

Discharge Medication List

Prior to Admission Medications:

Medication Name	Dose/Frequency/Route	Action Upon Discharge? (Circle One) Medications not addressed will be resumed.	Given Rx		Special Instructions E.g. Take with Meals, Check BPs
		D/C MODIFY RESUME	YES	NO	
		D/C MODIFY RESUME	YES	NO	
		D/C MODIFY RESUME	YES	NO	
		D/C MODIFY RESUME	YES	NO	
		D/C MODIFY RESUME	YES	NO	
		D/C MODIFY RESUME	YES	NO	
		D/C MODIFY RESUME	YES	NO	
		D/C MODIFY RESUME	YES	NO	
		D/C MODIFY RESUME	YES	NO	
		D/C MODIFY RESUME	YES	NO	
		D/C MODIFY RESUME	YES	NO	

New or Modified Medication Order Only:

Medication Name	Dose	Route	Frequency	RX Given to Patient?

Signature: _____ Date: _____ Time: _____