

**Innovis Health**3000 32nd Ave S
Fargo, ND 58104
Ph: (701) 364-8000**Discharge Prescriptions****Patient Name:** Pharmacy, Test
Address:**Birth Date:** 11/20/40
Sex: Male
Attending Phys: CERNER, CERNER**Home Medications (Prior to admission)****Prescriber:** Cross-out any meds that are not to be dispensed!

Initial if dischg med	Pt. has at home	Med	Dose	Route Freq	Qty	Refills
_____	_____	alprazolam(Xanax 0.25 mg oral tablet) as needed for anxiety	0.25 MG = 1 TAB	Orally 3 times a day	PRN	_____
_____	_____	atenolol(Tenormin 50 mg oral tablet) for heart	50 MG = 1 TAB	Orally 2 times a day		_____
_____	_____	famotidine(Pepcid 20 mg oral tablet) for gerd	20 MG = 1 TAB	Orally 2 times a day		_____
_____	_____	furosemide(Lasix 40 mg oral tablet) for fluid retention	40 MG = 1 TAB	Orally QDay		_____
_____	_____	nicotine(Nicoderm 21 mg/24 hr transdermal film, extended release) for smoking cessation	1 patch	Transdermal QDay		_____
_____	_____	potassium chloride(K-Dur 20 oral tablet, extended release) for potassium replacement	20 mEq = 1 TAB	Orally 2 times a day		_____
_____	_____	tramadol(Ultram 50 mg oral tablet) as needed for pain	50 MG = 1 TAB	Orally every 4 hours	PRN	_____
_____	_____	warfarin(Coumadin 2.5 mg oral tablet) for atrial fib	5 MG = 2 TAB	Orally Sun, Tues, Thurs		_____
_____	_____	warfarin(Coumadin 2.5 mg oral tablet) for atrial fib	2.5 MG = 1 TAB	Orally Mon, Wed, Fri		_____

TO REQUIRE THAT A BRAND NAME PRODUCT BE DISPENSED, THE PRACTITIONER MUST HAND WRITE THE WORDS 'BRAND NECESSARY'.

Time: _____ **SIGNATURE:** _____ **Prescriber Telephone:** _____

Date: _____ **Printed Name:** _____ **DEA Number:** _____

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Initial if dischg med	Med	Dose	Route Freq	Qty	Refills
	AMLODIPINE (NORVASC) TAB	5 MG = 1 TAB	Orally every day	_____	_____
	ENOXAPARIN (LOVENOX) INJECTION	40 MG = 0.4 ML	Subcutaneous every day	_____	_____
	FAMOTIDINE (PEPCID) TAB	20 MG = 1 TAB	Orally 2 times a day	_____	_____
	FERROUS SULFATE TAB	325 MG = 1 TAB	Orally 2 times a day with meals	_____	_____
	FUROSEMIDE (LASIX) TAB	40 MG = 1 TAB	Orally 2 times a day	_____	_____
	GLUCAGON (GlucaGen) INJECTION for hypoglycemic treatment of BG <60 if pt without IV access; give 1mg IM & insert IV access.	1 MG	Intramuscular as directed	_____	_____
	HYDROCHLOROTHIAZIDE-LISINAPRIL 12.5-10MG (ZESTORETIC) TAB	1 TAB	Orally every day	_____	_____
	Insulin aspart (NovoLOG) INJECTION LOW DOSE ALGORITHM SUPPLEMENTAL INSULIN- (for pts requiring <= 40 units of insulin/day) (251-300: 2 units) (>300: 3 units) HIGH ALERT MED-DOUBLE CHECK REQUIRED	see comments	Subcutaneous at bedtime	_____	_____
	Insulin aspart (NovoLOG) INJECTION SCHEDULED INSULIN - (5 units at breakfast) (5units at lunch) (5units at dinner) SUPPLEMENTAL INSULIN (for pts requiring <= 40 units insulin/day) - (BG<60: hypoglycemic treatment) (60-65: subtrac	see comments	Subcutaneous 3 times a day with meals	_____	_____
	Insulin glargine (LANTUS) INJECTION Do NOT mix with any other insulin prep. For SQ use only. HIGH ALERT MED-DOUBLE CHECK REQUIRED	25 UNIT = 0.25 ML	Subcutaneous 2 times a day	_____	_____
	METOPROLOL SUCC XL (TOPROL XL) TAB	50 MG = 1 TAB	Orally every day	_____	_____
	POTASSIUM CHLORIDE (K-DUR 20) TAB	20 mEq = 1 TAB	Orally every day with a meal	_____	_____

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Inpatient Medications

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_____	WARFARIN (COUMADIN) TAB	5 MG = 1 TAB	Orally every day	_____	_____
_____	ACETAMINOPHEN (TYLENOL) SUPP PO/PR for minor pain, maximum of all acetaminophen products 4000mg in 24 hours	650 MG = 1 SUPP	Rectally every 4 hours	PRN	_____
_____	ACETAMINOPHEN (TYLENOL) TAB PO/PR for minor pain, maximum of all acetaminophen products 4000mg in 24 hours	650 MG = 2 TAB	Orally every 4 hours	PRN	_____
_____	DOCUSATE--SENNA 50--8.6MG (SENOKOT--S) TAB for constipation prevention	2 TAB	Orally at bedtime	PRN	_____
_____	MILK OF MAGNESIA SUSP for constipation	30 ML	Orally as directed	PRN	_____
_____	OXYCODONE IR TAB for moderate pain	5 MG = 1 TAB	Orally every 4 hours	PRN	_____
_____	ZALEPLON (SONATA) CAP for sleep. May repeat x1	5 MG = 1 CAP	Orally at bedtime	PRN	_____
_____				_____	_____
_____				_____	_____
_____				_____	_____
_____				_____	_____
_____				_____	_____

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Inpatient IV's

Med	Dose	Route Freq
DEXTROSE 50% INJECTION	12.5 GM = 25 ML	Intravenous Push as directed