

Troy Regional Medical Center

PATIENT: CAO, ZIWEI

MRN: 0161994

Acct. No: 20321085

Wt: 115 kg(254 lb) S Ht: 185 cm(73 in)

PROVIDER: THEODORE MORGAN, MD

Date of Service: 3/19/2018

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Allergy History

Patient or patient family denies any allergies

Resume all home medications unless otherwise instructed

Reported Home Medications	☒ Per Patient	☐ Per Med Record	☐ Per Pharmacy
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Medication

Dose

Route

Frequency

Last Dosage

Discontinue & Follow
up with Primary MD

None

Medications Administered in Emergency Dept			
Medication	Time Given	Comment	RN Initial
TETANUS/DIPHThERIA (td) VACCINE 0.5ML GIVEN: 0.5 ml - R Deltoid IM	03/20/2018 02:05		

RN Signatures

Initials

Initials

Initials

New Medication Orders

Medication

Dose

Unit

Frequency

Comment

RX
Given

Please tell
Kelly or Judy
this one is
clear.

Because your home medications were prescribed by your personal doctor (PCP), the decision regarding whether these medications are appropriate for you should be made by your PCP, not the Emergency Department physician/PA. Unless otherwise specified above, continue your home medications.

Nurse Signature: _____

Date: / /

Time: _____:_____