

Name: Test, Conant **MRN:** 01109503 **Account #:** 6000985886 **Adm Date:** 06/12/09
Data Source:

*The Data Source was the resource used to complete a medication list as accurately as possible.

Patient currently taking medications? Yes

Patient brought own medications? Yes

Medication disposition:

Reported Preadmission medications, check each box to continue or discontinue on discharge

Medication Name	Medication Strength	Route	Medication Administration Instructions	Continue Home Medications on discharge?	Comments/Changes	
Tums	1000 mg	Oral	Every 6 hours	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Claritin	250 mg	Oral	Daily	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Tylenol	500 mg	Oral	As needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Lipitor	10 mg	Oral	At bedtime	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Lasix	40 mg	Oral	Daily	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Coumadin	5 mg	Oral	Daily	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Aspirin	325 mg	Oral	Daily	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Levaquin	500 mg	Oral	Daily	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Colace	100 mg	Oral	At bedtime	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Amiodarone	200 mg	Oral	Daily	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Advair	150/50	Oral	Daily	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Flonase	1 puff	Nasal	Daily	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Vitamins	1	Oral	Daily	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Discharge Patient: Home SNF Board & Care Other _____

New Prescriptions for discharge

_____	_____
_____	_____
_____	_____

Additional Discharge Instructions

_____	_____
_____	_____
_____	_____

Tri-City Medical Center
 4002 Vista Way
 Oceanside, CA 92056

Affix Patient Label

DISCHARGE Medication
Reconciliation Order Form

Name:	Test, Conant	Adm – Disch:	06/12/09 – No Discharge Date
DOB/Sex:	02/05/68/Male	Pt Type:	Inpatient
MRN:	01109503	Acct #:	6000985886
Location:	3S 32-02		

Admit Dx: Observation

Current hospital medications, please reference when ordering medications to continue at discharge.

*****REFERENCE ONLY*****

Orderable	Current Inpatient Medication Details
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*****Pharmacy*****

Scheduled		
aspirin 325mg tableted(ASA)		325 mg, tab, PO, DAILY, 12-Jun-2009 14:04:00, 30 days, Stop date 12-Jul-2009 09:00:00
atorvastatin 10mg tablet (Lipitor)		10 mg, tab, PO, DAILY, 12-Jun-2009 21:00:00, 30 days, Stop date 11-Jul-2009 21:00:00
docusate sod 100mg capsule (Colace)		200 mg, cap, PO, DAILY, 12-Jun-2009 14:08:00, 30 days, Stop date 12-Jul-2009 09:00:00
fluticasone/salmeterol 100/50 diskus (Advair Diskus 100/50)		1 Inh, inhaler, INH, BID, 12-Jun-2009 21:00:00 30 days, Stop date 12-Jul-2009 09:00:00
furosemide 40mg tablet (Lasix)		40 mg, tab, PO, DAILY, 12-June 2009 14:04:00, 30 days, Stop date 12-Jul-2009 09:00:00
Warfarin 5mg tablet (Coumadin)		5 mg, tab, PO, DAILY, 12-Jun-2009 17:00:00, 10 days, Stop date 21-Jun-2009 17:00:00

Physician Signature _____ **Date** _____ **Time** _____
(ALL PAGES REVIEWED)

Nurse Signature _____ **Date** _____ **Time** _____

Read Back all T.O./V.O. orders

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**DISCHARGE: Medication
Reconciliation Order Form**