

PHYSICIAN ORDERS - HOME/DISCHARGE MEDICATIONS INVENTORY

<b>HT:</b>	<b>WT:</b>	<b>BMI:</b>
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**NOTE: PLEASE LIST ALL MEDICATIONS BEING TAKEN, INCLUDING PRESCRIPTIONS, NON-PRESCRIPTIONS, HERBAL REMEDIES, VITAMINS, AND SUPPLEMENTS.**

\*Meds identified by Ident-a-drug or Pharmacy Label by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

*	PATIENT TO FILL IN THIS AREA			R.N. WILL COMPLETE THIS AREA			FOR M.D. USE ONLY:			
	HOME MEDICATIONS						PHYSICIAN SIGNATURE REQUIRED			
	MEDICATION	REASON FOR MEDICATION	DOSAGE	ROUTE	FREQ	LAST DOSE	CONTINUE IN HOSPITAL		CONTINUE AT HOME	
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
							YES	NO	YES	NO
FILLED OUT BY <input type="checkbox"/> PATIENT <input type="checkbox"/> NURSE REVIEWED BY NURSE:						DATE	TIME	ASPIRIN <input type="checkbox"/> YES <input type="checkbox"/> NO		
PHYSICIANS SIGNATURE						DATE	TIME			

ac - before meals    PRN - as needed    QID - four times a day  
 pc - after meals    TID - three times a day    HS - bedtime  
 po - by mouth    BID - twice a day

## MEDICATION RECONCILIATION

DATE	TIME	SIGNATURE

<b>CONTINUE HOME MEDICATIONS AS PER DISCHARGE INSTRUCTIONS – See Below</b> <b>Medications added at Discharge.</b>			
MEDICATION	DOSE	ROUTE	FREQUENCY /REASON FOR MEDICATION
<b>NURSE SIGNATURE:</b>		<b>DATE</b>	<b>TIME</b>