

General advice about medicines

To reduce the risk of taking the wrong medicine, keep them in the original container.

If you find child resistant containers difficult to open, please ask for easy open ones.

Pay attention to any warning stickers on the container.

Side effects

Some medicines may have unwanted side effects. Many are minor, harmless or short-lived. If you experience effects which are particularly troublesome or persistent, contact your doctor, nurse or pharmacist.

The patient information sheet provided has been selected for patient use, it is not intended to be completely comprehensive.

Going home

Wait until the pharmacist has checked your medicines.

- If you have any questions about your medicines when you are at home, you should speak to your consultant's secretary.

- For general questions about medicines you can ring the Hospital Pharmacy Dispensary on 01722 429268 (8.30am - 5pm Monday - Friday).
- or, contact NHS 111 service
- or, log onto: medicines.org.uk

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If you need this information in another language or medium (audio, large print, etc) please contact the Customer Care Team on 0800 374 208 email: customer care@salisbury.nhs.uk.

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

The evidence used in the preparation of this leaflet is available on request. Please email patient.information@salisbury.nhs.uk if you would like a reference list.

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Medicines Information Card

Medicines Information

Affix patient ID label

Medicines

Name of medicine Box 1	Strength of medicine Box 2	Reason for medicine Box 3	Number and when to take Box 4					Special directions Box 5	Short course or on-going Box 6
			break-fast	lunch	supper time	bed-time	other		

Please note: the information on this card is intended as a guide only. It is not a prescription. **Always read the label** on medicines that have been dispensed for you, even when you have a repeat prescription, as the dose or strength may change.

Ward: _____ Nurse name: _____ Signature: _____ Date: _____
 Pharmacist name: _____ Signature: _____ Date: _____