

Heart Failure and Stroke Step-by-Step Counseling Guide



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Overview

Part of UConn Health’s mission is to help patients achieve and maintain healthy lives and restore wellness and health to a maximum attainable level. In order for the hospital to maximize reimbursement, the hospital must adequately practice a variety of evidence-based, scientifically researched standards of care. These practices in heart failure and stroke patients are reported and tracked by The American Heart Association and The Centers of Medicare and Medicaid (CMS), respectively, and are commonly known as *core measures*. One of the many core measures related to pharmacy calls for heart failure and/or stroke counseling to any diagnosed patient. This is where you come in! Below are the core measures and a step-by-step guide to heart failure and stroke counseling, specific to UConn Health Pharmacy.

Diagnosis or Indicator	Core Measure
Heart Failure	<ul style="list-style-type: none"> • If patient has an EF of <40%, an ACE or ARB should be prescribed at discharge or clear documentation of contraindication. • Make sure an evidence-based beta-blocker has been ordered (Bisoprolol, Carvedilol, Metoprolol CR/XL) • Make sure an aldosterone antagonist is prescribed at discharge for patients with left ventricular systolic dysfunction (LVSD) or that contraindication or intolerance is noted • Patient will have their left ventricular function assessed before, during, or after admission • Patient will be scheduled a follow-up visit within 7 days of discharge by the covering hospital team. • Percent of heart failure patients who were referred to heart failure disease management, received 60 minutes of patient education by a qualified educator, or received an AHA heart failure interactive workbook.
Stroke	<ul style="list-style-type: none"> • Patient must be on antithrombotic therapy (UFH, LMWH, or fondaparinux) by the end of hospital day two. Aspirin alone is insufficient. • Antithrombotic therapy is indicated for secondary prevention: warfarin if cardioembolic or other medication at doses greater than VTE prevention. • If patient has A Fib/flutter, they must be discharged on anticoagulation therapy • Use of thrombolytic agents in selected patients. • Discharge on Statin and Antithrombotic therapy. If not, clear documentation must be written by provider.

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How to Prepare and Counsel

- 1) Refer to preceptor for a daily printout of heart failure, history of heart failure, and/or stroke patients. Below is a sample of what the print out looks like. Provide education on multiple disease states, when applicable, including warfarin education by cross-checking the lists of patients whenever possible. We do not typically counsel patients in the ICU as it may be difficult for them to effectively communicate however, these patients may still be evaluated as they may be a boarder from a non-ICU service. Patients from CHMC should not require counseling.

Heart Failure Email:

Primary Diagnosis HEART FAILURE					
Active Heart Failure patients Need a 7day follow-up and Teaching					
Unit	Name	Admit No.	Comments	TEAM	Case MGMT/ SW/Comments
CSDU	Doe, Jane	12345678	readmit from 7/12/15	Yellow	
CSDU	Doe, John	12345678		CARDS	
ICU	Doe, Jane Arc	12345678	NSTEMI	CARDS	
MED 4	Doe, John Arc	12345678		Purple	
Hx of HF	History of HF in the Past		Needs HF education no 7 day f/u appt		
MED 4	Doe, Jane Powers	12345678		Purple	
ONC	Doe, John Powers	12345678	readmit from 6/1/15	Blue	
SURG	Doe, Jane Health	12345678		Surgery	

Stroke Email:

FLOOR TEAM	NAME	ADMIT #	DATE/TIME OF GREET	D/C DATE DISPO	DX	NIHSS	Last known well	CT interpr. Time	TPA- if no document why not given	ASA/antithrombotic- by day 2	STROKE teaching ORDER	REHAB EVAL	DVT prevent	SMOKER	Dyphagia screen QB swallow eval	Afib-? if YES anticoag ordered	LABS- INR, creat, lipids, A1C
CSDU	John Stroke	12345678	7/4 @ 12:03	7/16 - Home w/ No Services	Acute Ischemic Stroke	not in ED record	evening before admission	7/4 @ 13:11	no - on anticoagulation	ASA 7/4	Ordered 7/4	Ordered 7/4	PAS 7/5	no	Failed in ED, speech	no	complete

- 2) Heart failure and stroke folders can be found in the IDS Pharmacy office.
- 3) Before heading off to the patient's room, there are a few things to keep in mind. You may not be able to counsel everyone and, therefore, need to prioritize those you see first. This can be done by reviewing patient care documentation in LCR as described below. You want to target those patients whom you suspect will be ready for discharge within the upcoming day as opposed to those who may have a lengthy stay ahead of them; those can be counseled another day. Education should begin in a sufficient of time before discharge. You also want to gain insight about the patient's social history, i.e. what is the patient's living situation? Are they at a nursing home, senior housing

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facility or living at home with a caregiver such as a spouse, son or daughter? This information is useful to know beforehand, and can help you more appropriately address their ability to maintain adherence to therapy. You will also want to know the sensory and cognitive function of the patient to determine how receptive they will be to counseling. You may also encounter a patient that primarily communicates in a language other than English. For these patients, interpreter services are available. Please work with your preceptor for assistance.

Guide to obtaining patient information from LCR:

- Click on “Admission#” and enter the patient’s number (PAT_NUM on the form)
- Click on the patient’s name
- Go to “DISPLAY Patient Care Documentation”
 - Then go to “All Nsg Documentation This Adm”
 - Look at where the patient is from and if they can perform ADLs to gain an understanding of the patient’s home environment
 - Look to see if the patient speaks English and if they are ready to learn to evaluate the patient’s education needs
 - Then go to “Addnl Shift Assessments”
 - Then go to “Patient/Family Teaching Record”
 - Read patient history to better understand the patient’s willingness to receive counseling
- Go to “Notes”
 - Check if there are any notes from neuro, case management, or dietary
 - Use these notes to gain more information about the patient’s cognitive status, their ability to understand counseling, where they will be going once they are discharged (home, STR, SNF), and if they have been seen by dietary
 - Review ambulatory care notes and discharge summaries to assess patient history
- Go to “Write Orders/Current Orders”
 - Find patient’s specific diagnosis
 - Click on the hourglass at the top of the screen for a list of home medications.

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- 4) You are now ready to counsel your patient! Check the census board on the unit to double check the patient's location. Some hospital rooms have 2 patients within, while others only have 1. Those rooms with 2 patients have a corresponding letter after the room number, either the letter A or B. The patient by the window is designated with the letter B (think "B" for a beautiful view). The patient by the door is designated with A.

- 5) Before walking into a patient's room, you want to be sure to sanitize your hands with the foam hand sanitizer located outside the patient's room. Do this afterwards as well. Remember, *foam in, foam out!* Also, it is important to be aware of any contact precautions prior to entering the room. If there is a sign hanging, please don the proper protective garb.

- 6) Use the acronym **AIDET** to professionally encounter and counsel your patient:

AIDET

By using AIDET when we communicate with a patient, the patient is being told who you are, why you are in their room, and what will be happening. This decreases patient anxiety and increases patient satisfaction.

A	Acknowledge
I	Introduce
D	Duration
E	Explanation
T	Thank You

- Acknowledge
 - Greet the patient with their name and a smile. This provides a personal connection with the patient.
 - "Good morning/afternoon Ms. Patient."
 - Acknowledge the patient's right to privacy and consider all interactions with patients to be confidential

- Introduce
 - Tell the patient who you are and how you are going to help them.
 - "My name is _____, and I am a pharmacy student working with the pharmacist to assist your team in caring for you."

- Duration
 - Give the patient an estimate of the time it will take to complete the discussion. This is part of setting expectations for the patient so that they are aware at all times why you are in the room and what will happen.

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- “I would like to discuss the medications you take at home. This will take approximately 15 minutes of your time. Is now a good time to discuss this?”
- Explanation
 - Explain what you are going to do for the patient. Ask if they have any questions or concerns.
 - “We want to be sure we have the correct information about your home medications so the correct medications can be ordered for you while you are in the hospital. “
- Thank you
 - Thank the patient for choosing our hospital to receive their care. Ask the patient if there is anything else you can do for them before you leave. Take time to “manage up” the current area, colleagues, and physician to reinforce the team atmosphere to the patient and increase the patient’s confidence level in the care they are receiving here at our hospital.
 - “Thank you Ms. Patient for your time and for selecting our hospital. Is there anything I can do for you? You are in excellent hands here in the [Emergency Department]. Have a good day.”

7) You can also use the acronym PHARM to ensure a successful patient encounter:

5 Things to do with Every Patient

P	Privacy <ul style="list-style-type: none"> • Treat all interactions with patients as confidential • “May I come in? I am closing the door/curtain for your privacy“ • “Are you comfortable discussing your medications while others are in the room with us?”
H	Hand hygiene <ul style="list-style-type: none"> • Use antibacterial gel to clean hands for patients protection before and after entering a patient’s room
A	AIDET (Acknowledge, introduce, duration, explain, thank) <ul style="list-style-type: none"> • Framework on how to communicate with patients and families to ease nervousness and anxiousness
R	Right patient: Use two identifiers to ensure correct patient information <ul style="list-style-type: none"> • Patient name and date of birth
M	Medication questions and manage up <ul style="list-style-type: none"> • “Do you have any questions for me?” • “You will receive excellent care while you are here- the staff is great.”

Counseling Tips and Tricks

- Be sure to verify the patient's date of birth before each counseling session. This is also a good way to gauge a patient's cognitive function and their ability to understand any information you present.
- Prior to meeting with the patient attempt to reconcile which pre-admission medications will and will not be continued and any other changes in the patient's regimen with the patient and caregiver(s). All changes to medication regimen prior to hospitalization should be emphasized with both the patient and caregiver(s). Another source of information is the Med-History Technicians. They can tell you a wealth of information relating to the patient's home medications. "My Medication List" can be filled out with the patient. Ask if they already have an up-to-date medication list before completing.
- Go over "Tips from Your Pharmacist" and stress the importance of each recommendation as well as how to properly destroy any unused or discontinued medications.
- Mention that pillboxes may help facilitate compliance with medication post-discharge. They should be filled with the assistance of a caregiver, pharmacist or home-health aid to ensure accuracy.
- Additional education handouts that describe medication indications & side effects may also be beneficial for patients that want more detailed information. Examples include Lexicomp® and Meducation®.
- Use open ended questions (teachback method)
 - What is this medication for?
 - How have you been told to take this medication? Take with food or empty stomach? Separate from other medications?
 - What have you been told to expect from this medication?
 - What questions do you have about your medication or condition?
- Review (at least) the following:
 - Brand and generic names
 - Dose, dosage form, route of administration, and duration of effect
 - Common adverse effects
 - What to do in case of a missed dose
 - What follow-up or lab work will be needed

Documentation

- 8) The last thing that needs to be done is documentation of the encounter. Before heading back to the pharmacy, inform the pharmacist on the unit that the counseling is complete who will then make note of the encounter. There is also a spreadsheet located in the pharmacy to keep account of the encounters so be sure to fill it out daily for each counseling encounter.

- 9) Lastly, inform your preceptor of all the patient's names you successfully counseled and she will document the session.

Appendix I: Heart Failure and Stroke Documentation by Preceptor

	University of Connecticut Health Center John Dempsey Hospital	PATIENT ID: _____
Multidisciplinary Heart Failure Prevention Education		
Based on your diagnosis you may be at risk for signs or symptoms of Heart Failure. The following information will help you <u>prevent</u> symptoms and manage your health.		
♥ "How to Manage Heart Failure", booklet reviewed  RN/date complete _____		
♥ Heart Failure videos assigned - and viewed RN/date complete _____		
♥ Weigh yourself- EVERY DAY - and Record  <ul style="list-style-type: none"> ○ Every morning, after urinating, before eating or drinking or dressing ○ Patient has a working scale that can be read by self or family ○ Weight chart given and reviewed ○ Admit weight _____ lbs Discharge weight: _____ lbs RN/date completed _____		
♥ Zones to manage Heart Failure Symptoms reviewed  RN/date completed _____		
♥ Magnet for emergent symptoms and Dr. phone #  RN /date completed _____		
♥ Diet Information: <ul style="list-style-type: none"> ▪ 2000 mg Low Sodium ▪ Low saturated fat, low cholesterol ▪ Fluid Restriction _____ cc/ml Dietitian/date _____		
□ Medication Information: <ul style="list-style-type: none"> ○ ACEI or ARB _____ ○ Beta-Blocker _____ ○ Other meds _____ Pharmacist/date _____		
♥ Social Work/ Case Management <ul style="list-style-type: none"> ○ Anticipated problems with transition: ○ Meals, cost of meds, transportation, workable scale ○ Home care – Rehabilitation CM/SW-date _____		
♥ Patient or patient care taker demonstrated understanding of Heart Failure Education Materials using teach back method.		
♥ Heart Failure Education and Materials received within the past year. Yes or No		
Patient/Pt rep signature _____		Discharge RN _____
Report to SNF/Home Health		Date / Time completed _____

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	UConn Health John Dempsey Hospital	
		(Patient Identification)

Interdisciplinary Stroke Prevention Patient Education

Based on your diagnosis you have suffered a stroke. The following educational information provided by our specialized team will help you recognize the signs of a stroke and understand how to care for yourself and reduce your risk factors.

- **Knowing the signs of a stroke can help you or someone you know get quick treatment. Warning signs of stroke usually appear very suddenly and there is often more than one sign.**

Act FAST

- **F**acial weakness, blurred vision, severe headache
- **A**rm and or leg weakness, loss of balance, numbness
- **S**peech problems, verbal or understanding, confusion
- **T**ime is Critical

If you answer yes to any of the above CALL 911 IMMEDIATELY

Stroke Risks You Can Prevent or Control:

- **Being overweight or obese, Eat healthy.**
 - ✓ Limit portion sizes, eat more fruits and vegetables
 - ✓ Restrictions; _____ Dietitian signature _____
- **Increase your Activity- Assessment for Rehabilitation**
- **Follow up rehab Plans** Speech/PT/OT signature _____
- **Patient/Family Education**
 - ✓ **Smoking Cessation given- No Smoking**
 - ✓ Last total cholesterol was _____ LDL _____ HDL _____
 - ✓ Last Blood Pressure was _____ Nursing Signature _____
- **Medication Education**
 - ✓ High Blood Pressure (Hypertension) medication _____
 - ✓ Cholesterol medication _____
 - ✓ Blood thinning medication _____
 - ✓ Labs to check your blood coagulation (thinning) _____
- **Take your medications as ordered** Pharmacy sign. _____
- **Having other health conditions can increase your risk of STROKE**
 - Diabetes
 - High Cholesterol
 - Carotid artery disease (hardening of the arteries in the neck)
 - Atrial fibrillation (irregular heartbeat)

To reduce these risks: Visit your doctor regularly. Have your Blood Pressure checked regularly. Ask about lifestyle changes and medications that can help reduce your stroke risk. For more information;

<http://www.strokeinfo.org>

Date/Time _____ RN print name _____ Pharmacy print name _____
Dietary print _____ Speech print name _____ PT _____ OT _____
Patient/Care Giver Signature _____

Original – Chart

Yellow - Patient

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Appendix IV: Heart Failure Education Sheets

Heart Failure Medication Guide

Here are types of some of the common medications that your doctor **may** prescribe for your congestive heart failure. This does not include every medication that may be prescribed for you. Be sure to ask your doctor, nurse, or pharmacist if you need more information.



1. ACE Inhibitors
2. Angiotensin II Antagonists
3. Anticoagulants ("Blood Thinners")
4. Beta-Blockers
5. Calcium Channel Blockers
6. Digoxin
7. Diuretics ("Water Pills" or "Fluid Pills")
8. Platelet Inhibitors
9. Potassium
10. Statins
11. Vasodilators
12. Combination Medications

1. ACE Inhibitors: protect your heart and kidneys.

Generic Name	Brand Name	Possible Side Effects
benazepril	Lotensin	Cough, dizziness, headache, and or a lower blood pressure
captopril	Capoten	
enalapril	Vasotec	
fosinopril	Monopril	
lisinopril	Prinivil or Zestril	
moexipril	Univasc	
quinapril	Accupril	
perindopril	Aceon	
ramipril	Altace	
trandolapril	Mavik	

2. Angiotensin II Antagonists: protect your heart and kidneys.

Generic Name	Brand Name	Possible Side Effects
azilsartan	Edarbi	Dizziness, nausea, muscle cramps, and or a lower blood pressure
candesartan	Atacand	
eprosartan	Teveten	
irbesartan	Avapro	
losartan	Cozaar	
olmesartan	Benicar	
telmisartan	Micardis	
valsartan	Diovan	




3. Anticoagulants or "Blood Thinners": helps prevent blood clots.

Generic Name	Brand Name	Possible Side Effects
apixiban	Eliquis	bleeding, bruising, and or an upset stomach
dabigatran	Pradaxa	
rivaroxaban	Xarelto	
warfarin	Coumadin	

4. Beta-Blockers: lessens the work your heart has to do.

Generic Name	Brand Name	Possible Side Effects
atenolol	Tenormin	lower blood sugar, heart may beat slower, may feel tired, dizziness, and or a lower blood pressure
bisoprolol	Zebeta	
carvedilol	Coreg	
metoprolol succinate	Toprol XL	
metoprolol tartrate	Lopressor	
nebivolol	Bystolic	

5. Calcium Channel Blockers: used to treat heart rhythm disturbances and chest pain. Your doctor will decide if it is suitable for you to be on this type of medication.

Generic Name	Brand Name	Possible Side Effects
amlodipine	Norvasc	dizziness, heart may beat slower or faster, and or a lower blood pressure
diltiazem	Cardizem	

6. Digoxin: helps strengthen the heart muscle.

Generic Name	Brand Name	Possible Side Effects
digoxin	Lanoxin	If any of these occur, call your doctor right away : nausea, loss of appetite, confusion, blurred vision, and or a rapid heartbeat

7. Diuretics or "Water Pills" or "Fluid Pills": help rid your body of excess water and prevents fluid from collecting in your feet, ankles, legs and abdomen.

Generic Name	Brand Name	Possible Side Effects
amiloride *	Midamor	may urinate more often, leg cramps, blood sugar may rise, and or a skin rash*
bumetanide	Bumex	
eplerenone *	Inspra	
furosemide	Lasix	
Hydrochlorothiazide (HCTZ)	Hydrodiuril	
metolazone	Zaroxolyn	(*notify your doctor right away if this occurs)
spironolactone *	Aldactone	
triamterene *	Dyrenium	
torseamide	Demadex	

*These are potassium sparing diuretics. They prevent potassium (an essential mineral) from leaving your body.




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8. Platelet Inhibitors: prevent platelets from sticking together in the blood, in order to prevent dangerous clots.

Generic Name	Brand Name	Possible Side Effects
aspirin	Ecotrin or Bufferin	bleeding, upset stomach, and or a rash
clopidogrel	Plavix	
prasugrel	Effient	
ticlopidine	Ticlid	

9. Potassium: Some of the "Water Pills" make your body lose a mineral that you need called potassium. This medication will give your body back that potassium.

Generic Name	Brand Name	Possible Side Effects
potassium	Micro-K or K-Dur or Klotrix	upset stomach (take with food to prevent this)

10. Statins: block the body's ability to make cholesterol. Cholesterol can adhere to the walls of the blood vessels to prevent blood from flowing smoothly.

Generic Name	Brand Name	Possible Side Effects
atorvastatin	Lipitor	rare side effect: severe cramps in muscles (call your doctor if this occurs)
fluvastatin	Lescol	
lovastatin	Mevacor or Altoprev	
pitavastatin	Livalo	
pravastatin	Pravachol	
rosuvastatin	Crestor	
simvastatin	Zocor	



11. Vasodilators: help to relax the blood vessels so that blood flows more easily.

Generic Name	Brand Name	Possible Side Effects
hydralazine	Apresoline	dizziness, nausea, and or a lower blood pressure
isosorbide dinitrate	Isordil	
isosorbide mononitrate	Imdur	

12. Combination Medication:

Sometimes your doctor may prescribe a combination medication that contains two or more medications in the same pill. Double check that you aren't taking the combination medication along with one of ingredients in that combination!

Brand Name	Ingredients
Accuretic	Quinapril and Hydrochlorothiazide
Advicor	Lovastatin and Niacin
Aldactazide	Spironolactone and Hydrochlorothiazide
Apresazide	Hydralazine and Hydrochlorothiazide
Atacand HCT	Candesartan and Hydrochlorothiazide
Azor	Olmesartan and Amlodipine
Benicar HCT	Olmesartan and Hydrochlorothiazide
Bidil	Isosorbide Dinitrate and Hydralazine
Caduet	Amlodipine and Atorvastatin
Capozide	Captopril and Hydrochlorothiazide
Corzide	Nadolol and Bendroflumethazide
Diovan HCT	Valsartan and Hydrochlorothiazide
Dyazide or Maxzide	Triamterene and Hydrochlorothiazide
Edarbyclor	Azilsartan and Chlorthalidone
Exforge	Amlodipine and Valsartan
Exforge HCT	Amlodipine and Valsartan and Hydrochlorothiazide
Hyzaar	Losartan and Hydrochlorothiazide



Inderide	Propranolol and Hydrochlorothiazide
Inderide LA	Propranolol ER and Hydrochlorothiazide
Lexxel	Felodipine and Enalapril
Lopressor HCT	Metoprolol and Hydrochlorothiazide
Lotensin HCT	Benazepril and Hydrochlorothiazide
Lotrel	Amlodipine and Benazepril
Micardis HCT	Telmisartan and Hydrochlorothiazide
Moduretic	Amiloride and Hydrochlorothiazide
Monopril HCT	Fosinopril and Hydrochlorothiazide
Prinzide or Zestoretic	Lisinopril and Hydrochlorothiazide
Simcor	Niacin and Simvastatin
Tarka	Verapamil and Trandolapril
Teczem	Diltiazem and Enalapril
Tenoretic	Atenolol and Chlorthalidone
Teveten HCT	Eprosartan and Hydrochlorothiazide
Timolide	Timolol and Hydrochlorothiazide
Tribenzor	Olmesartan and Amlodipine and Hydrochlorothiazide
Twynsta	Telmisartan and Amlodipine
Uniretic	Moexipril and Hydrochlorothiazide
Vaseretic	Enalapril and Hydrochlorothiazide
Ziac	Bisoprolol and Hydrochlorothiazide

Notes About Your Medication



Appendix V: Stroke Education Sheets

Stroke Prevention Medication Guide

Here are types of some of the common medications that your doctor **may** prescribe for stroke prevention. This does not include every medication that may be prescribed for you. Be sure to ask your doctor, nurse, or pharmacist if you need more information.



1. ACE Inhibitors
2. Angiotensin II Antagonists
3. Anticoagulants ("Blood Thinners")
4. Beta-Blockers
5. Calcium Channel Blockers
6. Platelet Inhibitors
7. Statins
8. Combination Medications

1. ACE Inhibitors: protect your heart and kidneys.

Generic Name	Brand Name	Possible Side Effects
benazepril	Lotensin	Cough, dizziness, headache, and/or a lower blood pressure
captopril	Capoten	
enalapril	Vasotec	
fosinopril	Monopril	
lisinopril	Prinivil or Zestril	
moexipril	Univasc	
quinapril	Accupril	
perindopril	Aceon	
ramipril	Altace	
trandolapril	Mavik	

2. Angiotensin II Antagonists: protect your heart and kidneys.

Generic Name	Brand Name	Possible Side Effects
azilsartan	Edarbi	Dizziness, nausea, muscle cramps, and/or a lower blood pressure
candesartan	Atacand	
eprosartan	Teveten	
irbesartan	Avapro	
losartan	Cozaar	
olmesartan	Benicar	
telmisartan	Micardis	
valsartan	Diovan	





3. Anticoagulants or "Blood Thinners": helps prevent blood clots.

Generic Name	Brand Name	Possible Side Effects
apixiban	Eliquis	bleeding, bruising, and/or an upset stomach
dabigatran	Pradaxa	
rivaroxaban	Xarelto	
warfarin	Coumadin	

4. Beta-Blockers: lessens the work your heart has to do.

Generic Name	Brand Name	Possible Side Effects
atenolol	Tenormin	lower blood sugar, heart may beat slower, may feel tired, dizziness, and/or a lower blood pressure
bisoprolol	Zebeta	
carvedilol	Coreg	
metoprolol succinate	Toprol XL	
metoprolol tartrate	Lopressor	
nebivolol	Bystolic	

5. Calcium Channel Blockers: used to treat heart rhythm disturbances and chest pain. Your doctor will decide if it is suitable for you to be on this type of medication.

Generic Name	Brand Name	Possible Side Effects
amlodipine	Norvasc	dizziness, heart may beat slower or faster, and/or a lower blood pressure
diltiazem	Cardizem	

6. Platelet Inhibitors: prevent platelets from sticking together in the blood, in order to prevent dangerous clots.

Generic Name	Brand Name	Possible Side Effects
aspirin	Ecotrin or Bufferin	bleeding, upset stomach, and/or a rash
Aspirin/extended-release dipyridamole	Aggrenox	
clopidogrel	Plavix	
prasugrel	Effient	
ticlopidine	Ticlid	

7. Statins: block the body's ability to make cholesterol. Cholesterol can adhere to the walls of the blood vessels to prevent blood from flowing smoothly.

Generic Name	Brand Name	Possible Side Effects
atorvastatin	Lipitor	rare side effect: severe cramps in muscles (call your doctor if this occurs)
fluvastatin	Lescol	
lovastatin	Mevacor or Altoprev	
pitavastatin	Livalo	
pravastatin	Pravachol	
rosuvastatin	Crestor	
simvastatin	Zocor	





Appendix VI: Various Counseling Materials Including Medication Calendar



TIPS FROM YOUR PHARMACIST

- Try to use only one pharmacy to get all your medications.
- Take all your medications as directed by your doctor. If you miss a dose, do not take with the next dose. Do not skip or increase doses unless your doctor tells you to. Do not stop taking your medication unless your doctor tells you to.
- Try to learn what each medication does and possible side effects. Let your doctor know if you notice any side effects.
- Let your doctor and your pharmacist know about any other medications that you take, including any over-the-counter products like pain relievers, cold remedies, vitamins and herbal products.
- Carry a list of all your medications with you at all times, and bring all your medication bottles with you to your doctor appointments.
- Talk to your doctor, nurse, or pharmacist if you have any questions or concerns.

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QUESTIONS YOU SHOULD ASK YOUR DOCTOR



ABOUT YOUR MEDICINE

For a new medication that you have been started on:

- What is this new medicine for?
- What are we hoping this new medicine will do for me?
- When should I expect the medicine to begin working?
- When can I expect the full effect of this medicine to occur?
- How long will I have to take this medicine?
- How often will I need to come back to check the effects of this medicine?
- Will I need any tests to see if the medicine is working? If so, what tests and how often?
- What happens if I have side effects from the medicine?
- What happens if the medicine does not seem to work or does not work well enough?
- What happens if my insurance doesn't pay for my medication?
- What happens if I am unable to pay for my medication?

For any medications that you currently take:

- Do I still need to take this medicine?
- Specifically, why do I need to take this medicine?
- Are there any tests to check if the medicine is working? If so, what tests? What are my results?
- Are my results where they should be? Or could the results be better? If results could be better, what changes if any do you plan to make to my medications? What can I do to make results better?
- If you have symptoms or side effects, ask if these could be due to your medicine.
- Tell your doctor if you do not think your medicine is helping.

Source: www.adultmeducation.com

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QUESTIONS YOU SHOULD ASK YOUR PHARMACIST



ABOUT YOUR MEDICINE

For a new medication that you have been started on:

- What is the name of the medicine and what is it supposed to do?
- How much of this medicine should I take?
- When is the best time of day to take this medicine?
- Should I take this medicine with or without food? Are there foods or drinks that I should avoid while I am taking this medicine?
- What side effects can I expect from this medicine?
- Will this medicine interfere with any of my other medicines?
- Will this medicine make any of my conditions worse?
- What things should my doctor and I do to make sure this medicine is working properly?
- How should I store this medicine?
- What should I do if I miss a dose?
- Will I need to get this medicine refilled? Are there refills on the prescription?
- Are there any over-the-counter (non-prescription) medicines I should avoid while taking this medicine?
- Ask about any concerns you have regarding taking this medicine.

For any medications that you currently take:

- Tell your pharmacist if you are having any problems or side effects with your current medicines.
- Before taking an over-the-counter (non-prescription) medication or herbal therapy, ask your pharmacist about any possible drug interactions or side effects.
- Tell your pharmacist if you do not believe the medicine is helping.

Source: www.adultmedication.com

Storing Medicines Safely



When you store your medicines correctly they work well when you need them.

DO

- ✓ Store drugs out of children's reach.
- ✓ Read the labels carefully. Some medicines, like antibiotics or insulin, need to be refrigerated to work well.
- ✓ Keep medicines in their original container. A name on the container may keep others from taking it by accident.
- ✓ Check the expiration date each time you take a drug. Replace any medications that are out of date.
- ✓ Check with your pharmacist if you are not sure of how to store the medicine.

DON'T

- ✓ Keep medicines in the medicine cabinet in the bathroom. The heat and humidity can damage the medicines.
- ✓ Keep you medicines in the kitchen. Heat from stoves and ovens can damage them.
- ✓ Leave the cotton plug in a medicine bottle. This can draw moisture into the container.
- ✓ Use a medication that has changed color, texture, or odor, even if it has not expired.

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What else can I do?

- Dispose of pharmaceuticals during community Drug Take Back events.
- Purchase drugs in small amounts, limiting your expired medications.
- Purchase medications or products with low environmental impact.
- Do not give medications to friends. Drugs that work for you may be dangerous for someone else.
- Speak to your teen about the dangers of prescription and over-the-counter drug abuse.
- Take good care of yourself, and practice preventive medicine, to reduce your reliance on medications.
- And please, do NOT dispose of your unused medications in the toilet.

Medication Drop-Box Program

Local Disposal of Unused, Unwanted or Expired Medications

Without Endangering the Environment or Water Supplies





Connecticut
Prevention Network
www.ctprevention.org



Connecticut Department of Consumer Protection
Prescription Monitoring Program
165 Capitol Avenue, Room 145 • Hartford, CT 06106
860.713.6073 • www.ct.gov/dcp



860.713.6073 • www.ct.gov/dcp



Scan this QR code with your smart phone to visit our drug disposal website.

