

The Texas Medication Algorithm Project (TMAP) Side-effects Checklists - Overview

The checklists are part of the patient and family education package created to support the Texas Medication Algorithm Project.

Side-effects Checklist #1: Less Severe Symptoms

- This document lists “Less Severe” symptoms and provides suggested actions to be taken by the patient to relieve the symptoms.

Side-effects Checklist #2: More Severe Symptoms

- This document provides a list of potential side-effects of medication that are more severe.
- The patient is instructed to “report these symptoms to your doctor right away.”

Clinical Utility

Helpful self-reporting tools to aid the patient in identifying side-effects and communicating with the clinician.

Psychometric Properties

The checklists are non-scored educational aids.

TMAP Side-effects Checklist 1: Less Severe Symptoms

Take Appropriate Action and Report Symptoms to your doctor at your next visit

Symptom	Action to be taken
Eyes sensitive to strong sun or light	Wear sunglasses, hat or visor; avoid prolonged exposure
Dryness of lips and/or mouth	Increase fluid intake; rinse mouth often with water; keep hard candies or sugarless gum handy
Occasional upset stomach	Drink small amounts of clear soda water; eat dry saltines or toast. Do not take antacids without your doctor's permission
Occasional constipation	Increase water intake; increase physical exercise; eat leafy green vegetables or bran corals, etc; drink lemon juice in warm water; occasionally take milk of magnesia or other mild laxative if suggested by your doctor or pharmacist
Tiredness	Take a brief rest period during the day; consult physician about switching entire daily dosage to bedtime
Dryness of skin	Use mild shampoo and soap; use hand and body lotion after each bath; wear seasonal protective clothing
Mild restlessness, muscle stiffness or feeling slowed down	Exercise; take short walks; stretch muscles; relax to music
Weight Gain	Increase exercise; watch diet and reduce overeating

If no relief is obtained by following these suggestions, call your doctor.

Doctor's name and telephone number: _____

Nearest emergency room telephone number: _____

Local pharmacist's name and telephone number: _____

TMAP Side-effects Checklist 2: More Severe Symptoms

Report these symptoms to your doctor right away

Symptom	Explanation
Blurred vision	Difficulty focusing your eyes
Drooling or difficulty swallowing	Spasms of swallowing muscles
Body tremors or spasms	Involuntary shaking or tightening of muscles
Diarrhea	Liquid stools for more than 2 days
Severe constipation	Unable to move bowels for more than 2 days
Muscle rigidity	Difficulty moving (for example, mask-like face)
Nervousness, inability to lie or sit still or inner turmoil	Muscular restlessness in body, arms or legs
Rash	Skin eruptions; pimples on the body
Skin discoloration	Excessive pigmentation
Sexual difficulty or menstrual irregularity	Delayed ejaculation; impotence; breast changes; changes in menstrual periods
Sunburn	Sensitivity to sun's rays
Tardive dyskinesia	Slow, involuntary movements of mouth, tongue, hand or other parts of the body
Sleepiness during the day	Excessive sedation
Extreme difficulty urinating	Bladder tone relaxed

Doctor's name and telephone number: _____

Nearest emergency room telephone number: _____

Local pharmacist's name and telephone number: _____