



PATIENT ID LABEL

SURGICAL CENTER OF THE ROCKIES

MEDICATION RECONCILIATION

HOME MEDICATION LIST

List **ALL** medications you currently take, INCLUDING prescription, over-the-counter, vitamins, herbal supplements, medication pumps, patches, inhalers, drops, sprays, ointments, etc.

Information source: Patient Family Other Name of Source completing form (if other than patient): _____

ALLERGY→REACTION	ALLERGY→REACTION
Latex Allergy: YES / NO	

Bring Hold DOS	Home Medication (and dosage)	Directions (frequency & route)	Last Dose (date)	Continue Home Meds
1		___ time(s)/day; PO, SQ, IM, ___		YES / NO
2		___ time(s)/day; PO, SQ, IM, ___		YES / NO
3		___ time(s)/day; PO, SQ, IM, ___		YES / NO
4		___ time(s)/day; PO, SQ, IM, ___		YES / NO
5		___ time(s)/day; PO, SQ, IM, ___		YES / NO
6		___ time(s)/day; PO, SQ, IM, ___		YES / NO
7		___ time(s)/day; PO, SQ, IM, ___		YES / NO
8		___ time(s)/day; PO, SQ, IM, ___		YES / NO
9		___ time(s)/day; PO, SQ, IM, ___		YES / NO
10		___ time(s)/day; PO, SQ, IM, ___		YES / NO
11		___ time(s)/day; PO, SQ, IM, ___		YES / NO
12		___ time(s)/day; PO, SQ, IM, ___		YES / NO
13		___ time(s)/day; PO, SQ, IM, ___		YES / NO
14		___ time(s)/day; PO, SQ, IM, ___		YES / NO
15		___ time(s)/day; PO, SQ, IM, ___		YES / NO
16		___ time(s)/day; PO, SQ, IM, ___		YES / NO
17		___ time(s)/day; PO, SQ, IM, ___		YES / NO

ASPIRIN, BLOOD THINNERS, ANTI-INFLAMMATORY USED WITHIN LAST 10 DAYS: YES NO

Name of Medication: _____ Date of last dose taken: _____

List verified on admission by: _____ Date: _____



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Resume regular home medications unless otherwise instructed by your physician.

Pharmacy: _____

New Prescriptions from your Surgeon at time of Discharge from Surgery Center *TAKE ALL MEDICATIONS AS PRESCRIBED*

Medication	Directions	Next Dose
<input type="checkbox"/> Percocet (oxycodone/acetaminophen) 5/325 mg	<input type="checkbox"/> As directed	
<input type="checkbox"/> Norco (hydrocodone/acetaminophen) 5/325 mg		
<input type="checkbox"/> Oxycodone 5 mg	<input type="checkbox"/> As directed	
<input type="checkbox"/> Tramadol 50 mg		
<input type="checkbox"/> Zofran (ondansetron) 4 mg	<input type="checkbox"/> As directed	
<input type="checkbox"/> Phenergan (promethazine) 25 mg		
<input type="checkbox"/> Aspirin 81 mg	<input type="checkbox"/> As directed	
<input type="checkbox"/> Aspirin 325 mg		
<input type="checkbox"/> Vitamin D3	<input type="checkbox"/> As directed	
<input type="checkbox"/> _____		
<input type="checkbox"/> _____	<input type="checkbox"/> As directed	
<input type="checkbox"/> _____		

For all new prescriptions, consult with your pharmacist regarding side effects and drug interactions of medications. Please refer to your Primary Care Provider or prescribing physician if you have questions about resuming specific medications.

Patient/Pt. Representative Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

***Please DO NOT take extra Tylenol (acetaminophen) while you are taking PERCOCET or NORCO, as these medications already have Tylenol in them.**

***PAIN MEDICATIONS MAY CAUSE CONSTIPATION, DROWSINESS OR NAUSEA.**

***It is RECOMMENDED that you take a stool softener while on narcotic pain medication, ONE every 12 HOURS, beginning the day of surgery.**

***Please take pain medications with food unless otherwise directed.**

MAY take NSAIDS WITH FOOD (unless health history prohibits or allergy) (e.g. ibuprofen, Advil, Aleve, Naprosyn). Alternate with pain meds, following dosing directions on the bottle.

Start next dose _____

DO NOT TAKE NSAIDS per your surgeon's instructions.