

Dispensing Medicines into Medicine Packs

Patients sometimes ask for support with taking medicines by asking that their medicines are dispensed into a medicine tray like the examples below:



These trays are also called medidos, dosette, pill mill, monitored dosage and MDS systems.

As a surgery we aim to keep patients /carers as independant as possible with their medicines. Often placing medicines in a tray will cause the patient to lose sight of what they take for which condition. The packs do cause some problems in that they are not easily changed if any changes are made to prescriptions, some medications are not stable in the packs and some of the packs are quite difficult to use for patients with problems opening containers. At the surgery we prefer to discuss with patients what their difficulties are with a view to looking at some of the other options/ways that we can help with their medication administration

Some of the common problems with medicines are:-

- You may be a bit confused about what medicines you should now currently be taking after you have just come out of hospital
- You may forget to take your medicines
- You may find you have piles of medicines at home which you are not quite sure whether you should be taking or not
- You may find it difficult to get your medicines out of the packets

We have other ways to support you with you medicine taking for example

- Organising your medications so they are simpler to take.
- Organising that you have non child proof containers/larger print labels
- Appliances are available to assist you in opening your medicines containers
- Medication charts with a description of your meds which will show what medicines you take when

- We can ask a pharmacist to visit you at home, if that is appropriate, to help you sort your medicines out
- We can arrange, with your consent, to meet with your main carer/family member to explain your medicine regime

The medicine trays are not available routinely on the NHS and as a surgery we only use them in very specific circumstances where patients cannot take medicines without them. The medicine trays also cost a huge amount to the NHS and require a much greater input from both the pharmacies and surgeries to maintain that system. We will therefore look at your individual circumstances to help us to decide what your difficulties are and how we can help you.

Could you please complete the questionnaire attached and return to the surgery to help us talk through with you issues around taking your medicines.

S Simpson
Pharmacist Practitioner
June 2016

Collingwood Health Group

Patient Medication Self assessment form

You have requested help with your medicines. I would like to understand the issues you are having with your medications at home.

This form can be completed in your own home or anywhere that you feel is appropriate. You may ask family members, carers or your pharmacy staff to support you. Complete as much of the form as you can. Fill in the spaces or insert a **X** next to your answer.

<i>Think about your tablets, capsules, liquids, creams, Inhalers and other types of medicines</i>	Yes	No
Do you have any routines to help you remember to take or use your medicines?		
Do you have a medicine box at home that you fill with your daily meds?		
Do you have any problems with opening or closing medicine containers?		
Do you have any problems getting medicines out of containers?		
Do you take or use all of your medicines according to the Instructions?		
Can you take or use all of your medicines (e.g. swallowing, tablets using drops / inhalers)?		
Can you read the instruction on your medicine packet		
Do you know what you take your medicines for?		
Do you sometimes forget to take your medicines?		
Does anyone help you manage daily tasks (e.g. washing)		
Could the instructions on your medicines be improved to help you manage them better?		
Do you think that some of your medicines could work better?		

Which medicines do you only take when you need them rather than regularly

Who could give you more help managing your medicines?

Additional Information

Patients Name: **DoB:**

Signature:

Date:

When you have completed this form return it to the surgery for the attention of Shirley Simpson, Pharmacist Practitioner.