MEDICINE SAFETY TIPS for Older Adults

Before Taking Your Medicine

- Review your medicine(s) with your doctor and pharmacist.
- Make sure the prescription medicine bottle has your name on it.
- Carefully read all medicine labels and follow directions.
- Store medicines out of sight and reach from children when not in use.
- Do not share medicines.





While Taking Your Medicine

- Manage your medicines safely by:
 - Completing the Medicine Chart on the opposite page.
 - -Keeping the Medicine Chart up-to-date.
 - Organizing your daily intake of medicines in your All-Week Pill Box according to your Medicine Chart.
 - Taking your medicines while following the instructions on your Medicine Chart.
- Use a calendar and set an alarm to remind yourself when it's time to take your medicines.
- Don't take medicines in the dark or in front of children.

How CPCS Can Help You Stay Poison-Safe

Our highly trained poison experts are available to answer your call 24 hours a day, 7 days a week. Services are free-ofcharge with interpreters available in over 200 languages.

Don't Guess.

Be Sure.

Call our **Poison Hotline** number at **1-800-222-1222** if:

- If you think there has been a poisoning.
- If you are not sure if something is poisonous.
- If you have any questions about poisons or medicine side effects.

Properly dispose of medicines that are expired or unused.





CALIFORNIA POISON CONTROL SYSTEM MEDICINE CHART

Use this Medicine Chart to keep track of your medicines. Fill in the information by following the examples. Keep the chart with your medicines.

An electronic copy of this Medicine Chart is available to download and print on calpoison.org.

Medicine Chart For (Name): _____

Medicine Name, Strength & Start Date	Color & Shape	Taking For	Frequency	Take this many in the			Special Instructions	Comments
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Example: Atenolol, 25 mg, Feb 2021	White and round	High blood pressure	Every 24 hours	1	0	0	Take with food, avoid antacids and dairy products, do not take alcohol while on this medication, etc.	Tell doctor if you have upset stomach or diarrhea.
Key: 💥 Morning 💥 Day 🕻 Evening								
Doctor's Name: Phone Number:								

Pharmacy's Name:_

– Phone Number: –

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