Medication Reconciliation Sheet



PRE-OP NURSE TO	INFORMATION AS REPORTED BY PATIENT OR FAMILY/Recent H&P					PHYSICIAN TO	
HOME MEDICATIONS (Include over the counter & herbal meds)	DOSAGE	ROUTE	FREQUENCY	PURPOSE	LAST DOSE DATE & TIME	CONTINUE THIS MEDICATION AFTER Procedure as directed by your prescribing physician	
						□ Yes	□ No
		□ Oral □	□ Once daily □ Twice daily □ As needed □			□ Yes	□ No
		□ Oral □	□ Once daily □ Twice daily □ As needed □			□ Yes	□ No
		□ Oral □	□ Once daily □ Twice daily □ As needed □			□ Yes	□ No
		□ Oral □	□ Once daily □ Twice daily □ As needed □			□ Yes	□ No
		□ Oral □	□ Once daily □ Twice daily □ As needed □			□ Yes	□ No
		□ Oral □	□ Once daily □ Twice daily □ As needed □			□ Yes	□ No
		□ Oral □	□ Once daily □ Twice daily □ As needed □			□ Yes	□ No
		□ Oral □	□ Once daily □ Twice daily □ As needed □			□ Yes	□ No
		□ Oral □	□ Once daily □ Twice daily □ As needed □			□ Yes	□ No
		□ Oral □	□ Once daily □ Twice daily □ As needed □			□ Yes	□ No
		□ Oral □	□ Once daily □ Twice daily □ As needed □			□ Yes	□ No
		□ Oral □	□ Once daily □ Twice daily □ As needed □			□ Yes	□ No
ALLERGIES Include Reaction Type)							
DISCHARGE MEDICATIONS	DOSAGE	ROUTE	FREQUENCY	PURPOSE	NEXT DOSE	PROHIBITED ABBREVIATIONS	
		□ Oral □	□Once daily □Twice daily □As needed □			QD, QOD U, IU 0.X, X.0, MS, MSO4 MGSO4	
		□ Oral □	□ Once daily □ Twice daily □ As needed □				
		□ Oral □	□ Once daily □ Twice daily □ As needed □				
ACU Nurse:			Dat	e:	Tim	e:	
			Dat		T :		

*Classified as Confidential

Page ____ of ____