11. Taking Medicine
Reading Medical Labels (Part 1)

Objectives
Learners will:

• Recognize the words “tablet,” “pill,” “capsule,” “teaspoon” and “tablespoon.”
• Be able to ask three questions to a health care provider/pharmacist about prescriptions.
• Read and understand the information on prescription bottles.
• Sample capsules, liquid and tablets, or pictures

Materials Needed
Before class, visit this website, www.cal.org/caela/esl_resources/Health/healthindex.html#Doctor, to download Kate Singleton’s picture story “A Doctor’s Appointment.”
Board or chart paper
Makers
Pictogram flashcards
Overheads: of 3 medications; sample medicine labels
Audio CD (“I’m giving you a prescription…”)
Handouts: Copies of picture story from the web, Kate Singleton’s “A Doctor’s Appointment”; 11a (Pictogram Answer Key); 11b (Reading Labels); 11c (Questions to Ask Your Doctor); 11d (Listening)

Activity 1
Picture Story
Taking Medicine
1. Hand out copies of Kate Singleton’s “A Doctor”s Appointment.” Elicit the picture story from learners.
2. Write the story as a class, or in small groups.
3. Discuss: “Have you had a problem like this? What can you/did you do?”

Activity 2
Interpreting Pictograms
1. Show examples of medicine (e.g., liquid, tablet, capsule) or pictures, and go over terms.
2. Write the words on the board.
3. Hand out 3 or 4 Pictogram flashcards to each group of 4 to 5 learners.
4. Explain that these are pictures for instructions about taking medicine.
5. Ask learners to guess what the pictures represent.
6. Members of the class can share their responses. OR, use overheads of the pictograms and do this activity as a whole class.
7. Hand out the Pictogram Answer Key (11a) to check.
Activity 3
Reading Prescription Labels

1. Using the overhead projector, show the sample medicine labels. Ask questions about them: “What information do you see?” [Elicit: name, address, telephone] “How many pills do I take?” “How often do I take this?” “What is the doctor’s name?” “Can I get a refill?”

2. As an alternative, you can use worksheets 11b that use the same three labels. Work as a class to complete the first medication, and then work in partners to do the remaining two.

[Note: The labels used in this activity are representative of actual prescriptions found in the U.S. Labels are not standardized — one prescription may say “doctor,” another “prescriber.” Information may appear in different places on the labels. The labels used in this activity are intentionally not standardized so as to expose the learner to what she or he may encounter in the real world. You may want to highlight the differences to your learner and explain them.]

Activity 4
Asking Questions

1. Either as a class or in small groups, brainstorm with learners: “What should you ask the doctor or pharmacist about your medicine?” If done in small groups, share as a class.

2. Hand out worksheet 11c, Questions to Ask Your Doctor. Ask learners to read the list and put a check by the ones the class named in step 1.

3. Read the questions and discuss why these questions are important.

Activity 5
Listening

1. Hand out worksheet 11d. Listen to the recorded dialogues [on CD].

2. Ask learners to listen to the conversations between doctors and patients, and check the instructions they hear.

3. Check answers as a class.

4. Ask learners to listen again and answer the questions.

5. Check answers as a class.

Technology

Additional website practice: www.mcedservices.com/medex/medex.htm. Ask the learners to do Prescription Labels quizzes 1 and 2. [Note: The other quizzes are too hard, so don’t do them!]
**Pictogram Answer Key**

<table>
<thead>
<tr>
<th>Take by mouth</th>
<th>Take 2 times a day.</th>
<th>Take 1 hour before meals.</th>
<th>Take 1 hour after meals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take 2 hours before meals.</td>
<td>Take until gone.</td>
<td>Take 4 times a day, with meals and at bedtime.</td>
<td>Take 3 times a day.</td>
</tr>
<tr>
<td>Take with meals.</td>
<td>Do not take with meals.</td>
<td>Store in refrigerator.</td>
<td>This medicine may make you drowsy.</td>
</tr>
<tr>
<td>Do not take if pregnant.</td>
<td>Do not take if breast-feeding.</td>
<td>Shake well.</td>
<td>Do not drink alcohol while taking this medicine.</td>
</tr>
<tr>
<td>This medicine may make you dizzy.</td>
<td>Do not drive if this medicine makes you sleepy.</td>
<td>Do not refrigerate.</td>
<td>Do not share your medicine with others.</td>
</tr>
</tbody>
</table>
**Teacher's Version**

**1**

**CSV/pharmacy #0201**

1191 Madison Avenue, Schenectady NY 12305  
DEA #DVB1234540

**Prescriber:** CASE, DAVID V

**Rx:** 053570278812

**Welchol 625 mg Tab**

Dr. K. Nordlicht  
Date: 01/23/06

Take 2 Tablets 3 Times a Day

**Refills:** 3  
**Qty:** 90  
**Reorder after:** 05-16-2006

Rph. B. Cesnak  
Filled: 03-27-2006  
Do Not Use After: 03-02-2008

**CAUTION:** FEDERAL LAW PROHIBITS TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.

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**2**

**XPRESS SCRIPTS #0093**

121-69 Persimmon Dr, Long Branch, NJ 01351  
DEA #DVB1234540

**Rx:** 774677643

**Lisinopril 10/12.5 TAB**

Prescriber: Hershenson, Pat

Take 1 Tablet Every Day As Needed

**Refills:** 1  
**Qty:** 120  
**Discard after:** 03-26-2007

Rph. AHMED, SYED  
Date Filled: 03-27-2006  
Orig Date: 02-02-2006

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**3**

**3 2 1**

**DVB Pharmacy #0011**

121 Madison Avenue  
Jamaica, NY 11432  
DEA #DVB1234540

**Rx:** 04444

**Lamictal 100 mg Tab**

AISE BAYKAL  
15-02 Main St  
Flushing, NY 11367

Prescriber: CASE, DAVID V

Take 1 and ½ Tablets Every Morning & at 6pm.

**No Refills**  
**Qty:** 270

Rph: TORETTA, GREGORY  
Filled: 04-05-2006  
Rx Written: 02-02-2006  
Do Not Use After: 04-05-2007

**CAUTION:** FEDERAL LAW PROHIBITS TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.

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**What is the name of the medicine?**

**Lamictal**

**What is the doctor’s name?**

**David C. Case**

**What is the patient’s name?**

**Aise Baykal**

**What is the pharmacy’s phone number?**

718 555-1144

**How many pills do you take every day?**

**Three**

**How many pills are in the bottle?**

270

**Can you get a refill?**

**No**

**When does the medicine expire?**

04-05-2007

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**What is the name of the medicine?**

**Welchol**

**What is the doctor’s name?**

**Dr. K. Nordlicht**

**What is the patient’s name?**

**Eun-Hee Kim**

**What is the pharmacy’s phone number?**

518-567-4321

**How many pills do you take every day?**

**Six**

**How many pills are in the bottle?**

90

**Can you get a refill?**

**Yes, three refills allowed.**

**When does the medicine expire?**

03-02-2008

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**What is the name of the medicine?**

**Lisinopril**

**What is the doctor’s name?**

**Dr: Pat Hershenson**

**What is the patient’s name?**

**Ndinge Mbutu**

**What is the pharmacy’s phone number?**

202-567-4321

**How many pills do you take every day?**

**1 (as needed)**

**How many pills are in the bottle?**

120

**Can you get a refill?**

**No**

**When does the medicine expire?**

03-26-2007
1. **DVB Pharmacy**
   - Address: 121 Madison Avenue, Schenectady, NY 12305
   - Phone: 518-567-4321
   - DEA #: DV81234540

   **Prescription Information**
   - 
   - **Medicine**: Welchol 625 mg Tab
   - **Doctor**: Nordlicht, k
   - **Date**: 01/23/06
   - **Dosage**: Take 2 Tablets 3 Times a Day
   - **Refills**: 3
   - **Quantity**: 90
   - **Reorder Date**: 05-16-2006
   - **Pharmacy**: B. Cesnaka
   - **Filled Date**: 03-27-2006
   - **Expiration Date**: 03-02-2008
   - **Caution**: Federal Law Prohibits Transfer of This Drug to Any Person Other Than the Patient for Whom It Was Prescribed.

2. **CSV pharmacy**
   - Address: 1191 Madison Avenue, Schenectady, NY 12305
   - Phone: 518-567-4321
   - DEA #: DV81234540

   **Prescription Information**
   - 
   - **Medicine**: LAMICTAL 100 mg Tab
   - **Prescriber**: CASE, DAVID V
   - **Dosage**: Take 1 and ½ Tablets Every Morning & at 6pm.
   - **Quantity**: 270
   - **Pharmacy**: G. Torettas
   - **Filled Date**: 04-05-2006
   - **Expiration Date**: 04-05-2007

3. **XPRESS SCRIPTS**
   - Address: 121-69 Persimmon Dr, Long Branch, NJ 01351
   - Phone: 202-567-4321
   - DEA #: DV81234540

   **Prescription Information**
   - 
   - **Medicine**: LISINOPRIL 10/12.5 TAB
   - **Prescriber**: Hershenson, Pat
   - **Dosage**: Take 1 Tablet Every Day As Needed
   - **Quantity**: 120
   - **Pharmacy**: S. Ahmed
   - **Date Filled**: 03-27-2006
   - **Original Date**: 02-02-2006
   - **Expiration Date**: 03-26-2007
   - **Caution**: Federal Law Prohibits Transfer of This Drug to Any Person Other Than the Patient for Whom It Was Prescribed.

**Questions**

- What is the name of the medicine?
- What is the doctor's name?
- What is the patient's name?
- What is the pharmacy's phone number?
- How many pills do you take every day?
- How many pills are in the bottle?
- Can you get a refill?
- When does the medicine expire?
<table>
<thead>
<tr>
<th>Patient</th>
<th>Medicine</th>
<th>Doctor</th>
<th>Pharmacy</th>
<th>Phone</th>
<th>Quantity</th>
<th>Expire Date</th>
<th>Refill Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LAMICTAL 100 mg Tab</td>
<td>Casey, David V</td>
<td>DVB Pharmacy</td>
<td>718 555-1144</td>
<td>270</td>
<td>04-05-2007</td>
<td>04-05-2007</td>
</tr>
<tr>
<td>2</td>
<td>Welchol 625 mg Tab</td>
<td>Nordlicht, K</td>
<td>CSV pharmacy</td>
<td>518-567-4321</td>
<td>90</td>
<td>05-16-2006</td>
<td>05-16-2006</td>
</tr>
<tr>
<td>3</td>
<td>LAMICTAL 100 mg Tab</td>
<td>_hpp</td>
<td>XPRESS SCRIPTS</td>
<td>202-567-4321</td>
<td>120</td>
<td>06-26-2007</td>
<td>06-26-2007</td>
</tr>
</tbody>
</table>

**Questions:**
- What is the name of the medicine?
- What is the doctor’s name?
- What is the patient’s name?
- What is the pharmacy’s phone number?
- How many pills do you take every day?
- How many pills are in the bottle?
- Can you get a refill?
- When does the medicine expire?
Questions to ask your doctor about your medicine:

• What is the name of this medicine?

• Why do I need this medicine?

• Will this medicine make me sleepy?

• How often do I take this medicine?

• How many pills do I take every day?

• How many days do I take this medicine?

• I also take (name of your medicine). Is that a problem?

• Do I take this medicine with food?

• Can I drink alcohol with this medicine?

For women: Always tell your doctor if you are pregnant or nursing or trying to have a baby!

If you have questions about medicine:

Call your doctor or pharmacist.

You can also call the Poison Control Center:

1-800-222-1222 or 1-212-POISONS
Doctor: I’m giving you a prescription for penicillin. I’d like you to take 2 capsules in the morning, and 2 in the evening. Take the medicine with some food. Do you have any questions?

Patient: I also take antacids. Is that OK?

Doctor: No problem.

Doctor: Here’s your prescription. You should take it 3 times a day.

Patient: OK. Can I also take aspirin?

Doctor: If you have pain, yes. Aspirin is fine. But don’t drink any alcohol.

Doctor: Here is your prescription for an acid blocker. This will help your stomach. Take it before you eat dinner.

Patient: Do I also take it before breakfast?

Doctor: No, just once a day.

Doctor: Here is your prescription. You need to take this at bedtime for two weeks.

Patient: Is it OK to drive while I take this medicine?

Doctor: Yes, you may. But don’t drink alcohol.

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Listen to the dialogues. Check the instructions you hear.

<table>
<thead>
<tr>
<th>Take once a day</th>
<th>Take twice a day</th>
<th>Take with food</th>
<th>Don’t drink alcohol</th>
<th>Don’t take antacids</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

Listen again and answer these questions:

1. How many pills must this patient take every day?  
   *Four*

2. What can he take for pain?  
   *Aspirin*

3. When should she take this medicine?  
   *Before dinner*

4. Can she drive when she takes this medicine?  
   *Yes.*
DVB Pharmacy #0011
121 Hillside Avenue
Jamaica, NY 11432
DEA #DVB1234540

Rx: 04444
LAMICTAL 100 mg Tab
PRESCRIBER: CASE, DAVID V

Take 1 and ½ Tablets Every Morning & at 6pm.

No Refills
RPH: TORETTA, GREGORY

Qty: 270

AISE BAYKAL
15-02 Main St
Flushing, NY 11367

ph. 718 555-1144
Kim, Eun-Hee
125-02 Kissena Blvd
Flushing, NY 11367

Welchol 625 mg Tab

Dr: Nordlicht, k
Date: 01/23/06

REeaai 2 Tablets 3 Times a Day

REFILLS: 3
Qty: 90

Do Not Use After: 03-02-2008
Filled: 03-27-2006
RPh. B. Cesanak

CAUTION: FEDERAL LAW PROHIBITS TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.
RX:

RX: 774677643

TAKE 1 TABLET EVERY DAY AS NEEDED

Lisinopril 10/12.5 Tab

Prescriber: Hershenson, Pat

No Refills, Authorization Required

QTY: 120

RPh: Ahmed, Syed

Date Filled: 03-27-2006

Orig Date: 02-02-2006

Discard After: 03-26-2007

Caution: Federal Law Prohibits Transfer of This Drug to Any Person Other Than the Patient for Whom It Was Prescribed.