

Medication Reconciliation Form

Allergies: NKA Verified See attached list for extensive allergies
 Medication/Reaction: _____

*Is the patient currently taking any blood thinners?
 No
 Yes, please list: _____

CURRENT HOME MEDICATION LIST: TO BE COMPLETED BY PATIENT PRE-OPERATIVELY (Including: Prescription, Over the Counter, Herbal, Vitamins, Dietary Supplements)					TO BE COMPLETED BY NURSE/PHYSICIAN ON DAY OF SURGERY	
Medication/Dose	Taken For	Route: How is it taken (oral, inject, patch, etc)	Frequency: how often is it taken	When was last dose taken: Date/Time	Continue after Discharge?	Restart Date
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Patient (designee) Signature: _____ **Designee Relationship to Patient:** _____ **Date:** _____

Medication given pre-op: Ancef Rocephin Vancomycin Gentamycin Clindamycin Pepcid Zofran Afrin
 Cipro Bactrim DS Decadron
Intra-OP Medications Used: Nitrous Oxide Sevoflurane Desflurane Propofol Versed Lidocaine Fentanyl Neut
 Omnipaque Celestone Bupivacaine Decadron Lidocaine Jelly
Medication given post-op: Macrobid Levaquin Cipro Bactrim DS Zofran Percocet Fentanyl Morphine
 Toradol Oxycodone Dilaudid

NEW MEDICATIONS TO BEGIN TAKING			
Medication/Dose	Route	Frequency	Education Provided
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

Post-Op Staff Signature/Date: _____ **Physician Signature/Date:** _____
 Resume all medications as prescribed