

### Post-Operative Medication Orders

Location: U-9 / A9-208 / C  
Ht:  
Wt:  
Allergies: penicillin, No Known Food Allergies, No Known Environmental Allergies

Patient: Pharmacy, Ninth, C0207  
VISIT: 420688428 PIN: 11098245  
DOB: 1929/01/31

All Medication must be Reconciled against Best Possible Medication History (BPMH)	Reconcile					Provide rationale for any modifications or changes. <small>(e.g. Atenolol decrease from 25 mg to 12.5 mg po daily, due to hypotension; New Medication; etc.)</small>	Processing
	Continue	Modify	Hold	Discontinue	See PPOs		
<b>Medication Orders</b>							
amLODIPine 5 mg PO daily	<input checked="" type="checkbox"/>						
dalteparin 5000 units/0.2 mL SC daily	<input checked="" type="checkbox"/>						
dexamethasone 5 mg/5 mL PO daily	<input checked="" type="checkbox"/>						
fentaNYL 25 mcg/hr topical q72h Order Stops: 2012/06/01 11:59	<input checked="" type="checkbox"/>						
HYDRomorphone CR 24 mg PO q12h Order Starts: 2012/05/31 08:00 Order Stops: 2012/06/07 07:59			<input checked="" type="checkbox"/>			Re-assess pain	
HYDRomorphone CR 30 mg PO q12h Order Stops: 2012/05/30 21:59			<input checked="" type="checkbox"/>			Re-assess pain	
perindopril 4 mg PO daily	<input checked="" type="checkbox"/>						
<b>PRN Orders</b>							
acetaminophen 325-650 mg PO q4h PRN	<input checked="" type="checkbox"/>						
docusate sodium 100 mg PO BID PRN	<input checked="" type="checkbox"/>						
zopiclone 7.5 mg PO at bedtime PRN				<input checked="" type="checkbox"/>		Not required	
All Medication must be Reconciled against Best Possible Medication History (BPMH)	Reconcile					Provide rationale for any modifications or changes. <small>(e.g. Atenolol decrease from 25 mg to 12.5 mg po daily, due to hypotension; New Medication; etc.)</small>	Processing
	Resume	Modify	Cont. Hold	Discontinue	See PPOs		
<b>On Hold</b>							
ALPRAZolam 0.25 mg PO TID			<input checked="" type="checkbox"/>				

Orders must be checked against the sending Medication Administration Record (MAR) and Best Possible Medication History (BPMH) to ensure accuracy and completeness.

Prescriber Name (Printed): J. Smith     
 Prescriber Signature: [Signature]     
 Date (yy/mm/dd): 2012/05/30     
 Time (hh:mm): 14:38

Processor's Initial: _____	Nurse's Initials: _____
Date (yyyy/mm/dd): _____	Date (yyyy/mm/dd): _____
Time (hh:mm): _____	Time (hh:mm): _____

Printed: 2012/05/24 12:20

COPY SENT TO PHARMACY: \_\_\_\_\_  
Date (yyyy/mm/dd)      Time (hh:mm)      Initials

DO NOT THIN FROM CHART

