Company Name

MEDICINE SCHEDULE

PART OF EMERGENCY DISASTER PLAN

Date: _____ Time: _____

Patient's Name: _____ ID#: _____

Pharmacy Name: _____ Pharmacy Phone: _____

Address: _____

MD Name: _____ MD Phone: _____

N C O	Date Ordered *Fecha*	Medications Dose, Route, Frequency *Medicinas, Dosis, Ruta, Frecuencia*	Breakfast *Desayuno*	Lunch *Almuerzo*	Dinner *Comida*	Bedtime *Acostarse*	Classification *Clasificación*	Side Effects *Efectos*	D/C Date *Alta*	Level of Understanding (Good - Fair - Poor)

eMedesis

Key to Side Effects / *Guia de Efectos Secundarios*

A - Nausea / Vomiting *Vómito*
B - Constipation *Estreñimiento*
C - Diarrhea *Diarrhea*
D - Hypertension *Presión Alta*
E - Hypotension *Presión Baja*
F - Skin Rash/Urticaria *Erupción de la piel*
G - Headaches *Dolor de Cabeza*
H - Dizziness *Mareos*
I - Hypoglycemia *Hypoglicemia*
J - Hyperglycemia *Hiperglicemia*
K - Edema *Edema*
L - Diaphoresis *Sudoración*
M - Hemorrhage *Hemorrageas*
N - Hematuria *Hematuria*
O - Dry Mouth / Thirst *Sed / Boca Seca*
P - Bradycardia *Bradicardia*
Q - Tachycardia *Taquicardia*
R - Tremors *Temblores*
S - Tinitus *Zumbidos en oidos*
T - Fluid / Electrolyte Imbalance *Desbalance liquido*
U - Anorexia
V - Malaise *Malestar*
W - Dyspnea *Falta de Aire*
X - Confusion
Y - Flushing / Blurred Vision *Enrojecimiento / Visión borrosa*
Z - Other / *Otros:* _____ _____

Allergies / *Alergias:* _____

_____
Nurse Signature/Date *Firma/Fecha*

Update on_____ By:_____ Update on_____ By:_____

Update on_____ By:_____ Update on_____ By:_____
Actualizado en *Por*

©2012 eMedesis All rights reserved. 1-888-817-2869 eMedesis