

St Joseph Medical Center Admission Medication Reconciliation/Orders

FHSRULES, BETTY

FSJ 9TH/09C1/06

FIN: 0910700079

HT: 170.2 cm Stated

WT: 86.36 kg Stated

Allergies: No Known Allergies

Home Medications:

Source of Information: Patient

Community Pharmacy: Provider:

Immunizations Yes



Pneumonia Immunization (less than 5 yrs ago): No Declined Vaccination

Flu Immunization (Current Flu Season): Yes 02/11/2009 Approximate Date

Tetanus Immunization: less than 5 years 05/11/2008 Approximate Date

Peds Immunizations (up to date):

Medication	Comments	Cont.	Stop	Change
* <i>ascorbic acid</i> (Vitamin C 500 mg oral capsule) 500mg, 1Cap, Oral, Daily	Dietary aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Last Dose Taken		
		<input type="text"/>		
* <i>diphenhydrAMINE</i> (diphenhydrAMINE 25 mg oral capsule) 25mg, 1Cap, Oral, 6 Times a Day, PRN	as needed for allergy symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Last Dose Taken		
		<input type="text"/>		
* <i>furosemide</i> (Lasix 40 mg oral tablet) 40mg, 1Tab, Oral, Daily	water pill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Last Dose Taken		
		<input type="text"/>		
* <i>multivitamin with iron</i> (Multiple Vitamins with Iron oral tablet) 1Tab, Oral, Daily	between meals to improve absorption, if tolerated dietary supplement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Last Dose Taken		
		<input type="text"/>		
* <i>potassium chloride</i> (potassium chloride 20 mEq oral tablet, extended release) 20mEq, 1Tab, Oral, BID	with food potassium replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Last Dose Taken		
		<input type="text"/>		
* <i>Template Non Formulary</i> 1Tab, Oral, Daily	Little blue pill for anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Last Dose Taken		
		<input type="text"/>		

Physician Signature:	Date/Time	Collected/Verified by:	Date/Time
Date: 06/08/2009 11:05  Medication Reconciliation Admission Report		FHSRULES, BETTY Gender: Female DOB: 01/23/87 Age: 22 Years FSJ 9TH/09C1/06 Admit Dt: 04/17/09 HT: 170.2 cm WT: 86.36 kg Admit Physician: HILDEBRAND MD EM, PAUL W MRN 940152203 FIN: 0910700079 	
* <i>Bold, Italics Denotes Home Medication</i>		Page: 1 of 1	

St Joseph Medical Center Transfer Medication Reconciliation/Orders

FHSRULES, BETTY

FSJ 9TH/09C1/06



FIN: 0910700079

HT: 170.2 cm Stated

WT: 86.36 kg Stated

Allergies: No Known Allergies

Medication	Comments	Cont.	Stop	Change
acetaminophen 325 mg tab (Tylenol) 325mg, 1Tab, Oral, Q4H, PRN, Pain		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* <i>acetaminophen</i> (Tylenol 325 mg oral tablet) <i>325mg, 1Tab, Oral, Q4H, PRN</i>	as needed for pain			Home Med for Reference
acyclovir 200 mg cap (Acyclovir) 200mg, 1Cap, Oral, 5 Times a Day		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
albumin human 5% 12.5 Gram (Albumarc) IntraVENous		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amikacin (Dextrose 5% and Water) 0.5Gram, 2mL, IntraVENous, AM and Noon		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amoxicillin/clav 250 mg tab (Augmentin) 250mg, 1Tab, Oral, Q8H		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* <i>ascorbic acid</i> (Vitamin C 500 mg oral capsule) <i>500mg, 1Cap, Oral, Daily</i>	Dietary aid			Home Med for Reference
aspirin 81 mg chew tab (Aspirin) 81mg, 1Tab, Oral, AC Breakfast and Bedtime		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
atropine 0.5 mg/5 ml inj (Atropine Sulfate) 0.5mg, 5mL, IntraVENous, AC Breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
calcitriol 0.25 mcg cap (Calcitriol) 0.25mcg, 1Cap, Oral, Daily		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physician Signature:	Date/Time	Collected/Verified by:	Date/Time
Date: 06/08/2009 11:15		FHSRULES, BETTY	
 Medication Reconciliation Transfer Report		Gender: Female DOB: 01/23/87 Age: 22 Years FSJ 9TH/09C1/06 Admit Dt: 04/17/09 HT: 170.2 cm WT: 86.36 kg Admit Physician: HILDEBRAND MD EM, PAUL W MRN 940152203 FIN: 0910700079	
			
* <i>Bold, Italics Denotes Home Medication</i>		Page: 1 of 3	

St Joseph Medical Center Transfer Medication Reconciliation/Orders

FHSRULES, BETTY

FSJ 9TH/09C1/06


FIN: 0910700079

HT: 170.2 cm Stated

WT: 86.36 kg Stated

Allergies: No Known Allergies

Medication	Comments							
* diphenhydrAMINE (<i>diphenhydrAMINE 25 mg oral capsule</i>) 25mg, 1Cap, Oral, 6 Times a Day, PRN	as needed for allergy symptoms	Home Med for Reference						
* furosemide (<i>Lasix 40 mg oral tablet</i>) 40mg, 1Tab, Oral, Daily	water pill	Home Med for Reference						
* levothyroxine (<i>Synthroid 75 mcg (0.075 mg) oral tablet</i>) 75mcg, 1Tab, Oral, Daily	hypothyroidism	Home Med for Reference						
methylPREDNISolone 4 mg tab dosepack (MethylPREDNISolone Dose Pack) 4mg, 1Tab, Oral, Q4H		<table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">Cont.</td> <td style="border: 1px solid black; padding: 2px;">Stop</td> <td style="border: 1px solid black; padding: 2px;">Change</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Cont.	Stop	Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cont.	Stop	Change						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
* multivitamin with iron (<i>Multiple Vitamins with Iron oral tablet</i>) 1Tab, Oral, Daily	between meals to improve absorption, if tolerated dietary supplement	Home Med for Reference						
* potassium chloride (<i>potassium chloride 20 mEq oral tablet, extended release</i>) 20mEq, 1Tab, Oral, BID	with food potassium replacement	Home Med for Reference						
* Template Non Formulary 1Tab, Oral, Daily	Little blue pill for anxiety	Home Med for Reference						

Physician Signature:	Date/Time	Collected/Verified by:	Date/Time
Date: 06/08/2009 11:15		FHSRULES, BETTY Gender: Female DOB: 01/23/87 Age: 22 Years FSJ 9TH/09C1/06 Admit Dt: 04/17/09 HT: 170.2 cm WT: 86.36 kg Admit Physician: HILDEBRAND MD EM, PAUL W MRN 940152203 FIN: 0910700079 <div style="text-align: center; margin-top: 10px;">  </div>	
* <i>Bold, Italics Denotes Home Medication</i>		Page: 2 of 3	

St Joseph Medical Center Discharge Medication Reconciliation/Orders

FHSRULES, BETTY

FSJ 9TH/09C1/06

FIN: 0910700079



HT: 170.2 cm Stated

WT: 86.36 kg Stated

Allergies: No Known Allergies

Medication	Comments	Hospital Med for Reference
acetaminophen 325 mg tab (Tylenol) 325mg, 1Tab, Oral, Q4H, PRN, Pain		<input type="checkbox"/> Continue at Discharge/Transfer <input type="checkbox"/> Prescriptions written
* <i>acetaminophen</i> (Tylenol 325 mg oral tablet) <i>325mg, 1Tab, Oral, Q4H, PRN</i>	as needed for pain	Cont. Stop Change <input type="radio"/> <input type="radio"/> <input type="radio"/>
acyclovir 200 mg cap (Acyclovir) 200mg, 1Cap, Oral, 5 Times a Day		<input type="checkbox"/> Continue at Discharge/Transfer <input type="checkbox"/> Prescriptions written
albumin human 5% 12.5 Gram (Albumarc) IntraVENous		<input type="checkbox"/> Continue at Discharge/Transfer <input type="checkbox"/> Prescriptions written
amikacin (Dextrose 5% and Water) 0.5Gram, 2mL, IntraVENous, AM and Noon		<input type="checkbox"/> Continue at Discharge/Transfer <input type="checkbox"/> Prescriptions written
amoxicillin/clav 250 mg tab (Augmentin) 250mg, 1Tab, Oral, Q8H		<input type="checkbox"/> Continue at Discharge/Transfer <input type="checkbox"/> Prescriptions written
* <i>ascorbic acid</i> (Vitamin C 500 mg oral capsule) <i>500mg, 1Cap, Oral, Daily</i>	Dietary aid	Cont. Stop Change <input type="radio"/> <input type="radio"/> <input type="radio"/>
aspirin 81 mg chew tab (Aspirin) 81mg, 1Tab, Oral, AC Breakfast and Bedtime		<input type="checkbox"/> Continue at Discharge/Transfer <input type="checkbox"/> Prescriptions written
atropine 0.5 mg/5 ml inj (Atropine Sulfate) 0.5mg, 5mL, IntraVENous, AC Breakfast		<input type="checkbox"/> Continue at Discharge/Transfer <input type="checkbox"/> Prescriptions written
calcitriol 0.25 mcg cap (Calcitriol) 0.25mcg, 1Cap, Oral, Daily		<input type="checkbox"/> Continue at Discharge/Transfer <input type="checkbox"/> Prescriptions written

UNMARKED ORDERS ARE DISCONTINUED

Physician Signature:	Date/Time	Collected/Verified by:	Date/Time
Date: 06/08/2009 11:15		FHSRULES, BETTY Gender: Female DOB: 01/23/87 Age: 22 Years FSJ 9TH/09C1/06 Admit Dt: 04/17/09 HT: 170.2 cm WT: 86.36 kg Admit Physician: HILDEBRAND MD EM, PAUL W MRN 940152203 FIN: 0910700079	
 Medication Reconciliation Discharge Report			
* <i>Bold, Italics with</i> <input type="radio"/> <i>Denotes Home Medication</i>		Page: 1 of 3	

St Joseph Medical Center Discharge Medication Reconciliation/Orders

FHSRULES, BETTY

FSJ 9TH/09C1/06

FIN: 0910700079


HT: 170.2 cm Stated

WT: 86.36 kg Stated

Allergies: No Known Allergies

Medication	Comments	Cont.	Stop	Change
* <i>diphenhydrAMINE</i> (<i>diphenhydrAMINE 25 mg oral capsule</i>) 25mg, 1Cap, Oral, 6 Times a Day, PRN	as needed for allergy symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* <i>furosemide</i> (<i>Lasix 40 mg oral tablet</i>) 40mg, 1Tab, Oral, Daily	water pill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* <i>levothyroxine</i> (<i>Synthroid 75 mcg (0.075 mg) oral tablet</i>) 75mcg, 1Tab, Oral, Daily	hypothyroidism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
methylPREDNISolone 4 mg tab dosepack (MethylPREDNISolone Dose Pack) 4mg, 1Tab, Oral, Q4H		Hospital Med for Reference <input type="checkbox"/> Continue at Discharge/Transfer <input type="checkbox"/> Prescriptions written		
* <i>multivitamin with iron</i> (<i>Multiple Vitamins with Iron oral tablet</i>) 1Tab, Oral, Daily	between meals to improve absorption, if tolerated dietary supplement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* <i>potassium chloride</i> (<i>potassium chloride 20 mEq oral tablet, extended release</i>) 20mEq, 1Tab, Oral, BID	with food potassium replacement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* <i>Template Non Formulary</i> 1Tab, Oral, Daily	Little blue pill for anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

UNMARKED ORDERS ARE DISCONTINUED

Physician Signature:	Date/Time	Collected/Verified by:	Date/Time
Date: 06/08/2009 11:15		FHSRULES, BETTY Gender: Female DOB: 01/23/87 Age: 22 Years FSJ 9TH/09C1/06 Admit Dt: 04/17/09 HT: 170.2 cm WT: 86.36 kg Admit Physician: HILDEBRAND MD EM, PAUL W MRN 940152203 FIN: 0910700079	
* <i>Bold, Italics with</i> <input type="radio"/> <i>Denotes Home Medication</i>			
		Page: 2 of 3	

**St Joseph Medical Center
Discharge Home Medications**

06/08/09 11:15

Name FHSRULES, BETTY

Acct# 910700079

PCP

Allergies: No Known Allergies

DISCHARGE HOME MEDICATIONS

Medication	Dose	Route	Frequency	Reason for Taking	Next Dose
diphenhydrAMINE 25 mg oral capsule	25 mg / 1 Cap	Oral	Six Times a Day	as needed for allergy symptoms	
Lasix 40 mg oral tablet	40 mg / 1 Tab	Oral	Every Day	water pill	
Multiple Vitamins with Iron oral tablet (between meals to improve absorption, if tolerated)	1 Tab	Oral	Every Day	dietary supplement	
potassium chloride 20 mEq oral tablet, extended release (with food)	20 mEq / 1 Tab	Oral	Two Times A Day	potassium replacement	
Synthroid 75 mcg (0.075 mg) oral tablet	75 mcg / 1 Tab	Oral	Every Day	hypothyroidism	
Template Non Formulary (Little blue pill)	1 Tab	Oral	Every Day	for anxiety	
Tylenol 325 mg oral tablet	325 mg / 1 Tab	Oral	Every 4 Hours	as needed for pain	
Vitamin C 500 mg oral capsule	500 mg / 1 Cap	Oral	Every Day	Dietary aid	

THE FOLLOWING MEDICATIONS WERE STOPPED OR CHANGED

Medication	Dose	Frequency
Synthroid 50 mcg (0.05 mg) oral tablet	1 Tab	Every Day

- Continue medications as directed by the prescribing doctor
- Change your medications as instructed on this form
- Add to your medication the attached prescriptions
- Continue meds not changed as directed by prescribing doctor

I, FHSRULES, BETTY, have received a copy of discharge home medications and acknowledged understanding of these instructions. I hereby certify that I have received the above instructions and that all of my concerns/questions regarding this visit have been adequately answered.

Patient Signature

Date

Witness and/or instructed by (signature)

Date

**St Joseph Medical Center
Discharge Home Medications**

06/08/09 11:15

Name FHSRULES, BETTY

Acct# 910700079

PCP

Allergies: No Known Allergies

DISCHARGE HOME MEDICATIONS

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diphenhydrAMINE 25 mg oral capsule	25 mg / 1 Cap	Oral	Six Times a Day	as needed for allergy symptoms	
Lasix 40 mg oral tablet	40 mg / 1 Tab	Oral	Every Day	water pill	
Multiple Vitamins with Iron oral tablet (between meals to improve absorption, if tolerated)	1 Tab	Oral	Every Day	dietary supplement	
potassium chloride 20 mEq oral tablet, extended release (with food)	20 mEq / 1 Tab	Oral	Two Times A Day	potassium replacement	
Synthroid 75 mcg (0.075 mg) oral tablet	75 mcg / 1 Tab	Oral	Every Day	hypothyroidism	
Template Non Formulary (Little blue pill)	1 Tab	Oral	Every Day	for anxiety	
Tylenol 325 mg oral tablet	325 mg / 1 Tab	Oral	Every 4 Hours	as needed for pain	
Vitamin C 500 mg oral capsule	500 mg / 1 Cap	Oral	Every Day	Dietary aid	

THE FOLLOWING MEDICATIONS WERE STOPPED OR CHANGED

Medication	Dose	Frequency
Synthroid 50 mcg (0.05 mg) oral tablet	1 Tab	Every Day

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- Add to your medication the attached prescriptions
- Continue meds not changed as directed by prescribing doctor

I, FHSRULES, BETTY, have received a copy of discharge home medications and acknowledged understanding of these instructions. I hereby certify that I have received the above instructions and that all of my concerns/questions regarding this visit have been adequately answered.

Patient Signature

Date

Witness and/or instructed by (signature)

Date



FSJ SJMC

Medication Administration Record

FHSRULES, BETTY

Location # FSJ 9TH 09C1-06
Allergies: No Known Allergies.

ADMINISTRATION PERIOD 06/08/09 07:00 TO 06/09/09 06:59
FIN: 910700079 Ht: 170.2 cm Wt: 86.36 kg

****SCHEDULED****

Start Time/ *Stop* *Time*	Ck By	MEDICATION	DOSE ROUTE FREQ	Day Shift	Evening Shift	Night Shift
				0700 - 1459	1500 - 2259	2300 - 0659
05/12 13:00		acyclovir 200 mg cap (Zovirax) Look-Alike/Sound-Alike Alert	200 mg / 1 Cap Oral 5 Times a Day	0900____ 1300____	1700____ 2100____	0500____
05/12 09:00		amikacin 500 mg/2 ml inj D5w inj 100 ml (Amikin)	0.5 Gram / 2 mL 100 mL Total Volume: 100 mL IntraVENous Infuse Over 30 Minutes AM and Noon	0900____ 1200____		
05/12 13:00		amoxicillin/clav 250 mg tab (Augmentin) Give with Food	250 mg / 1 Tab Oral Q8H	1300____	2100____	0500____
05/12 21:00		aspirin 81 mg chew tab (Bayer Childrens Aspirin) Give with Food	81 mg / 1 Tab Oral AC Breakfast and Bedtime		2100____	0659____

Omitted Dose Codes

C = Condition of Patient
DO = Doctor's Order
U = Unavailable Medication

NPO
A = Absent
R = Refused

Site Codes

L = Left R = Right U = Upper M = Middle L = Lower
O = Quadrant AB = Abdomen A = Arm T = Thigh D = Deltoid
DG = Dorsal Gluteal VG = Ventral Gluteal VL = Vastus Lateralis

SIGN/INIT

Date/Time Printed: 06/08/2009 11:19



Medication Administration Record

FHSRULES, BETTY

Room #: 09C1-06

Ht: 170.2 cm

Wt: 86.36 kg

Physician: HILDEBRAND MD EM, PAUL W

Admit Date: 04/17/09

DOB: 01/23/87

Age: 22 Years

Gender: F

MRN 940152203 FIN: 0910700079



FSJ SJMC
Medication Administration Record

FHSRULES, BETTY


Location # FSJ 9TH 09C1-06
Allergies: No Known Allergies.

ADMINISTRATION PERIOD 06/08/09 07:00 TO 06/09/09 06:59
FIN: 910700079 Ht: 170.2 cm Wt: 86.36 kg

****SCHEDULED****

Start Time/ *Stop* *Time*	Ck By	MEDICATION	DOSE ROUTE FREQ	Day Shift 0700 - 1459	Evening Shift 1500 - 2259	Night Shift 2300 - 0659
05/12 11:48		atropine 0.5 mg/5 ml inj (Atropine)	0.5 mg / 5 mL IntraVENous AC Breakfast			0659__
05/12 11:49		calcitriol 0.25 mcg cap (Rocaltrol)	0.25 mcg / 1 Cap Oral Daily	0900__		
05/12 13:00		methylPREDNISolone 4 mg tab dosepack (Medrol) Give with Food	4 mg / 1 Tab Oral Q4H	0900__ 1300__	1700__ 2100__	0100__ 0500__

SIGN/INIT		

Date/Time Printed: 06/08/2009 11:19	FHSRULES, BETTY	Admit Date: 04/17/09
Room #: 09C1-06	DOB: 01/23/87	MRN 940152203 FIN: 0910700079
Ht: 170.2 cm	Age: 22 Years	
Wt: 86.36 kg	Gender: F	
Medication Administration Record	Physician: HILDEBRAND MD EM, PAUL W	

FSJ SJMC

Medication Administration Record

FHSRULES, BETTY

Location # FSJ 9TH 09C1-06

Allergies: No Known Allergies.

ADMINISTRATION PERIOD 06/08/09 07:00 TO 06/09/09 06:59

FIN: 910700079

Ht: 170.2 cm

Wt: 86.36 kg

****CONTINUOUS****

Start Time/ *Stop* *Time*	Ck By	MEDICATION	DOSE ROUTE FREQ	Day Shift 0700 - 1459	Evening Shift 1500 - 2259	Night Shift 2300 - 0659
05/12 11:51		albumin human 5% 12.5 g/250 ml inj (Albumin Human)	12.5 Gram / 250 mL Total Volume: 250 mL IntraVENous 125 mL/hr			
SIGN/INIT						


Date/Time Printed: 06/08/2009 11:19

Medication Administration Record

FHSRULES, BETTY
 Room #: 09C1-06
 Ht: 170.2 cm
 Wt: 86.36 kg
 Physician: HILDEBRAND MD EM, PAUL W

Admit Date: 04/17/09
 DOB: 01/23/87
 Age: 22 Years
 Gender: F

MRN 940152203 FIN: 0910700079



FSJ SJMC

Medication Administration Record

FHSRULES, BETTY

Location # FSJ 9TH 09C1-06

Allergies: No Known Allergies.

ADMINISTRATION PERIOD 06/08/09 07:00 TO 06/09/09 06:59

FIN: 910700079

Ht: 170.2 cm

Wt: 86.36 kg

****PRN****

Start Time/ *Stop* *Time*	Ck By	MEDICATION	DOSE ROUTE FREQ	Day Shift 0700 - 1459	Evening Shift 1500 - 2259	Night Shift 2300 - 0659
05/12 11:54		acetaminophen 325 mg tab (Tylenol) DO NOT EXCEED an Acetaminophen Dose of 4000 mg/24 hr	325 mg / 1 Tab Oral Q4H as needed For Pain			
SIGN/INIT						

Date/Time Printed: 06/08/2009 11:19

Medication Administration Record

FHSRULES, BETTY
 Room #: 09C1-06
 Ht: 170.2 cm
 Wt: 86.36 kg
 Physician: HILDEBRAND MD EM, PAUL W

Admit Date: 04/17/09
 DOB: 01/23/87
 Age: 22 Years
 Gender: F

MRN 940152203 FIN: 0910700079

