

Medication Reconciliation and Orders

Patient Name: _____

Source of Information: Patient medication list Patient/family recall Primary care physician list
 Medication Administration Record from another facility Other _____

IV Dye Allergies **Yes** **No** **Latex Allergy** **Yes** **No**

Drug Allergies **None** **Yes – List medication and reaction**

HOME MEDICATIONS <small>Include over-the-counter medications, inhalers and herbal supplements</small>	DOSAGE	ROUTE	FREQUENCY	PURPOSE <small>(Pain, fever, hypertension, arthritis, etc.)</small>	LAST DOSE DATE/TIME <small>PRE-OP NURSE TO COMPLETE</small>	CONTINUE THIS MEDICATION AFTER SURGERY <input type="checkbox"/> Contact your family physician regarding all previous medications. <small>PHYSICIAN TO COMPLETE</small>
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						<input type="checkbox"/> YES <input type="checkbox"/> NO

See additional page

I _____ verify the above listed medications are correct.

Patient Signature: _____ Date: _____

Pre-admission Nurse Signature: _____ Date: _____

Intra-Op Nurse Signature: _____ Date: _____

Discharge Medications

Medication	Dosage	Route	Frequency	Purpose	Next Dose

Reviewed by Physician Pre-operatively Intra-operatively Post-operatively

Patient may resume all pre-op medications today.

Physician Signature: _____ Date: _____

Home medications sent/given to family and orders noted by

Discharge Nurse: _____ Date: _____

Prohibited abbreviations: qd, qod, U, IU, X, X.O, MS, MSO4, (OD, OS, OU, AD, AS, AU)