

12. Taking Medicine

Reading Medical Labels (Part 2)

Background Information for Teachers

Common Prescription Medicines and Dosages

Problem	Drug	Other Name	Dosage
Type II Diabetes	Metformin		500 mg orally twice daily
	Glyburide		2.5 mg orally twice daily
High blood pressure	Hydrochlorothiazide		25 mg orally once daily
	Amlodipine besylate	Norvasc	5 mg orally once daily
	Atenolol		50 mg orally once daily
High cholesterol	Lisinopril		20 mg orally once daily
	Atorvastatin	Lipitor	20 mg once daily
	Fluoxetine	Prozac	40 mg orally once daily in the morning
Bacterial infection	Amoxicillin		500 mg every 12 hours for 7 days
	Ciprofloxacin	Cipro	250 mg every 12 hours for 3 days
Asthma	Albuterol		2 inhalations every 4–6 hours
Pain	Acetaminophen/ Codeine	Tylenol with Codeine	1 tablet orally every 4 hours as needed
	Acetaminophen/ Hydrocodone	Vicodin	1–2 tablets orally every 4–6 hours as needed

12. Taking Medicine

Reading Medical Labels (Part 2)

Materials Needed Board or chart paper
Markers
Sample prescription bottles [*Use actual samples, or prepare bottles using the provided Prescription Labels and Warning Labels.*]
Handouts: 12a (Prescription Match), 12b (Information About Your Medicine)
Video camera (*optional*)

Activity 1 Review

1. *Discuss*: “What are some important things to remember about taking medicine?” Write answers on board [e.g., *Ask questions about the medicine. Tell your doctor what else you are taking. Take the correct amount. Follow your health care provider’s instructions. Don’t share your medicine.*]
2. *Discuss*: Do we always take all the pills (i.e., finish the prescription)? [*Answer*: Check the label! For example, with antibiotics, yes we do. With pain medication, usually not.]

Activity 2 Reading Prescriptions

1. Hand out worksheet 12a, Prescription Match.
2. Ask the learners to match the instructions with the correct label.
3. Check together as a class. [Note: More than one sentence can match each label.]

Activity 3 Reading

1. Ask the learners to work alone or with a partner to complete worksheet 12b, Information About Your Medicine.
2. Check as a class.

Activity 4 Practice

In partners or small groups:

1. Give each group a sample prescription bottle label.
2. Ask learners to make a dialogue about taking the medicine, using the questions to ask from the previous session. Model this first by working with the class to come up with a dialogue about one prescription. Assist the groups as they work. [*You also tell them what the medicine they have is for (e.g., “You have Norvasc. That’s for high blood pressure.”)*]
3. Ask for volunteers to share with the class. Before they present, ask the class to listen for the questions. After a group presents, ask the class what questions the patient asked and how the doctor responded.
If possible, videotape some of the presentations.

Assessment Administer the quiz on reading labels. Check as a class.

Optional Activities

For additional practice, use “Read Carefully” (pp. 106–7) from *Grab Bag of Health* by Elizabeth Ganong.

Match

Take 2 teaspoons every day.

Take this medicine in the evening.

This medicine may make you feel sleepy.

Don't drink beer and take this medicine.

Take 4 pills every day.

Take all the pills in the bottle.

DVB Pharmacy #0011 ph. 718 555-1144

Rx: 04444

NORVASC 5 mg Tablet PFI

MAY CAUSE DROWSINESS

TAKE 2 Tablets Twice A Day.

EMPIRE DRUGS #0093 ph. 718-567-4321

Rx: 357710

IMPORTANT: FINISH ALL THIS MEDICATION UNLESS OTHERWISE DIRECTED BY DOCTOR.

PENICILLIN 500 mg CAPSULE

TAKE 2 CAPSULES TWICE A DAY FOR 2 WEEKS.

DVB Pharmacy #0011 ph. 718 555-1144

Rx: 04444

NORVASC 5 mg Tablet PFI

PRESCRIBER: CASE, DAVID V

AISE BAYKAL
15-02 Main St
Flushing, NY 11367

TAKE 1 CAPSULE EVERY DAY at 6pm.

XPRESS SCRIPTS #0093 ph. 202-567-4321
121-69 Persimon Dr, Long Branch, NJ 01351
DEA #DVB1234540

Rx: C 621459

DO NOT TAKE ALCOHOLIC BEVERAGES WHEN TAKING THIS MEDICATION

TAKE 1 TEASPOON with breakfast and at bedtime.

Hydrocodone Compound Syrup

Name _____ Date _____

Information About Your Medicine

1. You can only get one _____ for this prescription.

- a. headache
- b. medicine
- c. question
- d. refill

2. Take two _____ every morning.

- a. liquids
- b. medicines
- c. prescriptions
- d. tablets

3. Don't _____ when you take this medicine.

- a. drive
- b. driver
- c. driving
- d. driven

4. Pregnant women should not _____ this medicine.

- a. ask
- b. belong
- c. see
- d. take

Prescription Labels (cut apart)

DVB Pharmacy #0011 ph. 718 555-1144
121 Hillside Avenue
Jamaica, NY 11432
DEA #DVB1234540
RX: 04444

NO RVASC 5 mg Tablet PFI
PRESCRIBER: CASE, DAVID V

TAKE 1 CAPSULE EVERY DAY.

Refillable 4 times before 02-02-2007 Qty: 30
RPH: TORETTA, GREGORY PIC: LEON, CARTAS
Date Filled: 04-05-2006 Orig Date: 02-02-2006 Discard after: 04-05-2007

EMPIRE DRUGS #0093 ph. 718-567-4321
121-69 Jamaica Blvd
Bensonhurst, NY 11400
DEA #DVB1234540
RX: 357710

Li, Carol
15-02 South St, Steepton, NY 11215

AMOXICILLIN 500 mg CAPSULE
PRESCRIBER: BIALYSTOCK, MAX

TAKE 1 CAPSULE EVERY 12 HOURS FOR 7 DAYS

No Refills, authorization required Qty: 60 CA
RPH: RADHAKRISHNAN, ANA PIC: YOUNG, CARLOS
Date Filled: 02-27-2006 Orig Date: 02-02-2006 Discard after: 02-26-2007

Duane Reed Pharmacy #0101 ph. 426-567-4321
121-69 Jackson Ave, Roosevelt, NY 11451
Rx#053570278812

Zhang, Katie
15-02 Main St,
Flushing, NY 11315

LIPITOR 20MG
Dr. Clark
Date: 12/23/05

TAKE 1 TABLET DAILY

3 REFILLS QTY: 00090 Mfg: Pfizer (Parke Davis)
RPH: B. Cesanek Use By: 03-27-2006 Order After: 02-02-2006
CAUTION: Federal Law prohibits transfer of this drug to any person other than the patient for whom it was prescribed.

EMPIRE DRUGS #0093 ph. 718-567-4321
121-69 Jamaica Blvd
Bensonhurst, NY 11400
DEA #DVB1234540
RX: 467710

Munoz, Juan
15-02 South St, Steepton, NY 11215

LISINAPRIL 20 MG
PRESCRIBER: BIALYSTOCK, MAX

TAKE 1 TABLET DAILY

No Refills, authorization required Qty: 20 TA
RPH: RADHAKRISHNAN, ANA PIC: YOUNG, CARLOS
Date Filled: 02-27-2006 Orig Date: 02-02-2006 Discard after: 02-26-2007

DVB Pharmacy #0011 ph. 718 223-1144
121 Hillside Avenue
Jamaica, NY 11432
DEA #DVB1234540
RX: 621541

ATENOLOL 50 mg TABLET
PRESCRIBER: CASE, DAVID V

TAKE 1 TABLET DAILY

No refills, authorization required Qty: 30
RPH: TORETTA, GREGORY PIC: LEON, CARTAS
Date Filled: 04-05-2006 Orig Date: 02-02-2006 Discard after: 04-05-2007

EMPIRE DRUGS #0093 ph. 518-567-4321
1191 Madison Avenue, Schenectady NY 12305
Rx#053570278812

Kim, Eun-Hee
125-02 Kissena Blvd
Flushing, NY 11367

Glyburide 2.5mg Tab
Dr. Claverack, R
Date: 01/23/06

Take 1 Tablets Twice a day

NO REFILLS Qty: 270 Mfg: Glaxo
RPH: B. Cesanek 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.

Duane Reed Pharmacy #0101 ph. 426-567-4321
121-69 Jackson Ave, Roosevelt, NY 11451
Rx 559351

Elena Lopez
15-02 Roosevelt Ave
Corona, NY 11315

ALBUTEROL
Dr. Clark
Filled: 12/23/05

2 INHALATIONS EVERY 4-6 HOURS

NO REFILLS QTY: 30
RPH: B. Cesanek Use By: 03-27-2006 Order After: 02-02-2006
CAUTION: Federal Law prohibits transfer of this drug to any person other than the patient for whom it was prescribed.

EMPIRE DRUGS #0093 ph. 518-567-4321
121-69 Jamaica Blvd
Bensonhurst, NY 11400
DEA #DVB1234540
RX: 467710

Munoz, Juan
15-02 South St, Steepton, NY 11215

LISINAPRIL 20 MG
PRESCRIBER: BIALYSTOCK, MAX

TAKE 1 TABLET DAILY

No Refills, authorization required Qty: 20 TA
RPH: RADHAKRISHNAN, ANA PIC: YOUNG, CARLOS
Date Filled: 02-27-2006 Orig Date: 02-02-2006 Discard after: 02-26-2007

XPRESS SCRIPTS #0093 ph. 202-567-4321
121-69 Persimmon Dr, Long Branch, NJ 01351
RX: C 621459

Mumtaz, Ahmed

TAKE 1 CAPSULE TWICE A DAY

Metformin 500 mg
Prescriber: Sohn, Pat
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.

XPRESS SCRIPTS #0093 ph. 202-567-4321
121-69 Persimmon Dr, Long Branch, NJ 01351
RX: C 621459

Mumtaz, Ahmed

TAKE 1 CAPSULE DAILY

Hydrochlorothiazide 25mg
Prescriber: Linton, Ted
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.

XPRESS SCRIPTS #0093 ph. 215-567-4321
121-69 Persimmon Lane, Long Beach, NY 11351
RX: 962431039

Morgan Kim

TAKE 1 TABLET EVERY 12 HOURS FOR 3 DAYS

NO REFILLS Qty: 20 Mfg: PMS
Filled: 03-27-2006 Rx Written: 02-02-2006 Do Not Use After: 03-26-2007
CAUTION: FEDERAL LAW PROHIBITS TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.

XPRESS SCRIPTS #0093 ph. 202-567-4321
121-69 Persimmon Dr, Long Branch, NJ 01351
RX: C 621459

Brown, Jim

TAKE 1-2 TABLETS EVERY 4-6 HOURS AS NEEDED

Vicodin
Prescriber: Hirshen, Paul
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.

MAY CAUSE DROWSINESS

MAY CAUSE DROWSINESS. ALCOHOL INTENSIFIES EFFECT. USE CARE USING MACHINES.

MAY CAUSE DIZZINESS.

TAKE OR USE THIS EXACTLY AS DIRECTED. DO NOT SKIP DOSES OR DISCONTINUE.

CALL DR. BEFORE TAKING OTC DRUGS AS SOME MAY AFFECT THE ACTION OF THIS DRUG.

This Medication May Be Taken With or Without Food.

CONTROLLED SUBSTANCE. DANGEROUS UNLESS USED AS DIRECTED.

TAKING MORE THAN RECOMMENDED DOSE MAY CAUSE BREATHING PROBLEMS.

DO NOT TAKE ALCOHOLIC BEVERAGES WHEN TAKING THIS MEDICATION.

DO NOT USE IF PREGNANT OR SUSPECT YOU ARE PREGNANT OR ARE BREAST FEEDING.

MAY CAUSE BLURRED VISION.

DO NOT TAKE THIS DRUG IF YOU BECOME

PREGNANT.

TAKE WITH FOOD

IMPORTANT: FINISH ALL THIS MEDICATION UNLESS OTHERWISE DIRECTED BY DOCTOR.

AVOID EATING OR DRINKING GRAPEFRUIT PRODUCTS WITH THIS MEDICATION.

TAKE THIS MEDICATION WITH PLENTY OF WATER.

MAY CAUSE DROWSINESS. ALCOHOL MAY INTENSIFY THIS EFFECT. USE CARE WHEN OPERATING A CAR OR DANGEROUS MACHINES.

DO NOT CHEW OR CRUSH BEFORE SWALLOWING.

If you are pregnant or considering becoming pregnant you should discuss the use of this medication with your doctor or pharmacist.

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MAY CAUSE DROWSINESS

Name _____ Date _____

Sessions 11 and 12
Taking Medicine / Reading Medical Labels

Check **Yes** or **No** for each question.

1. Your doctor gives you a prescription for an antibiotic. There are pills for 10 days. You feel better after 4 days. It's okay to stop taking the medicine.

Yes

No

2. Your medicine says, "Take the pill on an empty stomach." You take it 20 minutes after lunch. Good idea?

Yes

No

3. Tell your doctor about other medicines you take.

Yes

No

4. Your medicine says, "Take two tablets in the morning and two in the evening." You can take all four pills at breakfast.

Yes

No

5. You have a headache. Your friend has some prescription medicine for pain. It is okay to take your friend's medicine.

Yes

No

Name _____ Date _____

Sessions 11 and 12

Taking Medicine / Reading Medical Labels

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