



# MAKATI MEDICAL CENTER

## Home Instruction Form

LASIX TABLET 40MG FUROSEMIDE	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	PASCHAL 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	PASCHAL CHRISTINE V
SUPRACID TABLET 650MG SODIUM BICARBONATE	1 TABLET	2 TIMES A DAY	BAM 8PM	MARCH 26, 2025 (0800H)		HELPS IMPROVE KIDNEY FUNCTION	PASCHAL CHRISTINE V
TERGECEP 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 COURSE	PASCHAL 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	PASCHAL CHRISTINE V
URIFLOW TABLET 25MG BETANECOL	1 TABLET	2 TIMES A DAY	BAM 8PM	MARCH 26, 2025 (0800H)	TAKE ON AN EMPTY STOMACH	HELPS IMPROVE URINE FLOW	PASCHAL CHRISTINE V

Validated by Charge Nurse / Pharmacist

Chino R

Signature

*[Signature]*

Date

4 APR 26, 2025

Time

12:22 PM

### III. Other Home Care Instructions

<b>A. Activities</b> <input type="checkbox"/> No Restrictions <input type="checkbox"/> Instructions Given		<input type="checkbox"/> Walking _____ <input type="checkbox"/> Driving _____		<input type="checkbox"/> Exercise _____ <input type="checkbox"/> Lifting _____		<input type="checkbox"/> Bathing _____ <input type="checkbox"/> Others _____	
<b>B. Nutrition</b> <input type="checkbox"/> No Required <input type="checkbox"/> Instructions Given		<input type="checkbox"/> Special Diet _____ <input type="checkbox"/> TUBE Feeding _____		<input type="checkbox"/> Supplement/Others _____ <input checked="" type="checkbox"/> Others <u>LOW SALT LOW FAT DIET 1L DIE 1</u>			
<b>C. Special Care</b> (include type & what to do)							
<input type="checkbox"/> No Required		<input type="checkbox"/> Dressing (s) _____		<input type="checkbox"/> Train _____		<input type="checkbox"/> Others _____	



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# Home Instruction Form

LASIX TABLET 40MG FUROSEMIDE	1 TABLET	ONCE PER DAY, 3 TIMES A WEEK (EVERY <b>MONDAY, WEDNESDAY, AND FRIDAY</b> )	8AM	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 <b>TUESDAY, THURSDAY, AND SATURDAY</b> )	8AM	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	8AM-8PM	MARCH 26, 2025/0800H		HELPS IMPROVE KIDNEY FUNCTION	PASCUAL CHRISTINE V
TERGECEP CAPSULE 200MG CEFIDOME	1 TABLET	2 TIMES A DAY FOR 7 DAYS FROM START OF PIPERACILLIN/TAZOBACTAM UNTIL MARCH 29, 2025 AT 8PM	8AM-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	8AM		TAKE IN HALF GLASS OF WATER	HELPS EASE DIFFICULTY OF URINATING	PASCUAL CHRISTINE V
URIFLOW TABLET 25MG BETANECHOL	1 TABLET	2 TIMES A DAY	8AM-8PM	MARCH 26, 2025/0800H	TAKE ON AN EMPTY STOMACH	HELPS IMPROVE URINE FLOW	PASCUAL CHRISTINE V

Validated by Charge Nurse / Pharmacist:

Chino R

Signature:

[Signature]

Date

MAR 26 2025

Time

13:22H

## III Other Home Care Instructions

<b>A. Activities</b> <input type="checkbox"/> No Restrictions <input type="checkbox"/> Instructions Given	<input type="checkbox"/> Walking _____ <input type="checkbox"/> Driving _____	<input type="checkbox"/> Exercise _____ <input type="checkbox"/> Lifting _____	<input type="checkbox"/> Bathing _____ <input type="checkbox"/> Others _____
<b>B. Nutrition</b> <input type="checkbox"/> No Required <input type="checkbox"/> Instructions Given	<input type="checkbox"/> Special Diet _____ <input type="checkbox"/> TUBE Feeding _____	<input type="checkbox"/> Supplement/ Others _____ <input checked="" type="checkbox"/> Others <u>LOW SALT LOW FAT DIABETIC DIET</u>	

## C. Special Care

(Include type & what to do)

☐ No Required

☐ Dressing (s) \_\_\_\_\_

☐

☐ Drain \_\_\_\_\_

☐

☐ Others \_\_\_\_\_