San Francisco Endoscopy Center

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	Reasons 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*

ID / Visit: /

DOS:

Sex:

DOB:

Age:

Phys: