

PRESCRIPTION

`` ` **Patient Information:** - **Name:** [Patient's Name] - **Age:** [Patient's Age] - **Gender:** [Patient's Gender] - **Date:** [Current Date] --- **Medications:** 1. **Aspirin** - Quantity: 1 tablet - Sig: Take 1 chewable tablet (160 mg) orally once, unless contraindicated (e.g., active bleeding). 2. **Nitroglycerin (Glyceryl Trinitrate)** - Quantity: 3 tablets - Sig: Take 1 sublingual tablet (0.4 mg) as needed for chest pain. Repeat every 5 minutes as needed, up to 3 doses. Do not take if systolic BP < 90 mmHg. 3. **Morphine Sulfate** - Quantity: As needed - Sig: Administer 2-5 mg IV for uncontrolled pain after NTG administration as per clinical judgment. 4. **Enoxaparin (Lovenox)** - Quantity: Based on patient's weight, usual size of 3-6 vials per week - Sig: 1 mg/kg subcutaneously every 12 hours; initiate if diagnosis of PE is confirmed. Adjust dosing based on renal function. 5. **Albuterol Inhaler** - Quantity: 1 inhaler - Sig: Inhale 2 puffs every 4-6 hours as needed for shortness of breath. 6. **Omeprazole** - Quantity: 30 capsules - Sig: Take 1 capsule (20 mg) orally once daily for GERD, if suspected. 7. **Acetaminophen** - Quantity: 10 tablets - Sig: Take 1 tablet (500 mg) orally every 6 hours as needed for pain relief. Maximum 4 g per day. --- **Physician Information:** - **Name:** [Prescribing Physician's Name] - **License No:** [Philippine Medical License Number] - **Contact:** [Physician's Contact Number] - **Signature:** `` `
