

SURREY MEMORIAL HOSPITAL 13750 95th Ave, Surrey, BC Phone: 604-585-5666

Fraser Health Authority

Discharge Prescription (MedRec)

Take to your Pharmacy

PHN: 9857567891



DRMD108796C

Rev: May 22, 2018 Page 1 of 5

MKP/All. Hospitalist,
Account # SM047155/21

PRESCRIBER: REVIEW ADMISSION MEDREC DOCUMENTATION

Patient Discharged from Ward: SM T7 MED NEPHROLOGY POD 2

Special Dispensing Instructions:

Fax to (Pharmacy):

Fax Number:

Fax to (Family Physician):

Fax Number:

Allergies: NKDA

SCHEDULED Medication Orders as of May 21, 2021 2:57 pm

Discharge Orders

acetaminophen TAB
1000 MG PO QID,

Maximum 4000 mg in 24 hours from all sources.

☐ New medication
Indication:☐ Continue, Qty: Refill:
☐ Continue, use home supply
☐ Discontinue

* Requires SPECIAL AUTHORITY for Pharmacare - status: _____

ASA enteric coated TAB
81 MG PO DAILY CC

Do not crush or chew. Take with food

☐ New medication
Indication:☐ Continue, Qty: Refill:
☐ Continue, use home supply
☐ DiscontinueBowel Protocol Acute Medicine .
Give PO/PR AS PER PROTOCOL

Last bowel movement: _____ Stool type: _____

☐ New medication
Indication:☐ Continue, Qty: Refill:
☐ Continue, use home supply
☐ Discontinuecandesartan TAB
16 MG PO DAILY

* Check for THERAPEUTIC INTERCHANGE

☐ New medication
Indication:☐ Restart, Qty: Refill:
☐ Restart, use home supply
☐ Discontinue

* On HOLD from May 07, 2021 to no end date.*

* Requires SPECIAL AUTHORITY for Pharmacare - status: _____

*Restart date:

dexamethasone TAB

See SCHEDULE BELOW for TAPERING DOSE

6 MG (1.5 TABS) PO DAILY CC May 20-0800 to May 24-2359

5 MG (1.25 TABS) PO DAILY CC May 25-0000 to May 27-2359

4 MG (1 TAB) PO DAILY CC May 28-0000 to May 30-2359

Take with food.

☐ New medication
Indication:☐ Continue, Qty: Refill:
☐ Continue, use home supply☐ Discontinue

STOP: MAY 30, 2021 at 2359h

* This order was entered with a TAPERING dose

* Enter new Stop date if desired:

DATE(dd/mmm/yyyy)	Time	Prescriber Signature	Printed Name and College ID#	Phone/Pager #
-------------------	------	----------------------	------------------------------	---------------

PHARMACY: CONTACT FAMILY PHYSICIAN FOR SUBSEQUENT REFILLS

SURREY MEMORIAL HOSPITAL 13750 96th Ave, Surrey, BC Phone: 604-585-5868

Fraser Health Authority

Discharge Prescription (MedRec)

Take to your Pharmacy



DRMD106798C

Rev: May 22, 2018 Page 2 of 5

MHP/ATT: Hospitalist,
Account # SM047155/21

Allergies: NKDA

SCHEDULED Medication Orders as of May 21, 2021 2:57 pm

Discharge Orders

dexamethasone TAB

See SCHEDULE BELOW for TAPERING DOSE

3 MG (6 TABS) PO DAILY CC May 31-0800 to Jun 02-2359

2 MG (4 TABS) PO DAILY CC Jun 03-0000 to Jun 05-2359

1 MG (2 TABS) PO DAILY CC Jun 06-0000 to Jun 08-2359

Take with food.

START: MAY 31, 2021

STOP: JUN 08, 2021 at 2359h

* This order was entered with a TAPERING dose

☐ New medication
Indication:☐ Continue, Qty: Refill:
☐ Continue, use home supply☐ Discontinue

* Enter new Stop date if desired:

empagliflozin TAB (JARDIANCE)

12.5 MG PO BID CC

☐ New medication
Indication:☐ Continue, Qty: Refill:
☐ Continue, use home supply☐ Discontinue

enoxaparin INJ

40 MG SC BID

No IM injections while receiving this drug

☐ New medication
Indication:☐ Continue, Qty: Refill:
☐ Continue, use home supply☐ Discontinue

* Requires SPECIAL AUTHORITY for Pharmacist - status: _____

gabapentin CAP

100 MG PO TID.

Do not take with antacids

☐ New medication
Indication:☐ Continue, Qty: Refill:
☐ Continue, use home supply☐ Discontinue

gliclazide TAB

160 MG PO BID CC

Take with food

☐ New medication
Indication:☐ Continue, Qty: Refill:
☐ Continue, use home supply☐ Discontinue

* Requires SPECIAL AUTHORITY for Pharmacist - status: _____

insulin NPH INJ (humuLIN N)

15 UNITS SC PM AC'

☐ New medication
Indication:☐ Continue, Qty: Refill:
☐ Continue, use home supply☐ Discontinue

Insulin NPH INJ (humuLIN N)

60 UNITS SC AM AC'

☐ New medication
Indication:☐ Continue, Qty: Refill:
☐ Continue, use home supply☐ Discontinue

DATE(dd/mmm/yyyy)

Time

Prescriber Signature

Printed Name and College ID#

Phone/Pager #

PHARMACY: CONTACT FAMILY PHYSICIAN FOR SUBSEQUENT REFILLS

SURREY MEMORIAL HOSPITAL 13750 96th Ave, Surrey, BC Phone: 604-585-5666

Fraser Health Authority

Discharge Prescription (MedRec)

Take to your Pharmacy



DRMD1067980

Rev. May 22, 2018 Page 3 of 5

A

Hospitalist,

Account # SM047155/21



Allergies: NKDA

SCHEDULED Medication Orders as of May 21, 2021 2:57 pm

Discharge Orders

Insulin regular INJ (humuLIN R)

As per Sliding Scale SC QID at 0800,1100,1800,2200

Capillary Blood Glucose (mmol/L): Less than 4 = Hypoglycemia Management Guideline

4 to 8 = 0 units, 8.1 to 10 = 2 units, 10.1 to 12 = 3 units, 12.1 to 14 = 4 units,

14.1 to 16 = 6 units, 16.1 to 18 = 8 units, 18.1 to 20 = 10 units, Greater than 20 = 12 units,

Notify daytime MRP if glucose over 16 or under 4 for two or three recent measurements.

(DRDO1070048 Adult Subcutaneous Insulin - Hospitalist)

☐ New medication
Indication:☐ Continue, Qty: Refill:
☐ Continue, use home supply
☐ Discontinue

levothyroxine TAB

112 MCG PO DAILY at 1000

Take on empty stomach; Do not take with antacids, iron, dairy

☐ New medication
Indication:☐ Continue, Qty: Refill:
☐ Continue, use home supply
☐ Discontinue

linagliptin TAB

5 MG PO DAILY

* Check for THERAPEUTIC INTERCHANGE

☐ New medication
Indication:☐ Continue, Qty: Refill:
☐ Continue, use home supply
☐ Discontinue

* Requires SPECIAL AUTHORITY for Pharmacare - status: _____

metoprolol TAB

26 MG PO BID

☐ New medication
Indication:☐ Restart, Qty: Refill:
☐ Restart, use home supply
☐ Discontinue

* On HOLD from Apr 28, 2021 to no end date *

*Restart date:

rosuvastatin TAB

40 MG PO HS

☐ New medication
Indication:☐ Continue, Qty: Refill:
☐ Continue, use home supply
☐ Discontinue

DATE(dd/mmm/yyyy)



Time

Prescriber Signature

Printed Name and College ID#

Phone/Pager #

PHARMACY: CONTACT FAMILY PHYSICIAN FOR SUBSEQUENT REFILLS

SURREY MEMORIAL HOSPITAL 13750 96th Ave, Surrey, BC Phone: 604-585-5666		
Fraser Health Authority		
Discharge Prescription (MedRec)		
Take to your Pharmacy		
		Account # SM047155/21 
DRMD108796C	Rev: May 22, 2018 Page 4 of 5	
Allergies: NKDA		
PRN Medication Orders as of May 21, 2021 2:57 pm		Discharge Orders
melatonin sublingual TAB 6 MG PO HS PRN	<input type="checkbox"/> New medication Indication:	<input type="checkbox"/> Continue, Qty: Refill: <input type="checkbox"/> Continue, use home supply <input type="checkbox"/> Discontinue

DATE(dd/mm/yyyy)	Time	Prescriber Signature	Printed Name and College ID#	Phone/Pager #
------------------	------	----------------------	------------------------------	---------------

PHARMACY: CONTACT FAMILY PHYSICIAN FOR SUBSEQUENT REFILLS