

SAMPLE Hospital at Home Medication List

Presbyterian Hospital

1100 Central Ave SE

Phone: (XXX) XXX-XXXX Fax: (XXX) XXX-XXXX

Hospital at Home Medication Box

Patient Name:- _____ DOB: _____ MRN: _____

Date: _____ Print Provider Name:- _____ Provider Signature: _____

**This form must be returned to the pharmacy in person or via fax within 72 hours of medication administration
Fax # XXX-XXXX**

**Use the right two shaded columns to document the amount of medication given
The Hospital at Home Medication Box must remain locked with a white serial lock when it is not in use
Store the Hospital at Home Medication Box at room temperature**

Item	#	EXP Date	TECH	RPH	Amount used	Physician Initials
Syringes						
Sodium Chloride 0.9% 10 ml Syringe	6					
Epi Pen 0.3 mf Auto-Injector Syringe	1					
IV Bags						
Sodium Chloride 0.9% 1000 ml IV Bag	1					
Sodium Chloride 0.9% 500 ml IV Bag	1					
Sodium Chloride 0.9% 250 ml IV Bag	2					
Ciprofloxacin 400 mg IV Premix Bag	2					
Moxifloxacin 400 mg IV Premix Bag	2					
Vials						
Dextrose 50% 50 ml Vial	1					
SWFI 10 ml Vial	4					
Diphenhydramine 50 mg 1 ml Vial	2					
Furosemide 10 mg/ml 4 ml Vial	4					
Methylprednisolone 125 mg 2 ml Vial	4					
Promethazine 25 mg/ml 1 ml Vial	1					
Azithromycin 500 mg Vial Rubber banded to D5W 250 ml IVPB	1					
Ceftriaxone 1 G Vial Rubber banded to D5W 100 ml IVPB	4					
Cefepime 2 G Vial Rubber banded to D5W 100 ml IVPB	1					

Vancomycin 1 G Vial Rubber banded to D5W 250 ml IVPB	2						
Lidocaine 1% 30 ml Single Dose Vial	1						
Tablets							
Aspirin 81 mg Tablet	2						
Augmentin 875 mg Tablet	4						
Azithromycin 250 mg Tablet	4						
Cephalexin 500 mg Capsule	8						
Ciprofloxacin 500 mg Tablet	4						
Doxycycline 100 mg Tablet	2						
Digoxin (Lanoxin) 0.125 mg Tablet	1						
Furosemide 20 mg Tablet	6						
Lisinopril 5 mg Tablet	2						
Metoprolol 25 mg Tablet	2						
Moxifloxacin 400 mg Tablet	1						
Nitrostat 0.4 mg Vial (1 vial = 25 Tablets)	1						
Prednisone 10 mg Tablet	6						
Prochlorperazine 10mg Tablet	4						
Potassium Chloride 20 meq Tablet	5						
Bactrim (SMZ-TMP) DS 800mg/160mg Tablet	4						
Spironolactone 25 mg Tablet	2						
Inhalation Medications							
Atrovent Inhaler	1						
Ventolin HFA Inhaler	1						
Ipratropium Neb Solution 0.5 mg	4						
Albuterol 0.083% Neb Solution	4						
Other							
Blank Patient Medication Labels	10						
White Serial Locks (Physician Use)	10						

Filled by: _____

Pharmacist: _____

Green Serial

#: _____

Date: _____

Box #: _____

Pharmacy use only