MEDICATION RECONCILIATION LIST

- ***Are you allergic to any medications or materials?*** ☐ ***Yes*** ☐ ***No***

  If yes, please list medications/materials and reactions below:

  Med/Material_____ Reaction_____
  Med/Material_____ Reaction_____
  Med/Material_____ Reaction_____
  Med/Material_____ Reaction_____

- ***Do you currently take any medications?*** ☐ ***Yes*** ☐ ***No***

  *Prescription/Over-the-counter/Vitamins/Herbal Medications

  If yes, please list current medications below: ☐ ***Refer to attached list***

Medication Name	Dose	Frequency	Reason for Taking	Last Taken (Date & Time)	Resume Unless Noted *NURSES' USE ONLY*

FOR NURSES' USE ONLY: _____

FACILITY ADMINISTERED MEDICATIONS

Medication Name	Dose	Time of Last Dose	Reason for Taking
☐ Propofol			Procedural Sedation
☐ Lidocaine			Procedural Sedation
☐			
☐			

New Medication Prescription	Dose	Times / Frequency	Reason for Taking	Last Taken	Notes
					☐ **No New Medications**

Signature Review of Medications and Allergies across the patient care continuum.

Pre-Op RN: _____ Procedure RN: _____ PACU RN: _____

☐ Copy given to patient upon discharge