

MEDICATION TRANSFER ORDERS ** INPATIENT USE ONLY **
Contra Costa Regional Medical Center

Patient: [REDACTED]

Current Location: [REDACTED]

DOB: [REDACTED] SEX: F WT: 50.900 kg BSA: 1.46 m2

ADMITTED: 07/02/07 PHYSICIAN: [REDACTED] Primary Dx:

ALLERGIES: ERYTHROMYCIN

NOTE: PLEASE INDICATE CONTINUE,
DISCONTINUE, OR MODIFY FOR
EACH ORDER LISTED BELOW.

C = CONTINUE
DC = DISCONTINUE
M = MODIFY

***** MEDICATION ORDER *****

C DC M SPECIFY MODIFICATIONS

ACETAMINOPHEN 325 MG UDTAB Start: 07/03/07 PRN
(TYLENOL 325MG UDTABS**)
Dose: 650 MG PO EVERY 4-6 HRS AS NEEDED

AL,MG+SIM 500/450/40 30 ML Start: 07/03/07 PRN
(MAALOX PLUS XTRA STR 30ML UD**)
Dose: 15 ML PO EVERY 4 HOURS AS NEEDED

Comments: MAX.RECOMMENDED DAILY DOSE IS 12 TEASPS

ALBUTEROL* 17 GM INH Start: 07/03/07 PRN
(PROVENTIL/VENTOLIN INHALER 200 METERED INH)
Dose: 2 PUFFS INH EVERY 4 HOURS AS NEEDED

Comments: (FOR VENTOLIN/PROVENTIL)

DOCUSATE SODIUM 250 MG UDCA Start: 07/03/07 PRN
(DSS 250MG CAP)
Dose: 250 MG PO BID PRN CONSTIPATION

Comments: DO NOT CRUSH!!!

IPRATROPIUM BROMIDE (HFA)12.9 GM INHALER Start: 07/03/07 PRN
(ATROVENT HEA INHALER)
Dose: 2 PUFFS INH EVERY 6 HRS AS NEEDED

lorazepam 1 MG UDTAB (gnr ATIVAN) Start: 07/03/07 PRN
(ATIVAN(eq) 1 MG UDTAB**)
Dose: 1 MG PO EVERY 6 HRS AS NEEDED

Comments: **** Look-alike/Sound-alike alert****

***** THIS DOCUMENT IS NOT INTENDED FOR DISCHARGE MEDICATIONS *****

Provider Signature _____

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morphine SULFATE, INJ 2 MG/1 ML TUBEX Start: 07/03/07 PRN
(MORPHINE 2 MG/1 ML TUBEX**)
Dose: 2 MG IVP EVERY 2-3 HOURS AS NEEDED
Comments: **** Look-alike/Sound-alike alert****

NITROGLYCERIN, SL 0.4 MG/TAB (25 TAB BTL) Start: 07/04/07 PRN
(NITROSTAT 0.4MG SLTAB 25'S**)
Dose: 0.4 MG SL Q 5 MIN PRN CP. MR X3 MAX
Comments: EVERY 5 MIN. X3 FOR CHEST PAIN, HOLD FOR SBP<100

PROMETHAZINE HCL* 25 MG/ML Start: 07/03/07 PRN
(PHENERGAN, INJ 25MG/ML**)
Dose: 12.5 MG IVP AS NEEDED
Comments: VESICANT!
PUSH VERY SLOWLY OR GIVE THROUGH RUNNING IV LINE. VESICANT

TEMAZEPAM 15 MG Start: 07/03/07 PRN
(RESTORIL(GENERIC)15MG UD CAPS)
Dose: 15 MG PO QHS AT BEDTIME PRN

ASPIRIN, EC 81 MG/ECTAB UDTAB Start: 07/05/07
(ASPIRIN 81MG EC UD TABLETS)
Dose: 81 MG PO DAILY
Comments: DO NOT CRUSH!!!

ENOXAPARIN, INJ (RP) 60 MG/0.6 ML Start: 07/06/07
(LOVENOX 60MG SYRINGE)
Dose: 50 MG SQ EVERY 12 HOURS
Comments: SEND REFILL REQUEST TO PHARMACY WHEN NEEDED

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LOVASTATIN 20 MG Start: 07/03/07
(MEVACOR 20MG UD TABS)
Dose: 20 MG PO DAILY

METOPROLOL 50 MG Start: 07/08/07
(LOPRESSOR(GENR) 50MG UD TABS)
Dose: 100 MG PO TWICE A DAY

oxycodONE W/ ACETAMINOPHEN 5-325MG UDTAB Start: 07/08/07
(PERCOCET TABS 5-325MG UD (eq))
Dose: 2 TAB PO FOUR TIMES A DAY

Comments: **** Look-alike/Sound-alike alert****

VERAPAMIL,SR 120 MG SRTAB/SRCAP Start: 07/05/07
(CALAN SR 120 MG SRTABS/SRCAP)
Dose: 120 MG PO DAILY

Comments: DO NOT CRUSH!!!

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Provider Signature _____	Date/Time _____
Transcribed by (clerk) _____	Date/Time _____
Noted by (RN) _____	Date/Time _____

Medications continued will retain their original start and stop dates.