. . .at ***LITCHFIELD HILLS SURGERY CENTER***

we are very interested in joining hands with you to help

MANAGE YOUR MEDICATIONS. . .

Allergies/Sensitivities: _____

_____

At **Litchfield Hills Surgery Center** we understand that the safe management of your medication is a challenge that we can help with. In fact, it is something we take very seriously. We join with your primary care physician in developing systems that assure that your next provider of care has full knowledge of your current medications. This allows safe administration of new drugs and avoids duplication of drugs or dangerous drug interactions.

We call this "Reconciliation". . . We think this is Important. . . and so should You!

Please list ALL medication you take (prescription, over the counter and herbals).

DRUG NAME	STRENGTH	TIMES PER DAY	PURPOSE

TODAY WE ADDED NEW MEDICATION ON DISCHARGE OF:

☐ Oxycodone: take as directed for pain ☐ Dilaudid: take as directed for pain

☐ Hydrocodone: take as directed for pain ☐ Already has pain medication, take as directed

☐ _____ for _____, take as directed

☐ _____ for _____, take as directed

DURING THE PROCEDURE YOU WERE GIVEN:

☐ Propofol	☐ Midazolam	☐ Fentanyl	☐ Sevoflurane	☐ Desflurane
☐ Succinylcholine	☐ Neostigmine	☐ Sodium Bicarb	☐ Lidocaine	☐ Carbocaine
☐ Robinul	☐ Rocuronium	☐ Marcaine	☐ Naropin	☐ Epinephrine
☐ Ondansetron	☐ Dexamethasone	☐ Scopolamine	☐ Ephedrine	☐ Toradol
☐ Ancef	☐ Clindamycin	☐ Vancomycin	☐ Depomedrol	☐ Omnipaque

☐ _____ ☐ _____

☐ _____ ☐ _____

IN THE RECOVERY ROOM YOU WERE GIVEN:

☐ No medication

☐ Pain Control _____

☐ Pain Control _____

☐ Antibiotic _____

☐ Nausea/Vomiting _____

Other medication: _____

_____

_____

Initials of Patient/Representative: _____ Initials of RN: _____ Date: _____