

Sample - Test System

Program: IPP943SH
 Printed on: Jun 20, 2008 14:15
 User: Baldwin, Hilary

DAILY HOSPITAL MEDICATION SCHEDULE
 Date: 06/20/2008 0701 to 06/21/2008 0700

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Admit Date: 10/12/2007 ←(Name)
 Medical Record#: Height: 5 ft 7 in / 170 cm AGE: 20Y SEX: F
 Room/Bed: 5S 574-02 Weight: 149 lb 9 oz / 68 kg DOB: 03/01/1988
 ALLERGIES : NO KNOWN DRUG ALLERGIES

Medications Brand (generic)	Dose	Route	How Often	Medication Scheduled Times* 06/20/2008 0701 - 06/21/2008 0700
ZIAGEN (ABACAVIR)	300 MG	BY MOUTH	DAILY	09:00AM
** ADVIL (IBUPROFEN)	200 MG	BY MOUTH	AS NEEDED As Needed	
** TYLENOL (ACETAMINOPHEN)	650 MG	BY MOUTH	EVERY 6 HOURS As Needed	
PRECOSE (ACARBOSE)	50 MG	BY MOUTH	AS NEEDED As Needed	
NOVOLOG INSULIN BG 80-120 = 4 UNITS BG 121-150 = 6 UNITS BG 151-200 = 8 UNITS BG 201-250 = 10 UNITS HIGH SCALE - ALSO CALL MD IF	4-18 Unit BG 251-300 = 12 UNITS BG 301-350 = 14 UNITS BG 351-400 = 16 UNITS BG OVER400 = 18 UNITS & CALL DR. BG BELOW 70	INJECTION	1/2 HR BEFORE MEALS	07:30AM 11:30AM 04:30PM
** A&D OINTMENT	1 APPL	ON SKIN OR HAIR	DAILY	08:00AM 09:00AM

This list of hospital medications may change daily. Your final list will be provided to you upon discharge.

* Please note that the medication scheduled times listed on this report may vary up to one hour before or after the actual times at which you receive your medications.

** New Medication started today.

NOT FOR PERMANENT STORAGE IN THE MEDICAL RECORD

MEMORIAL REGIONAL HOSPITAL
 MR # : ACCT#:
(Name)
 ROOM/BED : 5S 574-02

*** END OF REPORT ***