

AFFIX PATIENT LABEL HERE

## MEDICATIONS

Medications you take are very important to your treatment and care. Patients are ultimately responsible to know their medications.

You should check with your primary care physician and take the medications as directed with a SIP of water, **ON THE DAY OF SURGERY**. Usually blood thinning medications should be held 1 week prior to surgery.

### **Bring this Form and a complete list of Medications on the day of Surgery.**

Before your surgery we need a complete, accurate and up to date list of medications you take at home, including any medications you held for your surgery. Your complete list of medications include all prescription medications, samples from your doctor, and any medications you buy without a prescription including over the counter medications, vitamins and herbal supplements. This list should include:

- The full name of each medicine (including any letter that may appear after the name, such as XL, CR, DC, etc)
- The strength of each medicine (mg, meg, units, etc)
- How much you take for each medicine (1 tablet, 2 capsules, etc)
- How you take it (by mouth, inhaler, injection, patch, etc)
- When you take it (in the morning and evening, once a month, etc)
- The date and time of your last dose.

This information is important so we can check for any potential drug interactions during your surgery.

**ALLERGIES: Please inform us of any medications, herbals, vitamins, materials, food and environmental factors you are allergic to.**

List what you are allergic to	Type of Adverse Reaction	List what you are allergic to	Type of Adverse Reaction

(Patient to fill out this section)

Medication	Dose	How Often	Date Last Dose Taken

### Medications given to you at Woodland Surgery Center

<input type="checkbox"/> Cefazolin	<input type="checkbox"/> Versed	<input type="checkbox"/> Bupivacaine	<input type="checkbox"/> Lidocaine	<input type="checkbox"/> Epinephrine
<input type="checkbox"/> Clindamycin	<input type="checkbox"/> Fentanyl	<input type="checkbox"/> Bupivacaine with Epi	<input type="checkbox"/> Lidocaine with Epi	<input type="checkbox"/> Decadron
<input type="checkbox"/> Vancomycin	<input type="checkbox"/> Propofol	<input type="checkbox"/> Ropivacaine	<input type="checkbox"/> Mepivacaine	<input type="checkbox"/> Zofran
<input type="checkbox"/> General Anesthesia	<input type="checkbox"/> Toradol	<input type="checkbox"/> Ephedrine	<input type="checkbox"/> Other	

(Physician to complete)

<b>New Medications prescribed -</b>			
<input type="checkbox"/> Electronic	<input type="checkbox"/> Printed		
Resume usual medication regimen -		YES	NO
Blood Thinners -	YES	NO	Type: _____ Resume Date: _____
Physician Signature		RN Signature	
Date/ Time		Date/ Time	