

PRESCRIPTION

``` \*\*Patient Information\*\* \*\*Name\*\*: [Patient's Name] \*\*Age\*\*: [Patient's Age] \*\*Gender\*\*: [Patient's Gender] \*\*Date\*\*: [Date of Prescription] \*\*Prescription\*\* 1. \*\*Aspirin 325 mg\*\* - \*\*Quantity\*\*: 1 tablet - \*\*Sig\*\*: Chew and swallow. Monitor for allergy or gastrointestinal upset. 2. \*\*Nitroglycerin 0.4 mg\*\* - \*\*Quantity\*\*: 1 tablet - \*\*Sig\*\*: SL as needed for chest pain, every 5 minutes for up to 3 doses unless symptoms resolve. Do not use if SBP < 90 mmHg. Sit or lie down while taking, call for help if pain persists after the 3rd dose. 3. \*\*Enoxaparin (Lovenox) 1 mg/kg\*\* - \*\*Quantity\*\*: Based on weight - \*\*Sig\*\*: Subcutaneously every 12 hours until further assessment. 4. \*\*Furosemide (Lasix) 40 mg\*\* - \*\*Quantity\*\*: 1 tablet - \*\*Sig\*\*: PO once, may repeat for volume overload as clinically needed. Monitor electrolytes and renal function. 5. \*\*Ibuprofen 400 mg\*\* - \*\*Quantity\*\*: 1 tablet - \*\*Sig\*\*: PO every 6-8 hours as needed for pain. Take with food to reduce gastrointestinal irritation. 6. \*\*Omeprazole 20 mg\*\* - \*\*Quantity\*\*: 1 capsule - \*\*Sig\*\*: PO once daily before breakfast for 4-8 weeks based on symptom resolution. 7. \*\*Amoxicillin 500 mg\*\* - \*\*Quantity\*\*: 1 capsule - \*\*Sig\*\*: PO every 8 hours for 7 days. Take with food. Monitor for allergic reactions. \*\*Signature of Prescribing Physician\*\*: [Physician's Name] [License Number] ```