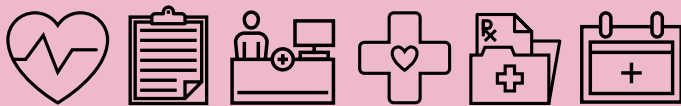


HEALTHCARE JOURNEY BINDER



**Medications,
Therapies &
Allergies**



THE ONTARIO

caregiver

ORGANIZATION



Why is this Section Important?

It's important to keep an up-to-date record of current medications, vaccines, allergies, and alternative and complimentary therapies that can be easily shared with the healthcare team.

This is important because this record can:

- Decrease medication errors or bad reactions
- Help prevent allergic reactions
- Decrease how often you have to tell people this information
- Help your healthcare team better understand your complete healthcare journey

By recording this information, you will be able to quickly access and share this with members of the healthcare team.

What information do I need to record?

Allergies and Sensitivities

Throughout your healthcare journey, you will often be asked about any allergies you might have. Having a list that can quickly be accessed is an easy way to share this information.

Healthcare providers will want to know about any type of reaction you might have had including reactions to medication, food, or the environment (e.g. seasonal allergies).

Medications, Complementary and Alternative Therapies

Having a current medication list that can be quickly shared with your health team can help to reduce medication errors or bad reactions. This record is also helpful to healthcare providers as it provides the most up-to-date record of what medications are being taken and when. It's also important to include lists of vitamins or supplements, complementary and alternative therapies (such as massage or acupuncture), as these therapies are essential to consider in relation to medication and treatment plans.

Vaccines or Immunizations

Immunization or vaccine history is another valuable resource to keep up to date. Healthcare providers will want to know which vaccines are up to date including influenza (the 'flu' shot), pneumonia and shingles vaccines. Keeping an up-to-date immunization record (such as the 'Yellow book') in this section is another option.

How to Use this Section

Use and adapt this section to fit your needs. Every healthcare journey is different. Some examples of ways to use this section include:

- Keep medication records printed from your doctor, pharmacy or from the hospital in this section
- Ensure that you remove older versions of printed medication lists to avoid any confusion
- Review the questions to ask your pharmacist to better understand your existing medication or new medication you will be taking
- Remember to dispose of old medical information securely. Ask your pharmacy to dispose of old medication and old medication lists



5 Questions to Ask about your Medications

Did you know??

Medication errors or mistakes are most likely to happen when moving throughout the healthcare system – such as being admitted or discharged from hospital.¹

For this reason, organizations such as the Institute for Safe Medication Practices in Canada, Patients for Patient Safety Canada, the Canadian Pharmacists Association, and the Canadian Association for Hospital Pharmacists have worked together to develop 5 questions to help patients and caregivers start a conversation with their healthcare team about their medications.²

Use the questions below when talking with any member of your healthcare team about your medications. This includes doctors, nurses, and pharmacists

1. Changes?

Have any medications been added, stopped or changed, and why?

2. Continue?

What medications do I need to keep taking, and why?

3. Proper Use?

How do I take my medications, and for how long?

4. Monitor?

How will I know if my medication is working, and what side effects do I watch for?

5. Follow-Up?

Do I need any tests and when do I book my next visits?

¹ Institute for Safe Medication Practices Canada. (2011, February 10). *Optimizing medication safety at care transitions – Creating a National Challenge*. Available from: https://www.ismp-canada.org/download/MedRec/MedRec_National_summitreport_Feb_2011_EN.pdf

² Institute for Safe Medication Practices Canada. (2016). *5 questions to ask about your medications when you see your doctor, nurse, or pharmacist*. Available from: <https://www.ismp-canada.org/medrec/5questions.htm>



Allergies and Sensitivities

An **allergy** means your body sees the medicine as harmful. It rejects the drug with an allergic reaction. This can be mild or strong. It can happen within a few hours after you take the drug or not until 2 weeks later. A sensitivity or side effect is not the same thing as an allergy – it’s just your body feeling sensitive to a new medication. Some examples of sensitivities include feeling sick to your stomach, having muscle aches, not having much energy or affect your thinking and behaviours.³

Allergy or Sensitivity	What Happens?

³ Web MD. (2017). *Is it a drug allergy or a side effect?* Available from <https://www.webmd.com/allergies/allergy-or-side-effect?print=t>



Current Medication Record

It is important to list **all medications** you take including both prescription and over the counter medications in this chart.

Pharmacy Address: _____

Pharmacy Phone # _____

Pharmacy Fax # _____

Name and Dose	Reason	Instructions (include frequency and route of administration)	Side-Effects	As Needed	Break-fast	Lunch	Dinner	Bedtime	No Longer Taking	Last Updated (dd/mm/yy)
e.g. Tylenol 250mg	e.g. Muscle Pain	Take one pill every 4hrs when sore through oral administration	What are they? When did they start? Best way to reduce them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8/12/18
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Name and Dose	Reason	Instructions (include frequency and route of administration)	Side-Effects What are they? When did they start? Best way to reduce them?	As Needed	Break-fast	Lunch	Dinner	Bedtime	No Longer Taking	Last Updated (dd/mm/yy)
e.g. Tylenol 250mg	e.g. Muscle Pain	Take one pill every 4hrs when sore through oral administration		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8/12/18
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Vitamins and Supplements

List **all** vitamins and supplements you take in this chart

Name and Dose	Reason	Instructions (include frequency and route of administration)	As Needed	Break-fast	Lunch	Dinner	Bedtime	No Longer Taking	Last Updated (dd/mm/yy)
e.g. Vitamin D	e.g. Bone health	e.g., Take one pill daily orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8/12/18
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Vaccination Information

Keep a copy of your vaccination records in the pocket of this binder. Below is some information on which vaccines or immunizations are needed throughout your lifetime.⁴

IMMUNIZATION Through the Lifespan

Vaccines help to protect you and those around you against disease

2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	4-6 YEARS	GRADE 7	14-16 YEARS	18-64 YEARS	65 YEARS & OLDER
<ul style="list-style-type: none"> ✓ Diphtheria, tetanus, pertussis, polio & Haemophilus influenzae type b (Hib) ✓ Pneumococcal ✓ Rotavirus 	<ul style="list-style-type: none"> ✓ Diphtheria, tetanus, pertussis, polio & Haemophilus influenzae type b (Hib) ✓ Pneumococcal ✓ Rotavirus 	<ul style="list-style-type: none"> ✓ Diphtheria, tetanus, pertussis, polio & Haemophilus influenzae type b (Hib) 	<ul style="list-style-type: none"> ✓ Measles, mumps & rubella ✓ Meningococcal ✓ Pneumococcal 	<ul style="list-style-type: none"> ✓ Varicella 	<ul style="list-style-type: none"> ✓ Diphtheria, tetanus, pertussis, polio & Haemophilus influenzae type b (Hib) 	<ul style="list-style-type: none"> ✓ Tetanus, diphtheria, pertussis & polio ✓ Measles, mumps, rubella & varicella 	<ul style="list-style-type: none"> ✓ Hepatitis B ✓ Meningococcal ✓ Human papillomavirus 	<ul style="list-style-type: none"> ✓ Tetanus, diphtheria & pertussis 	<ul style="list-style-type: none"> ✓ Tetanus, diphtheria & pertussis (at 24-26 years) ✓ Tetanus & diphtheria (every 10 years after the above dose) 	<ul style="list-style-type: none"> ✓ Pneumococcal (at 65 years) ✓ Shingles (65 to 70 years) ✓ Tetanus & diphtheria (every 10 years)

6 MONTHS & OLDER ✓ Influenza vaccine (every fall)

These vaccines are free for eligible individuals as part of Ontario's publicly funded immunization program
Learn more at Ontario.ca/vaccines

⁴ Government of Ontario. (2016). Retrieved from: http://www.health.gov.on.ca/en/pro/programs/immunization/docs/immunization_poster_lifespan.pdf



Alternative or Complimentary Therapies

A complementary therapy is something you do or use alongside your conventional medical treatment.⁵

An alternative therapy is something you do or use instead of conventional medical treatment¹.

Some examples include: aromatherapy, acupuncture, herbal medicine, massage therapy, visualization, exercise (e.g., yoga, walking, swimming).

Type of Therapy	Reason	Instructions	Details of Practice
e.g., walking	e.g., boosts mood and helps alleviate joint pain	e.g., 3x/week for 30mins	e.g., walks outside, around the neighborhood

⁵ Cancer Research UK. (2018). The difference between complementary and alternative therapies (CAMs). Retrieved from: <https://www.cancerresearchuk.org/about-cancer/cancer-in-general/treatment/complementary-alternative-therapies/about/difference-between-therapies>