

# MEDICATION RECONCILIATION



**MUST BE COMPLETED FOR ALL PATIENTS BEING TREATED**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

## Allergies

☐ No Known Allergies

☐ Allergies/Reactions: \_\_\_\_\_

Betadine/Shellfish/Iodine ☐ YES ☐ NO Reaction \_\_\_\_\_

Tape ☐ YES ☐ NO Reaction \_\_\_\_\_

Latex Sensitivity/Allergy ☐ YES ☐ NO Reaction \_\_\_\_\_

Pre-Operative Medications: (patient to fill out)

| Routine Medications<br>(include over the counter and herbal meds) | Dose | Frequency |
|---|------|-----------|
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| Medications Held for Surgery | Dose | Frequency |
|------------------------------|------|-----------|
|                              |      |           |
|                              |      |           |
|                              |      |           |
|                              |      |           |

| New Prescription Added<br>Discharge nurse to fill out | Dose | Frequency |
|---|------|-----------|
|   |      |           |
|   |      |           |
|   |      |           |
|   |      |           |

Discharge Medications: (discharge nurse to fill out)

| Resume "Yes" | Resume "No" | Date to Resume Meds |
|--------------|-------------|---------------------|
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| Resume "Yes" | Resume "No" | Date to Resume Meds |
|--------------|-------------|---------------------|
|              |             |                     |
|              |             |                     |
|              |             |                     |
|              |             |                     |

### DO NOT USE ABBREVIATIONS

U (unit) IU (International Unit)  
Q.D./QD/q.d. (daily) Q.O.D./AOD/q.o.d. (every other day)  
Trailing Zero (x.o) - Xmg  
Lack of Leading Zero (0.x) - write 0.x mg  
MS/MSO4/MgSO4 - write Morphine Sulfate or Magnesium Sulfate

\_\_\_\_\_  
Patient/Patient Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Discharge Nurse Signature

\_\_\_\_\_  
Date