Topic guide for the medicine cabinet inspection



Key messages to deliver

- Keep the medicines in their original packaging and with their package leaflet
- Sort out the expired or unused drugs regularly and have the reflex CYCLAMED by reporting them to your pharmacy
- Do not keep any medications (unless otherwise stated) such as antibiotics, or those that quickly perish after opening (syrups, drops, eye drops, nasal solutions)
- Separate your treatment from those around you
- Do not reuse a drug that has been previously prescribed without the advice of your pharmacist or doctor
- Keep your medicine in one place of the house and out of reach of children

HOUSING

Take advantage of the visit to appreciate the risks of falling in the home, for example, the presence of carpets, unevenness, small steps and, if necessary, give advice at this level to prevent risks. Watch the patient's footwear and give advice if needed.

If you have proposed an adaptation, please specify.

Medicine cabinet

Is this the only home medicine cabinet?

Where it is?

Is the place suitable? Why?

What is the format of the medicine cabinet?

- \Box A cupboard
- \Box A bag
- □ One drawer
- \Box Other:

Who uses this medicine cabinet?

- □ The elderly person
- \Box The couple
- □ Other people

If it is a cabinet used by several people, identify the treatments of each person

| Are medicines stored in the refrigerator? | □Yes | \Box No |
|---|-------|-----------|
| If Yes, is the place of storage in the refrigerator suitable? | □ Yes | \Box No |
| In case of a negative answer, re-specify the storage rules. | | |

 \Box Yes \Box No

 \Box Yes \Box No

The content of the cabinet

| Are other types of products stored with the drugs? If yes, specify | □Yes □No |
|--|--|
| Have you identified potentially inappropriate and / or at-risk drugs (treatment, non-prescribed anti-inflammatory drug)? In case of clearly identified problem and after discussion with the patient, rem the cabinet. Inform possibly the prescriber. If Yes, specify the nature of the problem and the number of specialtie | \Box Yes \Box No nove the relevant medications from |
| Have you identified any expired medicines? <i>Remove the medications concerned from the cabinet.</i> If Yes, specify the number of boxes: | □ Yes □ No |
| Have you identified any expired medications within 6 months? <i>Discuss with the patient about a possible recovery. Suggest to indicate in a ve box.</i> If Yes, specify the number of boxes: | □ Yes □ No ry visible way the expiry date on the |
| Have you identified any storage problems (ie, opened vials, wafer with <i>Remove the medications concerned from the cabinet.</i> If Yes, specify the nature of the problem and the number of boxes: | thout packaging)? □ Yes □ No |
| Have you identified therapeutic redundancies? If Yes, specify the specialties: | □ Yes □ No |
| Have you identified different generics of the same proprietary medic | inal product at the same dosage? □ Yes □ No |
| Are they correctly identified and recognized by the older patient? Are they correctly identified and recognized by the caregiver? | □ Yes □ No □ Yes □ No |

Have you identified specialties whose active ingredient (s) are identical but at different dosages? \Box Yes \Box No

Time spent when visiting the cabinet: