

Medications:

Be certain that any drugs you've been taking for chronic conditions, such as diabetes or high blood pressure, are continued, because many hospitals routinely stop such medications when patients are admitted. That practice may increase the risk of complications. CHECK with your doctor.

Other tips

- Note: it is important to check as pills may look different in the hospital.
- Yes, they always ask about your medications but we forget in emergencies and things are misunderstood. Have it on paper or a wallet card.
- Make sure your attending doctor knows that you want to be told the name of each NEW medicine given to you as well as its intended purpose and side effects.
- Have the doctor WRITE out the name of the drug(s) for you.
- You can refuse any medication you think is being given to you in error.
- If still unsure ask a nurse who else can explain the medication to you.
- If you are unable due to a medical condition ask a friend, relative or advocate to be sure of your medications.
- For more help most hospitals have patient relation departments, case managers/social workers.

ASK QUESTIONS TAKE NOTES

Drug errors are caused by:

- Giving an unauthorized drug.
- Giving a drug at the wrong time or in the wrong dose.
- Staff forgetting to give you a needed medication.
- Interaction with other drugs.

Check your wristband:

- Make sure the information on your wristband—your name plus any drug allergies—is accurate. The Hospital staff are supposed to check the band each time they give you a drug, take a blood sample, or perform a test.
- If they don't, it's wise to mention your name and your allergies.

Pain Management:

- Patients should insist on a pain-management plan.
- This includes asking your admitting doctor to leave standing orders for pain as well as insomnia and constipation medication.
- Also ask if the use of PCA patient-controlled intravenous analgesia is appropriate as this lets you administer your own medication as needed.

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My Medical Fact Sheet

Name _____

Address _____

Telephone _____

Social Security Number _____

Gender _____

Languages Spoken _____

Religion _____

Marital Status _____

Medical Information

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DOCTORS

Name	Type of Doctor	Phone	Medication Prescribed

I AM ALLERGIC TO THE FOLLOWING DRUGS

- 1.
- 2.

I HAVE THE FOLLOWING MEDICAL CONDITIONS

- 1.
- 2.
- 3.

EMERGENCY CONTACT NUMBERS

Name	Relationship	Cell Phone	Land Line	City and State

INSURANCE INFORMATION

Company:	
Policy Number:	
Medicare Number:	

THESE ARE THE MEDICATIONS I CURRENTLY TAKE

Drug	Prescribed By	Dosage	Purpose

OVER THE COUNTER MEDICATIONS, SUPPLEMENTS OR VITAMINS

- 1.
- 2.
- 3.
- 4.

- EMS "No CPR" Directive Yes ___ No ___
- "Do Not Resuscitate" Order Yes ___ No ___
- Living Will Yes ___ No ___
- Healthcare Proxy Yes ___ No ___
- Organ Donor Yes ___ No ___