



MAKATI MEDICAL CENTER

Home Instruction Form

LASIX TABLET 40MG FUREOSEMIDE	1 TABLET	ONCE PER DAY, 3 TIMES A WEEK (EVERY MONDAY, WEDNESDAY AND FRIDAY)	BAM	MARCH 26, 2025 0800H		TAKE ON AN EMPTY STOMACH DO NOT CHW	HELPS URINARY AND PREVENT FLUID RETENTION AND SWELLING	PASCUAL CHRISTINE V
SAMSCA TABLET 15MG TOLVAPTAN	1/2 (ONE HALF) TABLET	ONCE PER DAY, 3 TIMES A WEEK (EVERY TUESDAY, THURSDAY AND SATURDAY)	BAM	MARCH 26, 2025 0800H		AVOID GRAPEFRUIT JUICE	HELPS URINARY AND PREVENT FLUID RETENTION AND SWELLING	PASCUAL CHRISTINE V
SUPRADIC TABLET 650MG SODIUM BICARBONATE	1 TABLET	2 TIMES A DAY	BAM-BPM	MARCH 26, 2025 0800H			HELPS IMPROVE KIDNEY FUNCTION	PASCUAL CHRISTINE V
TERGECEF CAPSULE 200MG CEFIXIME	1 TABLET	2 TIMES A DAY FOR 7 DAYS FROM START OF PIPERACILLIN/TAZOBACTAM UNTIL MARCH 29, 2025 AT 8PM	BAM-BPM	TO START			ANTIBIOTIC: HELPS PREVENT INFECTION, DO NOT MISS A DOSE, COMPLETE REGIMEN	PASCUAL CHRISTINE V
URAL EFFERVESCENT GRANULES 4G*** SODIUM BICARBONATE/SODIUM CITRATE/CITRIC ACID/TARTARIC ACID	1 SACHET + WATER 1/2 (ONE-HALF) GLASS	ONCE A DAY	BAM			TAKE IN HALF GLASS OF WATER	HELPS EASE DIFFICULTY OF URINATION	PASCUAL CHRISTINE V
URIFLOW TABLET 25MG BEFANECHOL	1 TABLET	2 TIMES A DAY	BAM-BPM	MARCH 26, 2025 0800H		TAKE ON AN EMPTY STOMACH	HELPS IMPROVE URINE FLOW	PASCUAL CHRISTINE V

Validated by Charge Nurse / Pharmacist: Chia lo Signature: / Date: 1 APR 2025 Time: 13:22

B. Other Home Care Instructions

A Activities	<input type="checkbox"/> Walking _____	<input type="checkbox"/> Exercise _____	<input type="checkbox"/> Bathing _____
<input type="checkbox"/> No Restrictions	<input type="checkbox"/> Driving _____	<input type="checkbox"/> Lifting _____	<input type="checkbox"/> Others _____
<input type="checkbox"/> Instructions Given			
B Nutrition	<input type="checkbox"/> Special Diet _____	<input type="checkbox"/> Supplement/Other _____	
<input type="checkbox"/> No Required	<input type="checkbox"/> TUBE Feeding _____	<input type="checkbox"/> Others _____	LOW SALT LOW FAT DIABETIC DIET
<input type="checkbox"/> Instructions Given			
C Special Care	(Include type & what to do)		
<input type="checkbox"/> No Required	<input type="checkbox"/> Dressing(s) _____	<input type="checkbox"/> Drain _____	<input type="checkbox"/> Others _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____



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Home Instruction Form

LASIX TABLET 40MG FURESEMIDE	1 TABLET	ONCE PER DAY, 3 TIMES A WEEK (EVERY MONDAY, WEDNESDAY AND FRIDAY)	BAM	MARCH 26, 2025/0800H		TAKE ON AN EMPTY STOMACH DO NOT CHEW	HELPS MANAGE AND PREVENT FLUID RETENTION AND SWELLING	PASCUAL CHRISTINE V
SAMSCA TABLET 15MG TOLVAPTAN	1/2 (ONE-HALF) TABLET	ONCE PER DAY, 3 TIMES A WEEK (EVERY TUESDAY, THURSDAY AND SATURDAY)	BAM	MARCH 25, 2025/0800H		AVOID GRAPEFRUIT JUICE	HELPS MANAGE AND PREVENT FLUID RETENTION AND SWELLING	PASCUAL CHRISTINE V
SUPRACID TABLET 650MG SODIUM BICARBONATE	1 TABLET	2 TIMES A DAY	BAM-8PM	MARCH 26, 2025/0800H			HELPS IMPROVE KIDNEY FUNCTION	PASCUAL CHRISTINE V
TERGECEF CAPSULE 200MG CEFIXIME	1 TABLET	2 TIMES A DAY FOR 7 DAYS FROM START OF PIPERACILLIN/TAZOBACTAM UNTIL MARCH 29, 2025 AT 8PM	BAM-8PM	TO START			ANTIBIOTIC HELPS FIGHT INFECTION. DO NOT MISS A DOSE. COMPLETE REGIMEN	PASCUAL CHRISTINE V
URAL EFFERVESCENT GRANULES 4G*** SODIUM BICARBONATE/SODIUM CITRATE/CITRIC ACID/TARTARIC ACID	1 SACHET + WATER 1/2 (ONE-HALF) GLASS	ONCE A DAY	BAM	-		TAKE IN HALF GLASS OF WATER	HELPS EASE DIFFICULTY OF URINATING	PASCUAL CHRISTINE V
URIFLOW TABLET 25MG BETANECHOL	1 TABLET	2 TIMES A DAY	BAM-8PM	MARCH 26, 2025/0800H		TAKE ON AN EMPTY STOMACH	HELPS IMPROVE URINE FLOW	PASCUAL CHRISTINE V
Validated by Charge Nurse / Pharmacist:				Signature:		Date: MARCH 26, 2025 Time: 1322N		

III Other Home Care Instructions

A. Activities	<input type="checkbox"/> Walking _____	<input type="checkbox"/> Exercise _____	<input type="checkbox"/> Bathing _____
<input type="checkbox"/> No Restrictions	<input type="checkbox"/> Driving _____	<input type="checkbox"/> Lifting _____	<input type="checkbox"/> Others _____
<input type="checkbox"/> Instructions Given			
B. Nutrition	<input type="checkbox"/> Special Diet _____	<input type="checkbox"/> Supplement/Others _____	
<input type="checkbox"/> No Required	<input type="checkbox"/> TUBE Feeding _____	<input checked="" type="checkbox"/> Others _____	LOW SALT LOW FAT DIABETIC DIET
<input type="checkbox"/> Instructions Given			
C. Special Care (Include type & what to do)	<input type="checkbox"/> Drain _____	<input type="checkbox"/> Others _____	
<input type="checkbox"/> No Required	<input type="checkbox"/> Dressing(s) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____