ALLERGIES with REACTION description:

HOME MEDICATIONS/ACTIVE PRESCRIPTIONS

MD to Check		CONT=Continue DC=Discontinue					
CONT	DC	Medication	Dose	Route	Frequency	Date/Time Last Dose	RN Initials

COMMENTS ONLY _____

_____

Source(s): [ ] Pt/Family Recall [ ] Pt Med List [ ] Med Bottles [ ] Medical Record [ ] MAR From Other Facility
[ ] Pharmacy _____ [ ] Other _____

Medication Disposition: [ ] None [ ] Home [ ] Safe [ ] Locked on Unit [ ] Brought In [ ] Sent home with: _____

RN/MD Completing List _____ Date _____ Time _____

Physician review prior to procedure _____ Date _____ Time _____

Profile Medications entered in Meditech _____ Date _____ Time _____

ADDITIONAL MEDICATION ORDERS

_____

_____

_____

_____

_____

Orders as Above OR Post _____ to Review/CONT/DC Meds (MD Signature _____)
Discharge after Surgery/Procedure: [ ] No Med Changes OR [ ] Orders as Above AND/OR [ ] Prescriptions Written

MD Signature _____ Date _____ Time _____
Faxed (Initials) _____ Date _____ Time _____ Verifying RN _____ Date _____ Time _____

Patient Label