ST. JOHN'S
Hospital - Lebanon

Patient Sticker

OUTPATIENT MEDICATION HISTORY RECONCILIATION AND PHYSICIAN ORDERS

Ht: _____ Wt:_____Kg **Pregnant:** Y N **Breastfeeding:** Y N **Home O2:** Y N **Liter flow___**

Allergies/Reactions:

☐No known drug allergies Medication(s):_____

_____

Food & Other (Tape, Latex, Blood, Platelets, etc):_____

Medication List Source: ☐ Patient Recall ☐ Prescription Bottles ☐H&P Dated _____

☐ Medication list provided by patient/Nursing Home ☐ Pharmacy Contacted_____

ADMISSION MEDICATIONS: List all medications (prescription, over the counter, vitamins and herbs) including heart, thyroid, blood pressure, insulin, steroids, aspirin, etc.

DISCHARGE MEDICATIONS:

Name	Strength	Dose	Route	Frequency	Indication	Last Taken	CONTINUE? NO	CONTINUE? YES

Emergency Department/Outpatient Nurse:_____ Date/Time:_____

☐ Medications reviewed and changes listed below as pertinent

☐ Based on what I am informed of at this time, no changes to medications

New or Changed Discharge Medications

Name	Strength	Dose	Route	Frequency	Indication

Discharge Nurse:_____ Date/Time:_____

Physician Signature for Approval of Discharge Medications:_____ Date/Time:_____

ORIGINAL ON CHART **COPY TO PHARMACY ON ADMISSION** **2/11/2008**