

Taking your medicine correctly after discharge from the hospital

If you or a family member has been hospitalized, the first few days after returning home can be confusing. You may have prescriptions to fill for new medicines. You may need to restart some medicines or stop others that you were taking before your hospitalization. Or you may need to take these medicines in different doses, or at different times. These changes may cause you to make a mistake as you try to figure out what medicines to take or how to take them now that you are home.

Just before you leave the hospital, your nurse or pharmacist should review with you a list of medicines to take at home. Because you may have a lot on your mind, what she tells you may seem clear then; but once you're home, you may have questions. You may forget which medicines your nurse already gave you on the day you were discharged. So you might take an extra dose of medicine when you first get home or omit a dose that you should have taken. If your doctor prescribed a new medicine, you may not know whether it replaces an older medicine that should be stopped. Or you may find that you misplaced a prescription or never received one for a new medicine. You may also need a prescription for an existing medicine that you need to take in a different dose.

The directions you were given could also be confusing if the doctor or nurse told you how many pills to take (e.g., 2 tablets), without also telling you the actual dose (e.g., 10 mg). Because of space limitations, hospitals may stock

only one or a few strengths of each medicine. For example, a hospital may stock only 100 mg tablets of **Seroquel (quetiapine fumarate)**. **Seroquel** is a common medicine used to treat bipolar disorder (also called manic-depressive illness). A patient who needs a 200 mg dose of **Seroquel** would therefore be given two of the 100 mg tablets at the hospital. But, for home use, the patient would typically take just one 200 mg tablet. When the patient leaves the hospital, he may be told to take two tablets of **Seroquel** for each dose, since that is what he was taking in the hospital. But two of the higher-dosage home-use tablets would be, in this example, equal to 400 mg.

Similar errors can occur with split tablets, as happened in the following case. A patient received half of a 1 mg tablet (which equals 0.5 mg) of **Risperdal (risperidone)** twice daily while in the hospital. She was told to continue taking half a tablet twice each day at home. But **Risperdal**, another medicine used to treat bipolar disorder, also comes in a 0.5 mg strength tablet. Before going to the hospital, the patient had been taking one of the 0.5 mg tablets for each dose at home. But upon discharge, she followed the new directions to take half a tablet twice each day. She therefore received only 0.25 mg with each half tablet, not 0.5 mg as prescribed.

If you or a family member is hospitalized, follow the recommendations in the **Check it out!** column to avoid making mistakes with your

Check it out!

Follow these guidelines to avoid making mistakes with your medicines after discharge from the hospital.

Before discharge

✓ Ask your nurse to review with you clearly written instructions about all the medicines you should take at home. Be sure you know which medicines need a prescription and which can be bought over-the-counter (OTC).

✓ Ask your nurse to compare (reconcile) the list of medicines you should take at home to a list of medicines you were taking before you were hospitalized. If you don't have a list with you, your nurse should have a list that you or your family provided upon admission.

✓ Ask your nurse if you should stop or restart any medicines you were taking at home prior to hospitalization.

✓ If a medicine is new, or a dose has changed for a medicine you were previously taking, be sure you receive a new prescription. Ask if the new medicine replaces any medicines you took before being hospitalized.

✓ Ask your nurse to write down the medicines (including doses and times) you received on the day of discharge. Also ask her to write down when you should take the next dose of each medicine on the list.

✓ If the directions you are given for taking your medicine include multiple

continued on page 2 ►

In The News!

Stronger warnings needed about tendon rupture when taking certain antibiotics

On July 8, 2008, the US Food and Drug Administration (FDA) notified drug companies that stronger warnings are needed about the risk of tendinitis and tendon rupture when taking certain antibiotics. Tendinitis is a painful swelling of a tendon that affects its normal smooth gliding motion during movement. In some cases, these tendons can tear, requiring surgery to reconnect them. The type of antibiotics that can cause this serious side effect are called **fluoroquinolones** (see the Table below). Tendon rupture can occur during or even after taking these antibiotics. The tendons most frequently affected are in the shoulder, hand, and back of the heel (Achilles tendon), although other tendons can be involved. The risk of developing tendinitis and tendon rupture is higher in people older than 60 years, in those taking steroids, and in kidney, heart, and lung transplant patients.

The FDA recently reviewed all available reports of this injury and confirmed the increased risk of tendinitis and tendon rupture when taking fluoroquinolones. The FDA also found that, despite current warnings about this problem, large numbers of tendon-related events continue to be reported. Now, the FDA is requiring a much stronger warning—called a **Boxed Warning**—to be prominently displayed in the information available to doctors and other healthcare providers. They are also requiring companies to create a **Medication Guide** for consumers who take these medicines, alerting them to this risk.

Fluoroquinolones That Can Cause Tendinitis and Tendon Rupture*

Cipro (ciprofloxacin)

Cipro XR and Proquin XR (ciprofloxacin extended release)

Factive (gemifloxacin)

Levaquin (levofloxacin)

Avelox (moxifloxacin)

Noroxin (norfloxacin)

Floxin (ofloxacin)

*The warning does not apply to fluoroquinolone eye and ear drops.

People experiencing pain and swelling of a tendon or tendon rupture should stop taking their fluoroquinolone medicine and immediately contact their doctor to switch to another antibiotic. They should avoid exercise and rest the affected area at the first sign of tendon pain or swelling until tendinitis or tendon rupture has been ruled out. For more information, visit the FDA website at: www.fda.gov/cder/drug/InfoSheets/HCP/fluoroquinolonesHCP.htm.

60-second safety tip

■ **Where do you keep your medicine?** Preferably, **not** in the medicine cabinet in a bathroom! Surprisingly, the medicine cabinet in a steamy, moist bathroom is the worst place to keep any medicine—prescription or over-the-counter (OTC). The heat and moisture in a bathroom can make medicines weaker. Medicines should be kept in the kitchen or in another room free of moisture, in a high, secure cabinet protected from sunlight and heat. Remember to keep prescription and OTC medicines away from children. It's safest to add child-resistant locks to the cabinets where medicines are stored, as children can climb on chairs and counters to reach high cabinets. Also, keep all medicines in their original child-resistant containers. That way, you can also see the expiration date of the medicine and instructions for use on the container.

Check it out! continued

tablets or half tablets, be sure the total dose you should be taking is also provided. For example:

- **Seroquel**, two 100 mg tablets (200 mg per dose) daily.
- **Risperdal**, half of a 1 mg tablet (0.5 mg per dose) twice daily.

✓ Ask your nurse to write down the telephone number for the nurses' station so you can call in case you have questions about your medicines during the first few days at home.

After discharge

✓ If you have questions on how to take your medicines, don't hesitate to call your hospital nurse, doctor, or local pharmacist.

✓ When filling a new prescription, tell your pharmacist about any OTC medicines, vitamins, or herbals you are taking, as well as any prescription medicines that were stopped.

✓ When filling a new prescription, ask to speak with the pharmacist so you can learn as much as possible about any new medicine.

✓ Properly dispose of any older medicines you are no longer taking.

✓ If the dose of an existing medicine has been changed, bring the prescription bottle containing the older strength pills to the pharmacy so the directions for use can be updated.

Contact Information

Safe Medicine (ISSN 1550-6282)
©2008 Institute for Safe Medication Practices (ISMP). Reproduction is prohibited without written permission from ISMP. **Editors:** Judy Smetzer, RN, BSN, FISMP; Ann Shastay, RN, MSN, AOCN; Michael R. Cohen, RPh, MS, ScD; Russell Jenkins, MD. ISMP, 200 Lakeside Drive, Suite 200, Horsham, PA 19044. Email: consumer@ismp.org. To subscribe, visit: www.ismp.org/orderforms/SafeMedicineSubscription.asp.