

## MEDICATION INFORMATION SHEET KT PreTest: SAMPLE ONLY

### Actophone

Actophone is used to relieve moderate to severe pain. Actophone long-acting tablets and capsules are only used by patients who are expected to need medication to relieve moderate to severe pain around-the-clock for longer than a few days. Actophone is in a class of medications called opiate (narcotic) analgesics. It works by changing the way the body senses pain.

#### **Information for users**

Actophone comes as a tablet, a solution (liquid), a controlled- or extended-release (long-acting) tablet, and a controlled- or sustained-release (long-acting) capsule all to take by mouth. The regular tablet and liquid usually are taken every 4 hours. The long acting tablet is usually taken every 8-12 hours.

If you are taking Actophone solution, use the spoon or dropper that comes with the medication to measure your dose. Be sure that you know how many milliliters of the solution you should take. Ask your pharmacist if you have any questions about how much medication you should take or how to use the spoon or dropper.

Your doctor may start you on a low dose of Actophone and gradually increase your dose until your pain is controlled. Your doctor may adjust your dose at any time during your treatment if your pain is not controlled. If you feel that your pain is not controlled, call your doctor. Do not change the dose of your medication without talking to your doctor.

#### **Possible side effects**

Actophone may cause side effects. Tell your doctor if any of these symptoms are severe or do not go away: dizziness, lightheadedness, drowsiness, upset stomach, vomiting, constipation, diarrhea, loss of appetite, weight loss, changes in ability to taste food, dry mouth, sweating, weakness, headache, agitation, nervousness, mood changes, confusion, difficulty falling asleep or staying asleep, shaking of a part of your body that you cannot control, double vision, red eyes, small pupils (black circles in the middle of the eyes), eye movements that you cannot control, chills, flu symptoms, difficulty urinating or pain when urinating.

#### **Stopping the drug**

Do not stop taking Actophone without talking to your doctor. Your doctor may decrease your dose gradually. If you suddenly stop taking Actophone, you may experience withdrawal symptoms such as anxiety; sweating; difficulty falling asleep or staying asleep; chills; shaking of a part of your body that you cannot control; upset stomach; diarrhea; runny nose, sneezing or coughing; hair on your skin standing on end; or hallucinating (seeing things or hearing voices that do not exist).

#### **Special precautions**

Actophone can be habit-forming. Take Actophone exactly as directed. Do not take a larger dose, take it more often, or take it for a longer period of time or in a different way than prescribed by your doctor. Also tell your doctor if you have or have ever had a head injury; a brain tumor; seizures; mental illness; difficulty swallowing; lung disease such as asthma, chronic obstructive pulmonary disease (COPD; a group of diseases that cause gradual loss of lung function), or other breathing problems;

## MEDICATION INFORMATION SHEET KT PreTest: SAMPLE ONLY

### Epinoctrine

#### Information for users

Epinoctrine is used alone or in combination with other medications to treat certain types of seizures in patients with epilepsy and bipolar disorder. It is also used to treat trigeminal neuralgia (a condition that causes facial nerve pain). Epinoctrine extended-release capsules are used to treat episodes of mania (frenzied, abnormally excited or irritated mood) or mixed episodes (symptoms of mania and depression that happen at the same time) in patients with bipolar I disorder (manic-depressive disorder; a disease that causes episodes of depression, episodes of mania, and other abnormal moods). Epinoctrine is in a class of medications called anticonvulsants. It works by reducing abnormal excitement in the brain.

Epinoctrine comes as a tablet, a chewable tablet, an extended-release (long-acting) tablet, an extended-release capsule, and a suspension (liquid) to take by mouth. The regular tablet, chewable tablet, and liquid are usually taken two to four times a day with meals. The extended-release tablet is usually taken twice a day with meals. The extended-release capsule is usually taken twice a day with or without meals. To help you remember to take Epinoctrine, take it at around the same times every day.

#### Possible side effects

Epinoctrine may cause side effects. Tell your doctor if any of these symptoms are severe or do not go away: drowsiness, dizziness, unsteadiness, upset stomach, vomiting, headache, anxiety, memory problems, diarrhea, constipation, heartburn, dry mouth, back pain

#### Stopping the drug

It may take a few weeks or longer before you feel the full benefit of Epinoctrine. Continue to take Epinoctrine even if you feel well. Do not stop taking Epinoctrine without talking to your doctor. If you have a seizure disorder and you suddenly stop taking Epinoctrine, your seizures may become worse.

#### Interactions

Tell your doctor and pharmacist if you are taking any of the following: anticoagulants, antidepressants, or over the counter pain medications.

#### Special precautions

Swallow the extended-release tablets whole; do not split, chew, or crush them. Do not crush or chew the extended-release capsules or the beads inside them. Shake the liquid well before each use to mix the medication evenly. Your doctor will start you on a low dose of Epinoctrine and gradually increase your dose.

HEALTH CARE PROVIDER ORDER  
KT PreTest

<b>Name: John Morton</b>	<b>Date: 2/12/Yr</b>
<b>Health Care Provider: Dr. R. Thompson</b>	<b>Allergies: None</b>
<b>Reason for Visit: Follow-up visit for bipolar disorder.</b>	
<b>Current Medications:</b> <b>Maipaptol 20mg three times a day by mouth</b> <b>Darylphine 25 mg in the morning by mouth</b> <b>Darylphine 50 mg in the afternoon and evening by mouth</b>	
Staff Signature: <b>Janice Bollinger</b>	<b>Date 2/12/Yr</b>
<b>Health Care Provider Findings: Bipolar Disorder</b>	
<b>Medication/Treatment Orders:</b>  <b>Continue current medications</b>  <b>Epinoctrine 200 mg twice a day by mouth with food</b>	
<b>Treatment purpose:</b>  <b>Bipolar disorder</b>	
<b>Instructions:</b>	
<b>Follow-up visit:</b> <b>3/12/Yr</b>	<b>Lab work or Tests:</b>
<b>Signature: R. Thompson, MD.</b>	<b>Date: 2/12/Yr</b>

HEALTH CARE PROVIDER ORDER  
KT PreTest

<b>Name: Judy Willett</b>	<b>Date: 2/4/Yr</b>
<b>Health Care Provider: Dr. Silverman</b>	<b>Allergies: Bisept</b>
<b>Reason for Visit: Back Pain.</b>	
<b>Current Medications:</b> <b>Plyril 25 mg by mouth in the morning</b> <b>Epinoctrine 200 mg twice daily by mouth with food</b> <b>Telopen 25 mg by mouth in the morning</b>	
Staff Signature: <b>John Williams</b>	<b>Date 2/4/Yr</b>
<b>Health Care Provider Findings: Back pain</b>	
<b>Medication/Treatment Orders:</b>  <b>Continue current medications</b>  <b>Lybex 250 mg twice daily by mouth</b>	
<b>Treatment purpose:</b>	
<b>Instructions:</b>	
<b>Follow-up visit:</b> <b>3/24/Yr</b>	<b>Lab work or Tests:</b>
<b>Signature: T. Silverman, MD</b>	<b>Date: 2/4/Yr</b>

HEALTH CARE PROVIDER ORDER  
KT PreTest

<b>Name: Diane Jackson</b>	<b>Date: 1/11/Yr</b>
<b>Health Care Provider: Dr. Luose</b>	<b>Allergies: None</b>
<b>Reason for Visit: Complaints of back pain</b>	
<b>Current Medications: Nortex 250mg twice daily by mouth PRN for back pain</b>	
Staff Signature: <b>John Williams</b>	<b>Date 1/11/Yr</b>
<b>Health Care Provider Findings: Severe back pain</b>	
<b>Medication/Treatment Orders:</b>  <b>Discontinue Nortex</b>  <b>Oraphine 100 mg twice daily by mouth</b>	
<b>Treatment purpose:</b>  <b>Back pain</b>	
<b>Instructions: D/C Nortex</b>	
<b>Follow-up visit: 3/26/Yr</b>	<b>Lab work or Tests:</b>
<b>Signature: R. Luose, MD</b>	<b>Date: 1/11/Yr</b>

HEALTH CARE PROVIDER ORDER  
KT PreTest

<b>Name: Richard Wilson</b>	<b>Date: 1/13/Yr</b>
<b>Health Care Provider: Dr. Cooper</b>	<b>Allergies: None</b>
<b>Reason for Visit: Follow-up visit</b>	
<b>Current Medications:</b>  <b>Doputex 50 mg. by mouth two times a day</b>  <b>Toxenol 650 mg. every 4 hours by mouth PRN Headache</b>	
<b>Staff Signature: Thomas Hill</b>	<b>Date 1/13/Yr</b>
<b>Health Care Provider Findings: High blood pressure</b>	
<b>Medication/Treatment Orders:</b>  <b>Discontinue Doputex</b>  <b>Indollox 100 mg. twice Daily by mouth</b>	
<b>Treatment purpose:</b>  <b>Bipolar disorder</b>	
<b>Instructions: D/C Doputex</b>	
<b>Follow-up visit:</b> <b>2/20/Yr</b>	<b>Lab work or Tests:</b>
<b>Signature: D. Cooper M.D.</b>	<b>Date: 1/13/Yr</b>

Pharmacy Labels  
KT PreTest

Rx# 626-0803	Towne Pharmacy 1234 Ash Street Any Town MA 01969	800-373-0011
<b>Diane Jackson</b>		1/11/yr
Oraphine 50 mg. IC: Actophone 50 mg.		Qty-120
<b>Take two tablets twice daily by mouth</b>		
<b>R. Lucese, MD</b>		
Lot# 16-8475	Exp. Date: 1/11/yr	Refills: 0

Rx# 540-1111	Seven Day Pharmacy 152 Elm Street Any Town MA 01969	508-737-7128
<b>Richard Wilson</b>		1/5/yr
Indollox 50 mg. IC: Palopranolol 50 mg.		Qty-120
<b>Take two tablets by mouth twice daily</b>		
<b>D. Cooper, MD</b>		
Lot# 597-0384	Exp. Date: 1/5/yr	Refills: 0

Rx# 542-5781	Acme Pharmacy 20 Main Street Any Town MA 01969	800-456-1632
<b>Judy Willet</b>		2/4/yr
Lamotox 250 mg. IC: Lypotrigine 250 mg		Qty-60
<b>Take one tablet once a day by mouth.</b>		
<b>T. Silverman, MD</b>		
Lot# 173-4363	Exp. Date: 2/4/yr	Refills: 1

Rx# 729-2222	Patriot Pharmacy 14 Pine Street Any Town MA 01969	800-583-1100
<b>John Morton</b>		2/12/yr
Epinoctrine 200 mg. IC: Epinoctrine 200 mg		Qty-60
<b>Take one tablet twice a day by mouth with food.</b>		
<b>R. Thompson, MD</b>		
Lot# 1849A	Exp. Date: 2/12/yr	Refills: 0

Month and Year: February/yr

### MEDICATION SHEET

Allergies: None Known

Start 7/11/yr	Generic <b>Ethophine</b>	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	Brand <b>Darylphine</b>	<b>8 am</b>	TH	TH	TH	TH	TH	JW	JW	JW	TH	TH	JW	JW	JW	JW	JW	JW	TH	TH	TH	TH	TH	JW	JW	JW	TH	TH	TH	TH				
	Strength <b>25 mg</b> Dose <b>25 mg</b>																																	
Stop	Amount <b>One tab</b> Route <b>By mouth</b>																																	
Continue	Frequency <b>Daily in morning</b>																																	

*Special Instructions/Precautions:*

Start 8/16/yr	Generic <b>Ethophine</b>	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	Brand <b>Darylphine</b>																																	
	Strength <b>25 mg</b> Dose <b>50 mg</b>																																	
Stop	Amount <b>2 tabs</b> Route <b>By mouth</b>	<b>2 pm</b>	JB	JB	JB	JB	JB	JW	JW	JW	JB	JB	JB	JB	JB	JW	JW	JW	JB	JB	JB	JB	JB	JW	JW	JW	JB	JB	JB	JB				
Continue	Frequency <b>Twice a day</b>	<b>8 pm</b>	JB	JB	JB	JB	JB	BA	BA	BA	JB	JB	JB	JB	JB	BA	BA	BA	JB	JB	JB	JB	JB	BA	BA	BA	JB	JB	JB	JW				

*Special Instructions/Precautions:*

Start 2/12/yr	Generic	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	Brand <b>Epinocrine</b>	<b>8 am</b>	x	x	x	x	x	x	x	x	x	x	x	x	JW	JW	JW	JW	TH	TH	TH	TH	TH	JW	JW	JW	TH	TH	TH	TH				
	Strength <b>200 mg</b> Dose <b>200mg</b>																																	
Stop	Amount <b>One tab</b> Route <b>By mouth</b>																																	
Continue	Frequency <b>Twice a day</b>	<b>8pm</b>	x	x	x	x	x	x	x	x	x	x	x	JB	JB	BA	BA	BA	JB	JB	JB	JB	JB	BA	BA	BA	JB	JB	JB	JW				

*Special Instructions/Precautions:*

Start 5/22/yr	Generic <b>Maptide</b>	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	Brand <b>Maipaptisol</b>	<b>8 am</b>	TH	TH	TH	TH	TH	JW	JW	JW	TH	TH	TH	TH	TH	JW	JW	JW	TH	TH	TH	TH	TH	JW	JW	JW	TH	TH	TH	TH				
	Strength <b>10 mg</b> Dose <b>20 mg</b>																																	
Stop	Amount <b>2 tabs</b> Route <b>By mouth</b>	<b>2 pm</b>	JB	JB	JB	JB	JB	JW	JW	JW	JB	JB	JB	JB	JB	JW	JW	JW	JB	JB	JB	JB	JB	JW	JW	JW	JB	JB	JB	JB				
Continue	Frequency <b>Three times a day</b>	<b>8 pm</b>	JB	JB	JB	JB	JB	BA	BA	BA	JB	JB	JB	JB	JB	BA	BA	BA	JB	JB	JB	JB	JB	BA	BA	BA	JB	JB	JB	JW				

*Special Instructions/Precautions:*

	CODES	Init	Signature	Init	Signature
Name: John Morton	LOA= Leave of Absence	TH	Thomas Hill		
	Circled Initials=Medication Not Given	JW	John Williams		
Site: Marvin Gardens Program	P=Packaged	JB	Janice Bollinger		
	DP=Meds Given at Day Program	BA	Barbara Adams		
	H= Hospital				
Verified by:					