Ensure these topics are addressed when conducting education to patients regarding discharge.

**Identify medications:**

1. **Changed** while the patient has been in hospital (e.g., formulary adjustments, auto-substitutions, dose/frequency changes, etc.)
2. **No longer required** on discharge. (*Including medications started in hospital and those the patient was taking prior to admission*).
3. **To be continued** on discharge. (*Including medications started in hospital and those the patient was taking prior to admission*).
4. **New** medications the patient is to take on discharge.

**Confirm patient’s understanding of:**

1. **Purpose** for each medication (e.g., *Can you explain to me the reason why you are taking each of your medications?*).
2. **Possible side effects and when it is necessary to seek medical attention** for each medication (e.g., *Can you explain to me the possible side effects of each of your medications (or just new medications) and what to do if these occur?*).
3. **Intended duration of therapy** for each new medication (e.g., *How long will you be on each medication?*).

**Provide patient with:**

1. **Medication calendar**, summarizing name of medication, purpose, dose, frequency, when best to take medications, duration of therapy and any additional comments which may be necessary.
2. **Follow up information** regarding appointments/laboratory tests that may be necessary concerning their medications.

**Ask the patient / caregiver to:**

1. **Summarize** their discharge medication instructions (*to assess their understanding of information presented to them*).

**Encourage patient / caregiver to:**

1. **Bring this medication list** with them to every healthcare appointment, physician / specialist, ER visit, clinic appointment and to their community pharmacy.
2. **Keep their medication list up to date.**
3. **Carry their medication list** with them at all times.
4. **Use one community pharmacy** to process all prescriptions.