MEDICATION RECONCILIATION

❑ STAT "PLACE X IN BOX IF STAT"

"Authorization is hereby given to dispense the Generic equivalent or Medical Staff approved therapeutic equivalent unless otherwise indicated by the words – DO NOT SUBSTITUTE - MEDICAL NECESSITY"

❑ NO HOME MEDICATIONS AT ADMISSION

ALLERGIES: ❑ NKA ❑ YES

DRUG: _____ PAGE _____ OF _____

OTHER: _____

HOME MEDICATION RECONCILIATION/ORDERS

LIST OBTAINED FROM: ❑ Patient ❑ Family ❑ Written List ❑ Prescription Bottle ❑ Pharmacy Nurse: _____ Date: _____

Patient/Family ❑ sure ❑ unsure about medications

HOME MEDS					DISCHARGE	
DRUG	DOSAGE/ ROUTE	FREQUENCY	PATIENT'S HOME TIMES	LAST DOSE	STOP	CONTINUE

DISCHARGE CHANGES OR ADDITIONS

DRUG	DOSAGE / ROUTE	FREQUENCY	PATIENT'S HOME SCHEDULE	PRESCRIBED FOR

PLEASE KEEP THIS MEDICATION LIST AND TAKE THIS LIST TO EACH OF YOUR DOCTOR/HOSPITAL VISITS

Daily – once a day	PO – take by mouth	HS – at bedtime
TID – three times a day	BID – twice a day	SL – under the tongue
AC – before meals	QID – four times a day	

Discharge Date: _____ Time: _____

Physician Signature: _____

Fax to office: _____

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[COPY TO PATIENT AT DISCHARGE]

PATIENT IDENTIFICATION: