and observe, but no action is needed at this time.

Questions	Green Light All Clear	Yellow Light Caution... Take Action Soon	Red Light Stop! Take Action ASAP
<b>Safe medication storage</b>			
<p>"Please show me where you keep your medications."</p> <p>[Are medications stored in one location?]</p> <p>[Are medications stored in an organized fashion?]</p> <p>[Are medications stored in their original containers, a pillbox, or other form of medication organizer?]</p> <p>[Are medications stored with other household member's medications?]</p> <p>[Are medications stored with non-pharmaceutical "look-a-like" substances?]</p>	<p><input type="checkbox"/> Medications are stored in a single, organized location.</p> <p><input type="checkbox"/> Medications are stored in their original containers, a pillbox, or other form of medication organizer.</p> <p><input type="checkbox"/> Medications are separate from the medications of other household members.</p> <p><input type="checkbox"/> Medications are stored separate from non-pharmaceutical "look-a-like" substances.</p> <p><i>Notes:</i></p>	<p><input type="checkbox"/> Medications are stored in multiple places throughout the home.</p> <p><input type="checkbox"/> Medications are stored together, but in an unorganized fashion.</p> <p><input type="checkbox"/> Medications are stored close to non-pharmaceutical "look-a-like" substances.</p> <p><i>Notes:</i></p>	<p><input type="checkbox"/> Medications are stored in different containers than their original containers (other than pillboxes or other medication organizers).</p> <p><input type="checkbox"/> Medications are loose (i.e., not stored in a container).</p> <p><input type="checkbox"/> Medications are mixed with the medications of other household members.</p> <p><i>Notes:</i></p>

Questions	Green Light All Clear	Yellow Light Caution... Take Action Soon	Red Light Stop! Take Action ASAP
<b>Safe medication storage</b>			
<p>"Do you currently take all of these medications?"</p> <p>[Are medications all current prescriptions? Are there "leftover medications" from previous prescriptions?]</p>	<p><input type="checkbox"/> All medications are current prescriptions.</p> <p><i>Notes:</i></p>	<p><input type="checkbox"/> The older adult is unsure if all medications are current prescriptions.</p> <p><i>Notes:</i></p>	<p><input type="checkbox"/> The older adult has leftover medications.</p> <p><i>Notes:</i></p>
<p>[Note any "high alert medications" - i.e., opioids, cannabis, sedatives, and antidepressants.</p> <p>Are these medications locked up, kept out of sight, out of reach of children, and stored separately from the medications of other household members?]</p>	<p><input type="checkbox"/> High alert medications are locked up.</p> <p><input type="checkbox"/> High alert medications are stored out of sight and out of reach by children.</p> <p><input type="checkbox"/> High alert medications are stored separately from the medications of other household members.</p> <p><i>Notes:</i></p>	<p><input type="checkbox"/> High alert medications are not locked up, but are out of sight and out of reach by children.</p> <p><i>Notes:</i></p>	<p><input type="checkbox"/> High alert medications are plainly visible, not locked up, and easy to reach by children.</p> <p><input type="checkbox"/> High alert medications are intermixed with the medications of other household members.</p> <p><i>Notes:</i></p>

# - Safe Medication Storage -

## Yellow & Red Light Practice



## Medication Error

- Intermixing medications with those of other household members/pets
- Easily accessible medications (i.e., those not kept out of sight and out of reach) can lead to accidental ingestion by kids
- Easily accessible medications may result in intentional misuse by others
- Leftover medications increase risk of inappropriate use by individuals with access to an older adult's medications



## Wrong Person

- 
- Disorganized medications
  - Storing medications in multiple locations
  - Loose medications
  - Medications not in their original containers
  - Keeping old or expired prescription medications



## Wrong Dose

- 
- Disorganized medications
  - Storing medications in multiple locations
  - Loose medications
  - Medications not in their original containers
  - Intermixing medications with those of other household members/pets
  - Keeping old or expired prescription medications



## Wrong Medication



Questions	Green Light All Clear	Yellow Light Caution... Take Action Soon	Red Light Stop! Take Action ASAP
<b>Medication knowledge</b> (ask the following for each medication)			
<p>“What do you take this medication for?”</p> <p>“How does this medication help with your {condition/symptom}?”</p>	<input type="checkbox"/> The older adult knows the condition/symptom for which they take the medication, as well as how the medication treats their condition/symptom.  <i>Notes:</i>	<input type="checkbox"/> The older adult only knows the condition/symptom for which they take the medication. They do not know how it treats their condition/symptom.  <i>Notes:</i>	<input type="checkbox"/> The older adult does not know what condition/symptom the medication is for, or how it treats their condition/symptom.  <i>Notes:</i>
<p>“When do you take this medication?”</p> <p>[Does older adult know how often they take their medication, the time of day, and/or any other time-related details for the medication?]</p>	<input type="checkbox"/> The older adult knows how often they take their medication, the time of day, and/or any other time-related details for the medication.  <i>Notes:</i>		<input type="checkbox"/> The older adult does not know how often they take their medication, the time of day, and/or any other time-related details for the medication.  <i>Notes:</i>

Questions	Green Light All Clear	Yellow Light Caution... Take Action Soon	Red Light Stop! Take Action ASAP
<b>Medication knowledge</b> (ask the following for each medication)			
<p>“Are there any special instructions for taking this medication?”</p> <p>[Does the older adult know to take the medication with food, with a glass of water, to avoid specific substances/foods, etc.?)</p>	<p><input type="checkbox"/> The older adult knows the medication’s special instructions.</p> <p><i>Notes:</i></p>		<p><input type="checkbox"/> The older adult does not know the medication’s special instructions.</p> <p><i>Notes:</i></p>
<p>“How do you take this medication?”</p> <p>[Does the older adult know how to administer their medication - oral, injection, topical, under the tongue (sublingual), etc.?)</p>	<p><input type="checkbox"/> The older adult knows the correct route of medication administration.</p> <p><i>Notes:</i></p>		<p><input type="checkbox"/> The older adult does not know the correct route of medication administration.</p> <p><i>Notes:</i></p>
<p>“Please show me how much of this medication you take each time.”</p> <p>[Ask the older adult to demonstrate how much of the medication they take. Verify this amount matches the prescribed amount.]</p>	<p><input type="checkbox"/> The older adult demonstrates taking the prescribed amount of their medication.</p> <p><i>Notes:</i></p>		<p><input type="checkbox"/> The older adult demonstrates taking an incorrect amount of medication.</p> <p><i>Notes:</i></p>



# - Medication Knowledge -

## Yellow & Red Light Practice



## Medication Error

- Uncertainty about a medication's name



Wrong Person

- 
- Uncertainty about a medication's name, dose, and instructions
  - Uncertainty about the purpose of a medication



Wrong Dose

- 
- Uncertainty about a medication's name, dose, and instructions



Wrong Medication

- 
- Uncertainty about a medication's name, dose, and instructions



Wrong Time

- 
- Uncertainty about a medication's name, dose, and instructions



Wrong Way

Questions	Green Light All Clear	Yellow Light Caution... Take Action Soon	Red Light Stop! Take Action ASAP
<b>Medication management strategies</b>			
<p>“Do you maintain a list of your current medications?”</p> <p>[Does the older adult use a medication list, medication record, or other tool containing the name, amount (dose), time of administration, and special instructions for each medication?]</p> <p>[Is the medication list, medication record, or other tool current and accurate?]</p>	<p><input type="checkbox"/> The older adult uses a current and accurate medication list that contains the name, amount (dose), time of administration, and special instructions for each medication.</p> <p><i>Notes:</i></p>		<p><input type="checkbox"/> The older adult does not use a medication list, record, or other tool.</p> <p><input type="checkbox"/> The older adult uses an out-of-date, incorrect, or incomplete medication list.</p> <p><i>Notes:</i></p>
<p>“How do you remember to take your medications?”</p> <p>[Does the older adult use a medication checklist, pill organizer, or other reminder system?]</p> <p>[Does the reminder system appear to be used consistently?]</p>	<p><input type="checkbox"/> The older adult uses a reminder system to track when to take their medications.</p> <p><i>Notes:</i></p>		<p><input type="checkbox"/> The older adult does not use or inconsistently uses a system to track when they take their medications.</p> <p><i>Notes:</i></p>

Questions	Green Light All Clear	Yellow Light Caution... Take Action Soon	Red Light Stop! Take Action ASAP
<b>Medication management strategies</b>			
<p>“Where do you get your prescription medications?” [Examples include local pharmacy, mail order, healthcare provider clinic. Does the older adult use multiple pharmacies for their prescriptions?]</p> <p>“How do you remember to get your prescriptions refilled?”</p> <p>“Are you having any trouble refilling your prescription medications?” [Does the older adult have any challenges in accessing their pharmacy, remembering to refill their prescriptions, etc.]</p>	<p><input type="checkbox"/> The older adult uses one pharmacy for all of their prescriptions.</p> <p><input type="checkbox"/> The older adult uses a reminder system to refill their prescriptions.</p> <p><input type="checkbox"/> The older adult has no challenges in refilling their prescription medications.</p> <p><i>Notes:</i></p>		<p><input type="checkbox"/> The older adult uses multiple pharmacies for their prescriptions.</p> <p><input type="checkbox"/> The older adult does not use a reminder system to have their prescriptions refilled on time.</p> <p><input type="checkbox"/> The older adult expresses challenges to refilling their prescription medications.</p> <p><i>Notes:</i></p>

# - Medication Management Strategies -

## Yellow & Red Light Practice



## Medication Error

- Uncertainty over whether an older adult has taken their medications (may result in double dosing or skipping doses)
- Uncertainty about a medication's name, dose, and instructions
- Expensive medications (an older adults may not take the medication or may skip doses)
- Multiple pharmacies (may refill a prescription that is no longer needed or correct; may not realize potential drug interactions)



Wrong Dose

- 
- Uncertainty about a medication's name, dose, and instructions
  - Multiple pharmacies (may refill a prescription that is no longer needed; may not realize potential drug interactions)



Wrong Medication

- 
- Uncertainty over whether an older adult has taken their medications (may result in double dosing or skipping doses)



Wrong Time

- 
- Uncertainty about a medication's name, dose, and instructions



Wrong Way

# STRATEGIES TO IMPROVE MEDICATION MANAGEMENT

## SAFE MEDICATION STORAGE

### Organize and store medications in a designated area.

- Examples include a medicine cabinet or kitchen cupboard.
- Supplement this strategy with a medication checklist or other reminder system (see "Medication Management Strategies" section).

### Store medications in their original containers or in a medication organizer.

- If storing medications in a medication organizer, use a medication list that contains descriptions of the medications (see "Medication Knowledge" section). Keep the medications' original containers for access to dosing and refill information.



### Store medications separate from the medication of other household members and pets.

- Or, use colored prescription identification bands or colored pill organizers to differentiate between individuals.



### Store medications separate from "look-a-like" non-pharmaceutical substances.

- Separate household cleaning products from medications and food items.
- Keep substances in their original containers.
- Put Mr. Yuk stickers on dangerous items.



WASHINGTON  
POISON CENTER  
(800) 222 1222

## Keep medications out of reach and out of sight.

- Consider using a lock box for medications, especially if there are small children in the household.
- Store medications in a medicine cabinet, kitchen cupboard, or other locations that are out of sight and out of reach.

## Dispose of leftover medications.

- Find secure medicine take-back locations throughout Washington at [TakeBackYourMeds.org](https://www.TakeBackYourMeds.org).



## Keep “high alert medications” (opioids, cannabis, sedatives, and antidepressants) locked up.



- Use a lock box for high alert medications.
- Keep high alert medications separate from those of other household members.
- Dispose of any leftover medications at secure medicine take-back locations. Find locations at [TakeBackYourMeds.org](https://www.TakeBackYourMeds.org).

## RESOURCES

- [TakeBackYourMeds.org](https://www.TakeBackYourMeds.org)
- [KingCountySecureMedicineReturn.org](https://www.KingCountySecureMedicineReturn.org)
- Some Washington areas offer medication disposal mail-back envelopes  
<https://med-project.org/>
- Opioid Medication & Pain: What You Need to Know  
<http://wahealthalliance.org/wp-content/uploads/2017/01/Opioid-Medication-Pain-Fact-Sheet-revised.pdf>



# MEDICATION KNOWLEDGE

## Use a medication list.

- Use the “Developing a Medication List” form to create or revise an older adult’s medications list. At a minimum, include each medication’s name, amount (dose), when to take it, and any special instructions.
- Include over-the-counter medications and vitamins/herbal medicines/supplements.
- Bring the medication list to all healthcare appointments.
- Revise the medication list whenever medication plans change.

### PRESCRIPTION MEDICATION LIST

Medication name & strength (Example: Simvastatin 10 mg)	Date Updated:	Name:
What I take it for (Example: Cholesterol)		
How much I take & at what time (Example: 1 pill at bedtime)		
How do I take it? (Example: by mouth)		
Special Instructions (Examples: take with food; avoid eating grapefruit)		
What it looks like (Example: pink, oval, imprinted with H, 17)		
Start & stop date (Example: June 1, 2017 - present)		
Who prescribed it (Example: Dr. Smith)		
Where I get it filled (Example: Safeway 2nd St)		

For additional copies, visit [www.wapc.org](http://www.wapc.org). In case of a medication question or error, call the Washington Poison Center at 1-800-222-1222. In case of emergency, always call 911.



## Provide a list of questions about medications for an older adult to review with their provider and/or pharmacist.

- See “10 Medication Questions to ask a Provider or Pharmacist” for questions ideas.

## Encourage the older adult to bring an advocate to provider appointments and the pharmacy.

- Bringing a trusted friend, family member or caregiver provides a second set of ears. Their involvement may help an older adult better understand and remember medication plans by taking notes, asking questions, or aiding their recall of what was discussed.

## RESOURCES

- National Institute on Aging: "Talking with Your Doctor: A Guide for Older People."  
[https://order.nia.nih.gov/sites/default/files/2017-07/TWYD\\_508.pdf](https://order.nia.nih.gov/sites/default/files/2017-07/TWYD_508.pdf)
- Medication Use Safety Training for Seniors  
<http://www.bemedwise.org/docs/mustbooklet.pdf>



# MEDICATION MANAGEMENT STRATEGIES

## Use a medication list.

- Use the “Developing a Medication List” form to create or revise an older adult’s medications list. At a minimum, include each medication’s name, amount (dose), when to take it, and any special instructions.
- Include over-the-counter medications and vitamins/herbal medicines/supplements.
- Bring the medication list to all healthcare appointments.
- Revise the medication list whenever medication plans change.

## Use a medication checklist or other reminder system.

- See the “Medication Calendar” for an example of a paper version checklist.
- Pill organizers and medication dispensers may be used instead of a checklist. When using these options, make sure the older adult can easily interpret when they need to take a dose versus when they have already taken a dose.
- Use technology: set cell phone alarms, email reminders, and explore medication reminder cell phone applications.



## Consolidate prescriptions to one pharmacy.



- Request a pharmacist review of medications to check for drug interactions, unnecessary medications, or other medication issues.
- Ask the pharmacy for services to manage medication refills.
- Some pharmacies may offer "bubble" or "blister" packaging, in which medications are packaged together by each day and/or time they need to be taken.

## Explore options to reduce the cost of medications.

- Many drug manufacturers offer prescription assistance programs that provide free or low cost medications to people who can't afford their drugs - see BeMedWise resource below.
- Review Medicaid, Medicare, and Washington state programs that may cover costs or provide financial assistance. Explore these programs at the "State-Sponsored Programs" link below.
- Ask the older adult's pharmacist about other cost-cutting options, such as switching to generic medications or performing a medication review to eliminate unnecessary medications.

## For older adults experiencing difficulty with prescription refills (accessing the pharmacy, remembering, etc.), consider mail-order prescriptions.

- Speak with the older adult's pharmacy for services they may offer regarding prescription refills.



## RESOURCES

- BeMedWise Program: Medication Management for Caregivers  
<http://bemedwise.org/medication-safety/elderly-care>
- BeMedWise Program: OTC medicines, vitamins, and supplements  
<http://bemedwise.org/medication-safety/otc-medicines-vitamins-dietary-supplements>
- Mayo Clinic: Drugs and Supplements  
<https://nccih.nih.gov/health/providers/digest/herb-drug-science>
- BeMedWise Program: Understanding Prescription Assistance Programs  
<http://www.bemedwise.org/documents/paps.pdf>
- State-Sponsored Programs for Washington (medical care, healthcare insurance, prescription assistance, medical supplies, etc.)  
<https://www.needymeds.org/state-programs/list/WA>

# MEDICATION LIST

## - Development Guide -

Use this guide to develop a comprehensive medication list, including prescription medications, over-the-counter medications, and supplements. Templates are included at the end of the development guide. Work with the older adult to create this list: working together will strengthen both your and the older adult's knowledge of their medications.

- Take the completed medication list to all healthcare providers and pharmacy visits. Ask the older adult's provider and/or pharmacist to review the list for accuracy and any potential drug interactions.
- Keep a copy of the list in the older adult's home for emergency situations.
- Ensure the medication list is updated as soon as possible after any medication plan changes.

After completing the comprehensive medication list, fill out the "wallet medication list." This shortened medication list can be kept in the older adult's wallet or purse or placed on the refrigerator for quick reference to emergency medical information and the basics of the older adult's medication plan.

## Prescription Medications

1. What prescription medications are you currently taking?
2. Do you use any prescription creams, ointments, or drops?
3. For each prescription medication, cream, ointment, or drops:
  - What is the name of this medication?
  - What is the strength of the medication?
  - Why do you take this medication? [for what condition or symptom?]
  - How much of this medication do you take? [number of pills, liquid amount, etc.]
  - When do you take this medication?
  - How do you take this medication? [orally, injection, sublingually, etc.]
  - What are other special instructions for taking this medication? [with food, with water, do not take with specific substances/foods, etc.]
  - What does this medication look like?
  - What is the start and stop date for this medication?
  - Who prescribed this medication?
  - Where do you get this prescription filled?



# Over-the-Counter Medications

Let's talk about the over-the-counter medications you take: both the medications you take regularly and the medications you take when you need them.

1. Do you use any creams or ointments on your skin?
  - Why do you use this cream or ointment?
  - How often do you use this cream/ointment?
  - How much of this cream/ointment do you use??
  - What time of day do you use this cream/ointment?
  - For regular use: Did your doctor tell you to use this cream/ointment regularly? If so, which doctor?
2. What do you take when you get a headache, have muscle pain, or arthritis pain?
  - How often do you take this medication?
  - How much of this medication do you take?
  - For regular use: Did your doctor tell you to take this medication regularly? If so, which doctor?
3. What do you take when you get a cold?
  - How often do you take this medication?
  - How much of this medication do you take?
  - For regular use: Did your doctor tell you to take this medication regularly? If so, which doctor?
4. What do you take for indigestion, heartburn, or constipation?
  - How often do you take this medication?
  - How much of this medication do you take?
  - For regular use: Did your doctor tell you to take this medication regularly? If so, which doctor?
5. Do you take any medications for allergies? If yes:
  - What do you take?
  - How often do you take this medication?
  - How much of this medication do you take?
  - For regular use: Did your doctor tell you to take this medication regularly? If so, which doctor?
6. Are there any other over-the-counter medications that you take? If yes:
  - What do you take?
  - How often do you take this medication?
  - How much of this medication do you take?
  - For regular use: Did your doctor tell you to take this medication regularly? If so, which doctor?



# Vitamins, Herbal Medications, & Supplements

1. Do you take any vitamins, herbal medications, or supplements? If yes:

- What do you take?
- Why do you take this vitamin/herbal medication/supplement?
- How often do you take the vitamin/herbal medication/supplement?
- How much of the vitamin/herbal medication/supplement do you take?
- For regular use: Did your doctor tell you to take this vitamin/herbal medication/supplement regularly? If so, which doctor?



## Updating the Medication List

After each provider appointment, ask:

1. Did your doctor start you on any new medicines?
2. Did your doctor stop any medications you were taking?
3. Did your doctor make any other changes to your medications?

*If yes to any of the above questions, go through all sub-questions under Prescription Medications Question 3.*

# PRESCRIPTION MEDICATION LIST

Date Updated: \_\_\_\_\_ Name: \_\_\_\_\_

<b>Medication name &amp; strength</b> (Example: Simvastatin 10 mg)	
<b>What I take it for</b> (Example: Cholesterol)	
<b>How much I take &amp; at what time</b> (Example: 1 pill at bedtime)	
<b>How do I take it?</b> (Example: by mouth)	
<b>Special instructions</b> (Examples: take with food; avoid eating grapefruit)	
<b>What it looks like</b> (Example: pink, oval, imprinted with H, 17)	
<b>Start &amp; stop date</b> (Example: June 1, 2017 - present)	
<b>Who prescribed it</b> (Example: Dr. Smith)	
<b>Where I get it filled</b> (Example: Safeway 2nd St)	

For additional copies, visit [www.wapc.org](http://www.wapc.org). In case of a medication question or error, call the Washington Poison Center at **1-800-222-1222**. In case of emergency, always call **911**.

# OVER-THE-COUNTER MEDICATION & SUPPLEMENT LIST

Date Updated: \_\_\_\_\_

Name: \_\_\_\_\_

<b>Medication/Supplement name &amp; strength</b> (Example: Zantac 150mg )	
<b>What I take it for</b> (Example: prevent heartburn)	
<b>How often do I take this medicine/supplement</b> (Examples: once a day, when I have symptoms, etc.)	
<b>How much I take &amp; at what time</b> (Example: 1 pill 30-60 minutes before I eat dinner)	
<b>How do I take it?</b> (Example: by mouth)	
<b>Special instructions</b> (Example: take with a glass of water; can be taken two times in 24 hours)	
<b>What it looks like</b> (Example: pink, round, imprinted with GG 705)	
<i>As applicable:</i> <b>Who told me to take it</b> (Example: Dr. Smith)	

For additional copies, visit [www.wapc.org](http://www.wapc.org). In case of a medication question or error, call the Washington Poison Center at **1-800-222-1222**. In case of emergency, always call **911**.



Keep in Your Wallet



Third Fold Here

# Health & Medication Record

## Poison First Aid

### Inhaled Poison

Get to fresh air right away and avoid fumes.

Open doors and windows wide.

### Poison on the Skin

Take off clothing the poison touched.

Rinse skin with running water.

Wash off with soap and water.

### Poison in the Eye

Run lukewarm tap water over eye for 10 min.

Do not force the eyelid open.

### Swallowed Poison

Do not make the person vomit, drink or eat unless told by a poison expert.

Pharmacy Phone #

My Pharmacy

Emergency Contact Phone #

My Emergency Contact

My Phone #

My Name

Second Fold Here

Other Allergies (non-medication related):

Allergies:

Fold Here First

## My Health Information

My Primary Doctor:

Phone #

## Other health Care Providers & Phone Numbers

Care Provider

Phone #

Care Provider

Phone #

Critical health issues:

## Medication List

Medicine Name/ Strength (Example: Simvastatin 10 mg)	What I take it for (Example: Cholesterol)	How much I take/at what time (Example: 1 pill at bedtime)	Who prescribed it (Example: Dr. Smith)

# Medication Calendar

Emergency Contact Name:

Phone Number:

Name: \_\_\_\_\_

Medication & Dosage	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____
	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____
	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____
	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____
	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____
	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____
	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____
	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____
	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____
	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____
	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____
	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____
	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____
	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____
	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____
	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____
	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____	<input type="checkbox"/> Breakfast ____
	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____	<input type="checkbox"/> Lunch ____
	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____	<input type="checkbox"/> Dinner ____
	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____	<input type="checkbox"/> Bedtime ____

For medical advice on medication errors, dosing, and interactions, call the Washington Poison Center at 1-800-222-1222.

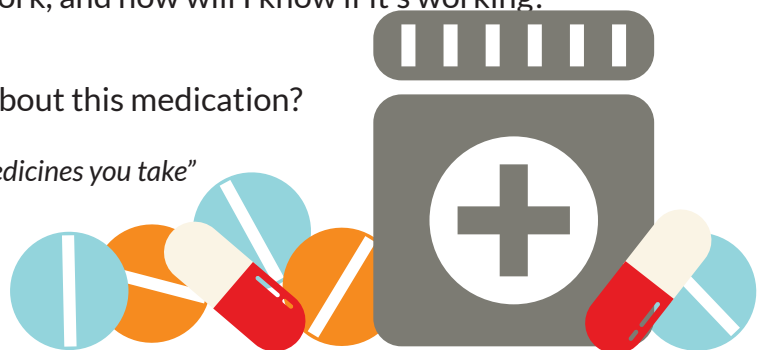
Nurses and pharmacists are available 24/7. All calls are free and confidential.

To download and print additional forms, visit [wapc.org](http://wapc.org)

# 10 MEDICATION QUESTIONS to ask a provider or pharmacist

1. What is the name of the medication?
2. What is this medication for?
  - How does it help my condition or symptom?
3. How do I take this medication?
  - How much?
  - How often?
  - Does this medication need to be taken at a specific time?
  - If it's a once-a-day dose, is it best to take it in the morning or at night?
  - Should I take this medication with or without food?
  - What foods, drinks, other medicines, or activities should I avoid while taking this medication?
  - Are there any other special instructions for this medication?
4. How long will I take this medication?
  - Will I need a refill?
5. What side effects can I expect? What should I do if they occur?
6. What should I do if I miss a dose?
7. Does this new prescription mean I should stop taking any other medicines I'm taking now?
8. Will this medication work safely with my other medications, including other prescription medications, over-the-counter medications, vitamins, and other supplements? (Provide medication list as reference)
9. When should I expect the medication to begin to work, and how will I know if it's working?
10. Is there any additional information I should know about this medication?

*Adapted from BeMedWise.org "10 questions to ask about the medicines you take"*



# How to have a conversation about medication management

Because each older adult is different (including their medication management status, receptivity to change, physical and cognitive abilities, and more), there is no script for you to follow when having a conversation about medication management. We have provided a basic guide to help you have the most successful conversation possible. In general, be supportive and nonjudgmental, work in partnership with the older adult to find their ideal solutions, and know that these conversations will need to be ongoing.

## Step 1: Plan

Plan out what you want to talk about and what needs to be addressed before having the conversation.

## Step 2: Goal Set

Begin the conversation by setting goals with the older adult about their health and medications. Ask “What matters to you?” Is it being in control of their health and medications? Feeling good? Maintaining independence with their care?

## Step 3: Connect goals to current medication management status

“Let’s talk about how you’re currently meeting that goal...”

1. Ask the older adult how well they think they’re meeting their goals. What challenges are they encountering? What are they doing well?
2. Ask about specific behaviors (from the assessment guide) that do not support their goals. How are these behaviors affecting their goals?
3. Practice reflective listening: demonstrate that you have heard and understood what the older adult is saying - one simple way to do so is paraphrasing. Ask the older adult open ended questions (i.e., questions that can’t be answered by a simple yes or no).

## Step 4: Connect goals to medication management strategies

“Let’s talk about how we can help you meet your goals...”

1. Ask the older adult what strategies they can think of to reach their goal.
2. Affirm the strategies older adults suggest. Ask what they need to do and how you can help support them in implementing the strategies.
3. If proposed strategies counter an older adult's goal, further discuss the strategy and identify why it may be not be appropriate.
4. If more strategies or alterations to proposed strategies are needed, ask permission to provide suggestions.
5. Explain strategies they can use and how these strategies will help achieve their goals.

## Step 5: Clarify understanding with Teach Back

Once each strategy is decided upon, use the Teach Back method to ensure the older adult understands how to implement the strategy.

1. The Teach Back method is a way of checking understanding by asking the older adult to state in their own words what they need to know or do. This is not a test of their knowledge, it’s a test of how well you have explained concepts and understood their needs.
2. Use non-shaming, open-ended questions - avoid asking questions that can be answered with a simple yes or no.
3. Clarify and check again if there is a misunderstanding. Repeat until the older adult is able to correctly describe the information in their own words.

## Step 6: Continue to support after strategies are implemented

An older adult’s confidence in their ability to engage in new behaviors is important to making and sustaining changes. Help support the older adult and their confidence by encouraging, noticing, and affirming their attempts to change.

# Resistant Older Adults

Respect the older adult's right to be resistant. Forcing an older adult to receive information from you or to make a change is disrespectful, and may lead the older adult to defend and reinforce the reasons they see for not making change.

When older adults are resistant, try the following strategy:

- Explore why the older adult is resistant with open-ended questions - for example, "tell me more about that." Affirm and paraphrase their answers.
- Respectfully request permission to give info by asking "May I tell you what concerns me?" This shows the older adult that you are motivated to give them information out of caring, and also gives you the opportunity to connect the older adult's current practices with their goals. After providing information, follow up with open-ended questions like "what are your thoughts about that?"
- Emphasize the older adult's personal choice: "It really is your decision. I can tell you the advantages and disadvantages of using these strategies, but only you can decide to use them." This gives the older adult power and respect.

## RESOURCES

- BeMedWise Program: How to help older adults use medicine safely and effectively  
<http://bemedwise.org/acetaminophen/caregiver-help>
- BeMedWise Program: Medication management for caregivers  
<http://bemedwise.org/medication-safety/elderly-care>
- Mayo Clinic: Caring for the Elderly - Dealing with Resistance  
<https://www.mayoclinic.org/healthy-lifestyle/caregivers/in-depth/caring-for-the-elderly/art-20048403>
- National Institute on Aging: Communicating with a Confused Patient  
<https://www.nia.nih.gov/health/communicating-confused-patient>
- National Institute on Aging: Talking with Your Older Patient  
<https://www.nia.nih.gov/health/understanding-older-patients>



# PRACTICE SCENARIO

## Basic Information

Sofia is 78 years old and lives by herself in an apartment building. She takes 4 medications every day for high blood pressure, a thyroid condition, depression, and arthritis, and frequently also takes antibiotics for recurrent urinary tract infections.

Sofia keeps all her prescription medicines in their original bottles in her medicine cabinet. Every morning, she takes the appropriate number of pills for her morning and evening dose (3 medications are twice a day, 1 medication is once a day) and puts them in a bowl. She then puts the bowl in the kitchen, where she thinks she is most likely to remember to take them. Sofia thinks she's supposed to take one of the medications with food, but she isn't sure which one – to be safe, she takes all of them together as soon as she remembers after breakfast and dinner.

## Instructions – complete the following with a partner

1. Assess Sofia's medication management status with the Assessment Guide. Which practices are "green light"? "Yellow light"? "Red light"?
  - a. What medication errors could occur with Sofia's yellow- and red-light practices?
2. What strategies could Sofia use to improve her medication management?
3. Practice having a conversation with Sofia about using the medication management strategies (with 1 partner as Sofia, the other partner as the caregiver). Go through the steps listed in "How to Have a Conversation About Medication Management."
4. After the practice conversation, reflect on:
  - a. What went well with the conversation?
  - b. What could have been done better?
  - c. What was missing?

## Conversation Script Ideas

The following may be used and adapted in your conversation, when applicable:

- To introduce summarizing statements:
  - o "Let me see if I am understanding you properly . . ."
  - o "Let me summarize . . ."
  - o "Let me make sure I am following you correctly . . ."
- To probe for deeper answers:
  - o "What else?"
  - o "Tell me more."
  - o "I'm curious about why you say that."
  - o "Could you give me an example of what you mean?"
  - o "What would you change?"
  - o "You mentioned that XXXX really gets on you about this. What are his/her concerns? If she/he were here right now and I asked what worried him/her, how might they answer?"

- To address resistance:
  - o “I hear and understand that you are saying you don’t want to XXXX. Just so I know, though, please tell me what some of the possible benefits, if any, might be.”
  - o “You feel really strongly about XXXX. Just for balance, what do you think or feel about the other side?”
  - o “It seems like you don’t want to do this right now. If you did want to change this, what do you think your reasons would be?”
  - o “You have a lot of good reasons why you are doing XXXX. What are the reasons that you worry may not be so good?”
  - o “How does this fit in with the goals you want for yourself?”
- To make suggestions:
  - o “If you’re OK with it, I’d like to share some of the resources that have helped other clients I’ve worked with who have had similar dilemmas.”
  - o “Would it be OK if I shared with you a piece of information/concern/advice?”
- To ask for feedback on your suggestions:
  - o “What are your immediate thoughts and reactions?”
  - o “How relevant is this to you?”
  - o “What do you think?”
  - o “What do you agree or disagree with?”
- To form next steps:
  - o “If you decided you wanted to change this, how would you go about it? How confident are you that you could succeed if you wanted to?”
  - o “What, if anything, are you thinking about at this point?”
  - o “What next steps, if any, do you feel ready to take?”

Conversation prompts adapted from *Motivational Interviewing: Helping People Change* (Greg Merrill, Berkeley Social Welfare)

## Notes