

Name: _____ DATE: _____

Patient Home Medication List

(Include prescriptions, over the counter, herbals, vitamins and birth control pills/patch)

IF YOU HAVE ANY QUESTIONS ABOUT MEDICATIONS, PLEASE CALL OUR NURSE AT (215) 969-1048

Allergies/Reaction:				
Medication Name	mg per pill/capsule	How many pills/capsules per day?	How often do you take them?	Nurse's Notes
				<input type="checkbox"/> dosage unknown
				<input type="checkbox"/> dosage unknown
				<input type="checkbox"/> dosage unknown
				<input type="checkbox"/> dosage unknown
				<input type="checkbox"/> dosage unknown
				<input type="checkbox"/> dosage unknown
				<input type="checkbox"/> dosage unknown

Continue on Reverse

(FOR SURGI-CENTER USE ONLY)

NEW PRESCRIPTIONS (Check all that apply)

Antibiotics

- Cipro 500mg _____ X a Day for _____ Days
- Keflex 500mg _____ X a Day for _____ Days
- Avelox 1 Tab once a day _____ # Days
- Augmentin Elixer _____ teaspoons every 12 hours
- _____
- _____

Eyedrops

- Tobradex 2drops in affected eye (twice a day) every 12 hours _____ #days

Eardrops

- Ciprodex 3 drops _____ ear(s) twice a day for 3 days

Anti-nausea

- Phenergan (Promethazine) 12.5mg (1 tablet) every 6 hours as needed _____ #tabs
- Zofran 8mg every 8 hours

Anti-inflammatory

- Medrol Dose Pack as directed
- Prednisolone Elixer as directed
- _____

Anti-anxiety/Muscle Spasm

- Valium 2mg (1 tablet) every 6 hours as needed _____ #tabs

PAIN Medications:

- Percocet #5/325 1 to 2 tabs every 4-6 hours as needed _____ #Tabs
- Lortab 7.5mg/500mg 1-2 every 4-6 hrs as needed _____ #Tabs
- Lortab elixir _____ teaspoon(s) every 6 hours as needed
- _____

Decongestion

- Afrin 2 sprays in each nostril _____ #days
- Saline 2 sprays each nostril 4-5 times a day _____ #days

Other

- _____

Signature Review of Medications and Allergies across the patient care continuum.

OR NURSE _____
 DISCHARGE NURSE _____
 OTHER _____

PRE OP NURSE _____
 PACU NURSE _____
 ANESTHESIOLOGIST _____