

COMPANION KIT · CHAPTER 14

My Medicines & Gut Toolkit

A 2-week plan, a practical checklist and a daily diary for medicines and your gut, with a complete medicine list and a page to review how it went. Print it, or fill it in on screen.

Start
Read the safety notes on the first page.

Track
Follow the plan and fill in the diary each day.

Review
Use the last page to decide what to do next.

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My Medicines & Gut Toolkit

For adults. General information and diary pages to use alongside advice from your own doctor, nurse or pharmacist. Never stop or change a prescribed medicine without the prescriber's agreement. Read the safety page before using this workbook.

EMERGENCY SIGNS

Blood/coffee-ground vomit, major bleeding, black sticky/tarry stool with illness, sudden severe or touch-tender abdominal pain, sudden chest pain, collapse or severe allergic symptoms need emergency assessment.

URGENT MEDICINE-RELATED CONCERNS

Diarrhoea during/after antibiotics, prolonged/bloody diarrhoea, or severe persistent abdominal pain on a GLP-1 medicine need urgent advice. Pain spreading to the back with vomiting/illness can be serious. Iron can darken stool, but do not dismiss sticky/tarry or bloody stool as "just iron".

NO INDEPENDENT CHANGES

Never stop, switch, taper, retime or change a prescribed dose without professional agreement. Do not experiment by missing doses to test a symptom. Abrupt stopping of opioids or antidepressants can cause harm.

REVIEW THE WHOLE PICTURE

Include OTC painkillers, vitamins, herbs and supplements. Do not combine two NSAIDs. Ask about food/spacing and stomach protection. A symptom after a medicine does not prove causation; microbiome changes do not automatically mean harm.

My main question / professional already involved

A 2-week plan

HOW TO USE THIS PLAN

Choose the steps that suit you. You do not need to do all of them.

Days 1–3 · Reconcile the full list

Write every medicine, supplement and herb, the reason, dose and timing. Start a symptom timeline and note actual prescribed changes without experimenting.

Days 4–7 · Check each leaflet

Copy your own food, empty-stomach and spacing instructions. Ask a pharmacist about uncertainty or interactions rather than using a generic schedule.

Days 8–14 · Arrange a medicine review

Bring the full list and diary. Ask whether a medicine might contribute, whether each is still needed and whether a gentler option or different timing is suitable.

At the agreed review · Record the plan

Only the clinician/pharmacist-agreed action goes into the change record. Add who advised it, when, follow-up and what warning signs require earlier help.

The one step I choose first

Review date and who I will contact if needed

My practical checklist

Tick what you have done and note what to do next.

- [ ] I have a full, up-to-date list of everything I take, including herbs and supplements
- [ ] I know which of my medicines to take with food and which on an empty stomach
- [ ] I have discussed suitable pain relief and interactions with a pharmacist rather than switching products independently.
- [ ] I never take two anti-inflammatory painkillers together
- [ ] I have asked whether I need stomach protection if I take an anti-inflammatory painkiller regularly
- [ ] I know why I take a PPI and when it will next be reviewed
- [ ] I have asked about a laxative if I take an opioid painkiller
- [ ] I have told my pharmacist about every herbal remedy I use
- [ ] I know the warning signs that need help at once
- [ ] I have booked or had a medicine review

One question this checklist raised

My repeatable diary

Print a fresh page whenever you need one.

Medicines today

Date and day of the plan

Medicines taken (name, dose, time)

With food or on an empty stomach

New, changed or missed doses

Notes: any symptom that seems to follow a medicine, and what to ask

Gut today

Stool (Bristol type 1 to 7, and how many times)

Nausea (0 to 10)

Tummy pain (0 to 10)

Heartburn (0 to 10)

Other (bloating, wind, appetite)

Steps

Leaflet checked

Timing change agreed with clinician/pharmacist (what)

Medicine review booked or done

Questions for my doctor or pharmacist

Overview · days 1–14

A short summary of your diary. Leave a gap on days you do not record.

Scores are your own notes. A pattern here cannot show a food intolerance, a medicine effect or an IBS type.

Day / date	Medicine / time	Nausea 0–10	Pain / reflux 0–10	Agreed action / notes
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

What helped, what was difficult, and what else might explain a change?

Complete medicine reconciliation

Never stop or change a prescribed medicine without professional agreement.

Prescription medicines

Name, reason, dose, time, prescriber and review date.

OTC products, vitamins and herbs

Include painkillers, sleep aids, supplements and occasional products.

My own leaflet instructions

Food/empty stomach, spacing, cautions and pharmacist’s clarification.

The symptom timeline

Medicine start or prescribed change; symptom onset and other possible factors.

Agreed action only

Who advised the change, exactly what was agreed, date and follow-up. No self-directed experiment.

Review and next steps

Warning signs always need earlier care.

What changed, if anything?

Compare similar days and note gaps; no improvement is also useful information.

What might explain it?

Food, stress, sleep, medicines, timing and natural variation may overlap.

What I will keep or stop recording

Choose a manageable routine; stop burdensome tracking or a practice that causes distress.

What needs a professional conversation?

Questions, care contact, agreed action and follow-up date.