

MEDICATION RECONCILIATION

PAGE _____ OF _____

NO HOME MEDICATIONS AT ADMISSION

ALLERGIES: _____

HOME MEDICATION RECONCILIATION/ORDERS

LIST OBTAINED FROM: Patient Family Written List Prescription Bottle Pharmacy Nurse: _____ Date: _____

Patient/Caregiver is able to verify unable to verify medication(s)

HOME MEDS					DISCHARGE	
DRUG	INDICATIONS	DOSAGE/ROUTE	FREQUENCY	LAST DOSE	STOP	CONTINUE

DISCHARGE CHANGES OR ADDITIONS NO CHANGES

DRUG	INDICATIONS	DOSAGE / ROUTE	FREQUENCY

The patient/caregiver has been informed about the importance of maintaining updated medication information, communicating changes to his/her primary care provider and to carry medication information at all times in the event of emergency situations.

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: