

## Discharge Medication Script

- Hi (patient's name), I'm (Your Name, Role). Before you head home, I'd like to go over your medicine(s). Is this a good time?
- How were you managing your medicines before you came to the hospital?
- Did you have any help managing your medicine(s)? **Which pharmacy do you usually use?**

Can you see this information? (*Point at sections*)

**First**, let's go over the **NEW** medicine(s) started while you were in the hospital: (Med 1), (Med 2), (Med 3).  
(Med #) is prescribed to you for (reason) to be taken (blank) **times a day**. Possible side effects are \*\*\*\*.  
If you experience more severe side effects of \*\*\*\*, stop the medicine(s) and call your primary clinician.  
So you have your new medicine(s) when you get home, **do you want to go by the pharmacy downstairs?**

**Teach back to verify understanding:**

Since you last took (Med 1) at (time taken), when will your next dose be?

What are possible side effects of (Med1)?                      What will you do if this occurs?

**Second**, let's discuss **changes** made to the medicine(s) you were taking prior to this hospitalization. Specifically: (Med #),  
Prior to being hospitalized, you were taking (Med #) (**blank**) times a day.  
Because (reason for change), instead of taking it (blank) times, you should **now take it (blank) times daily**.  
To make sure this is clear, the last time you took (Med #) was at (time), when is your next dose?

**Third**, your medicine(s) taken prior to this hospitalization that have **not changed** include: (list Meds)  
**What questions do you have for me so far regarding taking your medicine(s) at home?**

**Fourth**, some medicine(s) you used to take were **stopped** (list Meds and reasons)  
(Med #) was stopped because (reason for stopping). (*If reason is not clear, contact clinician to clarify*)

**Last**, we will go over your "**as needed**" medicine(s) which are (list meds and indication)

**Teach back:** So just to clarify, the last time you took (Med A) was at (time A). Why was this medicine given to you at (time A)? What time could you take the next dose of (Med A) after (time A)?

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Having an updated medicine list can help your clinicians; some people keep these lists in their wallets.

**Looking at your list, do you think any medicines are missing?** (*If so, contact clinician to clarify*)

\* *For women <50 yo*, I notice there's no birth control on your list, is pregnancy something we should talk about?  
(*Has she/partner been surgically sterilized? Have an IUD or implant? No male partner?*)

\* *If pregnancy is desired:* Would you like a clinician to review which medicines you can take during pregnancy?

\* *If pregnancy is not desired:* The safest and most effective forms of birth control are the IUD and implant.  
Shall I ask a gynecologist to come see you before you head home? (*page 816-2700*)

**What has been your experience with pill containers or writing down when you took your medicine(s)?**

Do you think [**demonstrate a pill box**] might help prevent taking your medicine(s) too early or missing doses?

**What questions do you have for me regarding what we went over?**

When you get home today, please call your primary care provider so they know about these changes in your medicine(s).

**THANKS for taking the time to talk with me.**