

PELOSI MEDICAL CENTER  
**Medication Reconciliation/  
 Discharge Summary**

Patient Address: \_\_\_\_\_

ALLERGIES/SENSITIVITIES (Drugs, Materials, Food, or Environmental Factors)	
<input type="checkbox"/> No known allergies/sensitivities and other reactions to drugs, materials, food, or environmental factors	
Allergen	Reaction

MEDICATIONS & SUPPLEMENTS						SURGEON to Indicate:		
Medication List: OTC, Herbals, Vitamins & Supplements		DOSE (Strength)	HOW TAKEN?	FREQUENCY (How often taken)	LAST TIME TAKEN	CONTINUE		
						YES	HOLD	NO
1								
2								
3								
4								
5								
6								

Medication History Verified by RN/MA: \_\_\_\_\_ Date: \_\_\_\_\_

If a medication is placed on hold or discontinued, Surgeon to indicate patient follow-up instructions below:

\_\_\_\_\_

\_\_\_\_\_

IN ADDITION TO THE PRESCRIPTIONS BELOW, THE ABOVE MEDICATIONS SHOULD BE CONTINUED AT HOME UNLESS SPECIFIED BY SURGEON TO HOLD OR DISCONTINUE AS CHECKED ABOVE	
SIGNATURE OF SURGEON REVIEWING MEDICATIONS: (REQUIRED)	DATE:

PRESCRIPTIONS GIVEN TO PATIENT AT DISCHARGE					
Mark with "x"	Medication Name	Dose	Route	Frequency	Reason for Medication
_____	Cephalexin	500 mg	By mouth	2 times a day	Antibiotic
_____	Cyclobenzaprine	10 mg	By mouth	3 times a day	As needed, for muscle pain
_____	Doxycycline	100 mg	By mouth	2 times a day	Antibiotic
_____	Gabapentin	600 mg	By mouth	3 times a day	As needed, for pain
_____	Naproxen	500 mg	By mouth	2 times a day	As needed, for pain
_____	Ondansetron	8 mg	By mouth	2 times a day	As needed, for nausea
_____					

Procedure(s) Performed: \_\_\_\_\_

**Medications administered during this visit:** ☐ Ceftriaxone ☐ Cephalexin ☐ Clindamycin ☐ Diazepam ☐ Diphenhydramine  
☐ Diprivan ☐ Doxycycline ☐ Epinephrine ☐ Fentanyl ☐ Glycopyrrolate ☐ Lidocaine ☐ Metoclopramide ☐ Midazolam  
☐ Ondansetron ☐ Oxycodone ☐ Sodium Bicarbonate ☐ Tranexamic Acid ☐ Other \_\_\_\_\_

Information provided to: ☐ Patient \_\_\_\_\_ ☐ Other \_\_\_\_\_  
(patient signature) (name of person)

Discharge Physician/RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_