** Medication Schedule Your Name**

| Medication | Reason for Use | Direction | Morning | Afternoon | Evening | Bedtime | Notes: Highlighted are currently being taken daily. Items not highlighted are prescribed and maybe in my system DATE LAST UPDATED |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Your Name- In case of Emergency call:**

**Under the care of: Family Doctor: List Specialists (Name/Phone#):**

**Conditions being treated for:**

**Ehlers-Danlos Syndromes- Hypermobility**,

Ehlers-Danlos syndromes (EDS) is a group of heritable connective tissue disorders, characterized by articular (joint) hypermobility, skin extensibility and tissue fragility. For more information: <https://www.EDSCanada.org/>

 Main Points about hEDS: Joint hypermobility is the dominant clinical manifestation. Generalized joint hypermobility that affects large (elbows, knees) and small (fingers and toes) joints is evident in the Hypermobile Type. Recurring joint subluxations and dislocations are common occurrences. Certain joints, such as the shoulder, patella, and temporomandibular joint dislocate frequently. The skin involvement (hyperextensibility and/or smooth velvety skin) as well as bruising tendencies in the hEDS are present but variable in severity. Chronic joint and limb pain is a common complaint amongst individuals with the Hypermobility Type. Skeletal X-rays are normal. Musculoskeletal pain is early onset, chronic and may be debilitating. The anatomical distribution is wide and tender points can sometimes be elicited.

 There is a range of conditions which can accompany hEDS, although there is not enough data for them to become diagnostic criteria. While they’re associated with hEDS, they’re not proven to be the result of hEDS and they’re not specific enough to be criteria for diagnosis. Some of these include sleep disturbance, fatigue, postural orthostatic tachycardia, functional gastrointestinal disorders, dysautonomia, anxiety, and depression. These conditions may be more debilitating the joint symptoms; they often impair daily life, and they should be considered and treated.

**Allergies (A) and Drug Sensitivities(S):**

These antibiotics have black box warnings on them to not to be used in EDS/HSD+, and include the following: levofloxacin (Levaquin), ciprofloxacin (Cipro), ciprofloxacin extended-release tablets, moxifloxacin (Avelox), ofloxacin, gemifloxacin (Factive) and delafloxacin (Baxdela). As well, Baclofen and Valium, should be used with caution as they can increase subluxaltions/dislocations.

List here