Tip Sheet #5

The Stroke Survivor's Medications

What are common medications for stroke survivors?

- Medications are often given to keep the blood thin. This helps to avoid another stroke. Common blood thinning medications are heparin, warfarin (Coumadin), apixaban (Eliqious), and rivaroxaban (Xeralto). There are also other less commonly used blood thinning medications not included in this list. Blood tests are sometimes needed to see how much of these medications are needed. If the survivor has another stroke, the caregiver should tell the doctor that the survivor is on a blood thinner.

- Medications may also be given to control high blood pressure, diabetes, heart disease, or other conditions that the survivor may have.

- Stroke survivors may need to keep a record of their blood pressure readings and blood sugars if they have diabetes.

How can I as a caregiver help with the survivor's medications?

- Keep a list of the survivor's daily medications. Include what the medication is for, the dose, and side effects. **A form to help you list the survivor's medications follows this tip sheet.**

- Talk with the doctor, nurse, or pharmacist about the survivor's medications. Ask them to help you fill in the form.

- Bring the list of medications to doctor appointments. Update the list when changes are made.

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- Weekly pill boxes can be used to keep track of medications. Different color pill boxes (one for morning, one for evening) can be used to organize many medications. These can be found at most drug stores. Some people are now using electronic pill boxes. Sometimes insurance will cover those. Pill boxes are not just for persons who are confused. Anyone can forget their medications.

- If a medication is forgotten, do not take a double dose to catch up. Check with the doctor, nurse, or pharmacist on what to do.

- Be sure to order medications ahead of time so the survivor does not run out.

When do I need to call the doctor or nurse about the survivor's medications?

- Call the doctor or nurse if the survivor has stopped taking their medications for any reason.

- Call the doctor or nurse if you notice any side effects of the medications.

- Call the doctor or nurse if a different doctor gives the survivor a new medication. It might affect the survivor's current medications.

- Call if you have any questions or concerns about the survivor's medications.

Where can I find out more information about the survivor's medications?

- Don't be afraid to call the survivor's doctor, nurse, or pharmacist if you have any questions about medications.

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- If money is an issue, there are ways to help pay for prescription drugs. **Ask the doctor or pharmacist about prescription drug programs.** Many prescription drug companies make some medications free of charge to persons with a low income. Your doctor must make the request to the pharmaceutical company. Not all medications are included in the programs, but it is worth a try.

- If the survivor has difficulty with medications, or if they do not want to take a medication, look at **Tip Sheet #18 Helping the stroke survivor to take medications.** There may be several good reasons for why a stroke survivor cannot or does not want to take a medication.

The following pages have a form that can be used to list the survivor's medications.

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If the survivor has many medications throughout the day, a list of medications on an hourly basis may be needed.

Time	Name of Medications	Dose	Reasons for Medications
6A			
7A			
8A			
9A			
10A			
11A			
12N			
1P			
2P			
3P			
4P			
5P			
6P			
7P			
8P			
9P			
10P			
11P			
12M			
1A			
2A			
3A			

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Survivor's Name: _____ Caregiver's Name_____

Name of the medication (Generic and Trade names)	**Dose**	**Times of the day to take the medication**	**Reasons for the medication**	**Possible side effects of the medication**	**Questions about the medication**

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Survivor's Name: _____ Caregiver's Name_____

Name of the medication (Generic and Trade names)	**Dose**	**Times of the day to take the medication**	**Reasons for the medication**	**Possible side effects of the medication**	**Questions about the medication**

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Survivor's Name: _____ Caregiver's Name_____

Name of the medication (Generic and Trade names)	**Dose**	**Times of the day to take the medication**	**Reasons for the medication**	**Possible side effects of the medication**	**Questions about the medication**

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Survivor's Name: _____ Caregiver's Name_____

Name of the medication (Generic and Trade names)	**Dose**	**Times of the day to take the medication**	**Reasons for the medication**	**Possible side effects of the medication**	**Questions about the medication**

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