MEDICATION RECONCILIATION

❑ NO HOME MEDICATIONS AT ADMISSION

PAGE _____ OF _____

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	LAST DOSE	STOP	CONTINUE

DISCHARGE CHANGES OR ADDITIONS ❑ NO CHANGES

DRUG	DOSAGE / ROUTE	FREQUENCY

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

Daily – once a day	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: _____

Physician Signature: _____

[COPY TO PATIENT AT DISCHARGE]

PATIENT IDENTIFICATION:

TRAVIS CENTER ANGIOGRAPHY

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