CARE4 MODULE NAME: AMBULATORY Medication Reconciliation Routine (Home Meds Widget – Acute Routine)

To reconcile home medication using the acute Home Medications routine users must first add the Home Medication Widget

Adding the Home Medications Widget

Once on you have the patients EMR open, click on the gear icon in the Summary tab.

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On the Widget Preferences overlay indicate if you want to add the Home Medications widget to the Summary Tab or the Reference Region.

If adding it to the Summary tab you have the option to add the widget to the right or left hand column.

Using the search field enter Home Medications (widget name should display when you start typing). Select the widget and it will be added to the bottom of the list, use the arrows to arrange the widget location preference.

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Depending on where you added the widget it will display on the Summary tab or the Reference Region.

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Accessing the Home Medications Reconciliation Routine

To access the Home Medications reconciliation routine, click on the Home Medications widget header.

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The Acute Home Medications routine will launch.

Entering Home Medications

To search for a medication, type the medication name into the **search box**. Options will populate as you type.



TIP: If you cannot find the medication, try typing the first 3 or 4 letters only, so that a larger list of options will appear. The *generic name* of the medication will also provide you more options to choose from. You also have the option to search by *Starts with* or *Any Word*.

When the desired medication appears, select the ២ **plus button** to view a list of available strengths for the medication.

Asaphen
80 mg tablet,chewable [Asaphen]
80 mg FEEDING TUBE DAILY
80 mg PO DAILY
81 mg tablet,chewable [Asaphen]
81 mg PO DAILY
162 mg tablet,delayed release (DR/EC) [Asaphen]
162 mg PO DAILY

Locate the correct medication strength, select the **plus button** to view a list of commonly used doses and directions.

TIP: Use of the *plus button* reduces the amount of information that has to be entered manually into the system, saving time and increasing efficiency.



Any additional information can be entered or edited within the **Edit** screen (pictured below). To add the next medication select the **New** tab to return to the new entry screen.

Home Medications									
	New Edit 4	Audit Snapshot							
✓ Home Medication	▼ Instructions		Last Taken	Last Dose	Last Confirmed	Status			
Medication acetylsalicylic acid [Asaphen] Status Confirmed		* Status Confi Date 01/02 User Kenne	Last Confirmed rmed 2/2021 17:29 ey,Joshua		01/02/2021	New			
Strength 80 mg Dispense Form Tablet,Chewable Brand Asaphen Dose 80 Units mg Route PO Freq DAILY PRN No Reason for Use Max Daily Dose Status Confirmed		Discontin Cancel	* Source						
Discontinue Cancel Last Taken	Source Comments Cor	nfirm Unconfirme	ed Reviewed	Print		Cancel	Save		

TIP: After all the medications have been entered, the *Source* and *Last Taken* information can be updated individually or for all medications at the same time using the footer buttons at the bottom of the screen. *Source* and *Last Taken* are mandatory fields that must be completed. Note that Last taken information may not be the same if the frequency differs between medications. Some entries may need to be edited individually.

Once all home medications have been entered, use the **checkmark column** for select multiple medications at once. After selection, a row of **footer buttons** will appear.

Home Medications														
				New	Edit	A	udit	Snapsh	ot					
Home Mee acetylsalicyli atorvastatin ramipril 1.25	dication c acid [Asaphen] 8C 20 mg Tablet 5 mg Capsule Medication ace Status Cor) mg Tablet,Chewable tylsalicylic acid [Asap nfirmed	hen]	 Instri 80 m 20 m 1.25 	uctions g PO DAI g PO BEE mg PO B		* Stal Dat Use	tus Cor e 01/ r Ken	Last Taken Last Confirme firmed 02/2021 17:37 ney,Joshua	ed Last	 Last Confirmed 01/02/2021 01/02/2021 01/02/2021	Status New* New* New*	3	
V	Strength Dispense Form	80 mg Tablet,Chewable							* Source					
	Brand Dose Units Route Freq PRN Reason for Use	Asaphen 80 PO DAILY No						Discont Cancel	inue					
	E	Discontinue Cance	Last Taken Sou	irce C	mments	Con	nfirm l	Jnconfiri	med Review	ved Print		C	Cancel	Save

Use of the **footer buttons** will apply the entered information to all of the selected medications at the same time.

Select the **Source** footer button to enter the applicable sources of information. Selecting the **down arrow** will populate a list of source options to choose from.



TIP: This process can be repeated for any of the footer button options.

	Source									
					Last	Last	Last			
~	Home Medication	Instructions	Category	Taken	Dose	Confirmed	Status			
~	acetylsalicylic acid [Asaphen] 80	80 mg PO DAILY	Pt History			01/02/2021	New*			
~	atorvastatin 20 mg Tablet		20 mg PO BEDTIME	Pt History			01/02/2021	New*		
~	ramipril 1.25 mg Capsule		1.25 mg PO BID	Pt History			01/02/2021	New*		
		Patient Connecting Ontario (O + X	Source		[

Select the **Last Taken** footer button to enter the date and time the patient last took the selected medication. If *known*, click on the calendar icon (red box below) and select the applicable date. If the date is not known, click the *Unknown* icon. If there is a range of dosing (ex: 325-650 mg), you may type the last recorded dose. This is a free text option and not a required field for all medications.

Last Taken									
				Last	Last	Last			
\checkmark	Home Medication	Instructions	Category	Taken	Dose	Confirmed	Status		
 Image: A start of the start of	acetylsalicylic acid [Asaphen] 80 mg Tablet,Chewable	e 80 mg PO DAILY	Pt History			01/02/2021	New*		
 Image: A start of the start of	atorvastatin 20 mg Tablet	20 mg PO BEDTIME	Pt History			01/02/2021	New*		
~	ramipril 1.25 mg Capsule	1.25 mg PO BID	Pt History			01/02/2021	New*		
	* Last Taken * Date/Time Recorded Dos	Known O Unkr 01/02/2021 09:00	nown	•					

TIP: This process can be repeated for any of the footer button options.

Home Medications New Exit Lot Last Date Date Confirmed Status Status Disce Confirmed Status * J accepticad (vitamin C) 500 mg tablet 500 mg PO DALIV Unknown Unconfirmed Edited * Bacchic acid (vitamin C) 500 mg tablet 500 mg PO DALIV Unknown Unconfirmed Edited * Idea controls 500 mg capsule 2 mg DALIV Unknown 06(01/2022) Edited * Idea controls 500 mg tablet 2 mg DALIV Unknown 06(01/2022) Edited * Idea controls 500 mg tablet 500 mg PO DALIV Unknown 06(01/2022) Edited * Idea controls 500 mg tablet 500 mg PO ALIV Unknown 06(01/2022) Edited * Idea controls 500 mg tablet 500 mg PO ALIV Unknown 06(01/2022) Edited * Idea controls 500 mg tablet 500 mg PO ALIV Unknown 06(01/2022) Edited * Idea controls 500 mg tablet 500 mg PO ALIV Unknown 06(01/2022) Edited * Idea controls 500 mg tablet 500 mg PO ALIV Unknown 06(01/2022) Idea controls 50	Amb,Two (Amber) 3 0 36 F 17/05/198 SCH AMB V.FRACTURE	5 She/Her/Hers	Code Status Not Orden Allergy/Adv: cephalexi	ed Hx Avail n, grass pollen, Opioids - Morphine Analogues,	VB000001 45612378 Sulfa (Sulfonamide Antibio	8/22 90-AA otics), valproic acid	d, cat dander, (More)	V00000 E0000	0094 00107
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Implore S00 mg DAlLY Unknown 06/01/2022 Edited (p) Implore Medication acetylsalicylic acid (Asprin (acetylsalicylic acid)) * Status Last Confirmed Implore <	✓ clonazenam 2 mg	tablet		2 mg DAILY	Unknown		06/01/2022	Edited	
Medication acety/salicylic acid (Aspirin (acety/salicylic acid)) Last Confirmed Status Unconfirmed * Status Status Unconfirmed * Status Strength 325 mg * Status Dispense form tablet, delayed release (DR/EC) Patient Brand Aspirin (acety/salicylic acid) • Dose 325 • Units mg • No • • Route PO • PRN No • Reson for Use • • Max Dip Jose • • Status Unconfirmed • PRN • • Rx Instructions • • * Last Taken Known •	✓ metformin 500 m	a tablet		500 mg DAILY	Unknown		06/01/2022	Edited	
K Instructions	?	Strength 325 mg Dispense Form Tablet, delayed release Brand Asprin (acetylsalicylic Dose 325 Units mg Route PO Freq DALLY PRN No Reason for Use Max Daily Dose Status Unconfirmed	(DR/EC) acid)	* Source Patient Connecting Ontario (ONE ID) Discontinue Cancel	* *				
Date/Time	Rx * Las	Instructions st Taken O Known O Unknown				•			
	Dat	te/Time	Last						



Documenting Home Medication Discrepancies

As part of the BPMH process, when documenting a home medication is it important to document <u>how</u> <u>that patient is taking the medication</u> even if this differs from the prescribed instructions. This practice is consistent with the *Institute for Safe Medication Practice (ISMP)* recommendations for completing a Best Possible Medication History and is also referred to within the *CARE4 Home Medications Policy*.

When a patient's actual medication use differs from what is prescribed, a comment or explanation of the discrepancy should documented for physician review.

Enter the home medication using the regular home medication entry process, selecting the medication, dose and directions consistent with the **patient's actual medication use.**

Enter an explanation of the discrepancy into the **Patient Comments** textbox.

Home Medications									
	New Edit Audit Snapshot	1							
		Last	Last	Last					
✓ Home Medication	Instructions	Taken	Dose	Confirmed	② Status				
 acetylsalicylic acid [Asaphen] 80 mg Tablet,Chewable 	80 mg PO DAILY	Unknown		01/02/2021	New				
atorvastatin 20 mg Tablet 20 mg PO BEDTIME Unknown 01/02/2021 Ne									
Crampril 1.25 mg Capsule 1.25 mg Cap									
zopicione 5 mg Tablet	10 mg PO BEDTIME			01/02/2021	New*				
Rx Instructions * Last Taken O Known O Unknown Date/Time Dose Nursing Comments		Pharmacy Com	nents						
Patient Comments Prescribed as 5 mg PO BEDTIME, patient takes 10 mg PO BEDTIME.									
Discontinue Cancel Last Taken Source Comments Confirm Unconfirmed Reviewed Print Cancel Save									

Patient comments will automatically display for the physician on their reconcile screen allowing them to see both how the patient is actually using the medication as well as how it was originally prescribed. The prescriber can then make an informed decision about the medication to be held or continued while in hospital.

View Hon Gbgh,Intfour 21	ne Medicatio	rgy/Adv: No Known /	Allergies			Close
		HOME MEDICAT	TON DETAIL	AUDIT	LOG	
			Current	All		View
Order	zopiclone 5	mg Tablet		Ordering User	Kenney,Joshua	^
	10 mg ро ве	DTIME		Ordering Device	1SA472NB24	
Order	01/02/2021 18:	12		Verifying User	Kenney,Joshua	
Date Issued	01/02/2021			Verifying Device	1SA472NB24	
Status	Active			Category	Pt History	
				Order Number	210201-181843090	
				Internal Order Num	ber H1-B20210201181843090	
Patient Commer	nts	Prescribed a	is 5 mg PO BEDTI	ME, patient takes 10 r	ng PO BEDTIME.	
Last Taken		Unknown				
Last Taken Date	e/Time	Unknown				
Last Taken Dose	9					



Documenting Home Medications with Complex Instructions

For medications with complex instructions that cannot be documented using the usual dose, route and frequency fields, the Rx Instructions textbox is available.

Begin to enter the home medication using the regular home medication entry process. From the **Edit** screen, use the **dose** dropdown list to select **See Rx Instructions**.

				Home Medications						-
				New Edit Audit Sr	napshot					
	Home Me	dication	-	Instructions		Last	Last	Last	Chatura	
×	nome ne		o ave Tablet Chauseble			laken	Dose	Commed	Status	
	acetyisalicyli	oo ma Tablat	o mg Tablet, Chewable	80 mg PO DAILY		Unknown		01/02/2021	Active	- 11
	atorvastatin	20 mg Tablet		20 Mg PO BEDTIME		Unknown		01/02/2021	Active	_
	rampril 1.23	o mg Capsule		Coo By Instructions, BOUTE	<u></u>	nknown		01/02/2021	Active New*	_
H	zoniclone 5 r	ng Tablet		See IX Instructions .KOOTE		nknown		01/02/2021	Active	
	Lopicione o i	DIduu		To high o beb time			1.1.1.1	01,02,2021	7100770	- 1
		Dose	See Bx Instructions							
		Units	See By Instructions							
		Route	ROUTE	Di	iscontinu	ie				
		Frog	COMPLEY	Ca	ancel					
		DDN	ICONFEEX							
		PKN Denera fea Use	INO							
		Reason for Use		•						
		Max Daily Dose								
		Status	Confirmed							
				11						
			Include dose, units, r	oute, and frequency with in	nstructio	ons below				
			4 mg PO at supper on Monday, W	Vednesday, Fridays, 2 mg PO a	t supper	on all other da	VS.			
			ing to accupped on themaly, t	realiesady, rinddysi 2 mg r o d	ie ouppoi	on an other as	,			
		* Rx Instructions	5					- I		
		1	at it last a		<i>C</i>					-
			Taken Sou	rce Comments Confirm Und	confirme	a Réviewed	Print		Cancel	Save

The **Rx Instructions** textbox will become a mandatory field, further specifying that the dose, units, route and frequency should be included in the instructions.

Discontinuing and Cancelling Home Medications

Select the medication to be discontinued using the **checkmark** column. Select the **down arrow** on the discontinue field to view the dropdown list of discontinue reasons.

	1			Home M	edications Audit Snapsho	ot			
	Home Med ocetylsalicylic atorvastatin 2 amipril 1.25 varfarin 1 m copicione 5 m	lication : acid [Asaphen] I 20 mg Tablet mg Capsule g Tablet Medication Zi Status C	30 mg Tablet,Chewable opicione onfirmed	Instructions 80 mg PO DAILY 20 mg PO BEDTIN 1.25 mg PO BID See RX Instruction 10 mg PO BEDTIN	IE IS .ROUTE .CO IE * Status Confi Date 01/02 User Kenne	Last Taken Unknown Unknown 01/02/2021 18:00 Unknown Last Confirmed rmed 2/2021 18:18 ey,Joshua	Last Dose 4 mg	Last Confirmed 01/02/2021 01/02/2021 01/02/2021 01/02/2021	© Status Active Active Active Active Active Active
4		Strength Dispense Form Brand Dose Units Route	5 mg Tablet 10 mg PO		Patient Discontin	* Source			,
			Discontinue Cancel Last Taken Sc	urce Comments C	Confirm Unconfirm	ned Reviewed P	rint		Cancel Save



Select the most appropriate discontinuation/cancel **reason** from the list provided.

* Discontinue Reason	
	Discontinue Reason
	Completed
	Doctor's Order
	Dose Change
	Entered in error
	Order Change
	Patient Refused
	Patient no longer taking
	Stopped as Part of a Protocol
	Wrong Patient
	<pree text=""></pree>

The discontinued medication will no longer appear in the patient's home medication list. Cancelled and Discontinued entries are still viewable from the Audit and Snapshot tabs.

Documenting an Unconfirmed Home Medication List

If circumstances arise where the BPMH process cannot be completed (ie. home medications entered overnight, without the ability to contact the patient's pharmacy to obtain their medication list), home medications can be entered in an **unconfirmed** status.

Unconfirmed home medication entries will display within the patient's home medication list and on the prescriber's reconcile screen with the **question mark icon**.

	Home Medication	Instructions	Last Taken	Last Confirmed	Ģ	Rx
0	? cholecalciferol (vitamin D3) [Vitamin D3]	? 1,000 unit PO DAILY	03/10/19 09:00	Unconfirmed		
0	? cyanocobalamin (vitamin B-12)	? 1,000 mcg PO DAILY	03/10/19 09:00	Unconfirmed		
0	? hydrochlorothiazide	? 25 mg PO DAILY	03/10/19 09:00	Unconfirmed		
0	? ramipril	? 5 mg PO DAILY	03/10/19 09:00	Unconfirmed		
0	? sertraline	? 50 mg PO DAILY	03/10/19 09:00	Unconfirmed		
0	? warfarin	? See Rx Instructions	03/10/19 09:00	Unconfirmed		
0	? zopiclone	? 10 mg PO BEDTIME	Unknown	Unconfirmed	P	

Unconfirmed home medications must be completed as soon as the nurse or technician is able to do so.

Confirming the Home Medication List

The home medication list should be **confirmed** when the BPMH process is complete. The Last Confirmed column will display the date of when the confirmation took place.

			· · · · · · · · · · · · · · · · · · ·					
			Home Medic	ations				
			New Edit Aut	nt Snapshot				_
lome Medi	ication		- Instruct	ione	Last	Last	Last	© Statur
acetylsalicy	dic acid (Aspirip (ace	tylsalicylic acid)] 325 mg tablet delayed release (DR/E0	2 325 r	ng PO DAILY	Unknown	0036	Unconfirmed	Edited
ascorbic ac	id (vitamin C) 500 m	in tablet	2 500 r	ng PO DAILY	Unknown		Unconfirmed	Edited
scorbic acid	(vitamin C) 500 mg	tablet	500 mg	PO DAILY	Unknown		06/01/2022	Edited
lack cohosh	500 mg capsule		500 mg	PO BID	Unknown		06/01/2022	Edited
lonazepam 2	? mg tablet		2 mg DA	ULY	Unknown		06/01/2022	Edited
netformin 50	10 mg tablet		500 mg	DAILY	Unknown		06/01/2022	Edited 🔳
	Status Un	confirmed	Status U Date User	nconfirmed	•			
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?	Status Un Strength Dispense Form	325 mg tablet,delayed release (DR/EC)	Status U Date Date Conne	* Source at ecting Ontario (ONE ID)				
?	Status Un Strength Dispense Form Brand	confirmed 325 mg tablet, delayed release (DR/EC) Aspirin (acety/salicylic acid)	Status U User Patien Conne	* Source at ecting Ontario (ONE ID)				
?	Status Un Strength Dispense Form Brand Dose	(325 mg tablet,delayed release (DR/EC) Aspirin (acety/salicylic acid) 325	Status U User Patier Patier	* Source t cting Ontario (ONE ID)				
?	Status Un Strength Dispense Form Brand Dose Units	325 mg tablet, delayed release (DR/EC) Aspirin (acetykalicylic acid) 325 mg	Patier Date User Patier Disc	* Source at exting Ontario (ONE ID)	•			
?	Status Un Strength Dispense Form Brand Dose Units Route Form	325 mg tablet, delayed release (DR/EC) Aspirin (acetylsalicylic acid) 325 mg FOGUY	Patier Conv Disc	* Source at esting Ontario (ONE ID)	• •			
?	Status Un Strength Dispense Form Brand Dose Units Route Freq ppp	235 mg Lablet, delayed release (DR/EC) Apprint (acetylsalicylic acid) 325 mg PO DO DOLU DOLU	Status L Date Date Date Date Date Date Conn Disc Cance Cance	* Source et and Source et and Source (ONE ID) sontinue	•			
?	Status Un Strength Dispense Form Brand Dose Units Route Freq PRN Beasen for Use	325 mg tablet,delayed release (DR/EC) Aspiri (acetylsalicylic acid) 325 mg F0 DALLY Ho	Paties L Date User Date Date Date Date Conv Disc Canc	* Source at (ONE ID) ontinue	•			
?	Status Un Strength Dispense Form Brand Dose Units Route Freq PRN Reason for Use Max Daily Dose	325 mg tablet, cleayed release (DR/EC) Aprint (acety/salicylic acid) 325 mg PO DALY No	Status L Date Date Conne Disc Cance C	* Source & Source cting Ontario (ONE ID) sottinue sel				
?	Status Un Strength Dispense Form Brand Dose Units Route Freq PRN Reason for Use Max Daily Dose Status	325 mg tablet, delayed release (DR/EC) Aspirin (acetylasiicylic acid) 325 mg PGLV Ho Unconfirmed	State S	* Source et confirme continue al	•			
?	Stratus Un Strength Dispense Form Brand Dose Units Route Freq PRN Reason for Use Max Daily Dose Status	325 mg tablet,delayd release (DR/EC) Asprin (acetylsalicylic acid) 325 mg PQ DALIY No Unconfirmed	State S	* Source & Control (ONE ID) Sontario (ONE ID) Sontarue el				
?	Status Un Strength Dispense Form Brand Dose Units Route Freq PRN Reason for Use Max Daily Dose Status	325 mg tablet,delayed release (DR/EC) Aspin (acetylsalicylic acid) 325 mg FOALY No Unconfirmed	State S	* Source e ecting Ontano (ONE ID) ontinue	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

Once all the relevant information has been recorded for the documented home medications, select **Save** to return to the patient's **EMR**.



Printing the Home Medication Report

To print a copy of the Home Medications Report, click the Print button

		Home Medications				
		New Edit Audit Snapshot				
omo Modi	cation	Testustion	Last	Last	Last	C Status
etylsalicylic	acid (Asnirin (acetylsalicylic acid)) 81 mg Tablet Delayed Release (Dr/Ec)	Instructions	Taken	Dose	05/01/2022	New*
ascorbic ac	id (vitamin C) 500 mg tablet	2 500 mg PO DAILY			Not Updated	Active
cephalexin	250 mg capsule	250 mg PO DAILY			Not Updated	Active 🔳
m-phenyle	oh-acetaminophen [Nasal + Sinus Cold Formula] 2-5-325 mg Tablet	2 tab PO Q4H			05/01/2022	New*
dromorpho	ne [Dilaudid] 1 mg Tablet	1 mg PO Q4H PRN			05/01/2022	New*
1	Strength I mg Disponse form Tablet Brand Dese Dutation Route PO Freq QH Ves * PPN Reson Ves * PPN Reson	Decontinue	Source			
ļ	Status Confirmed Rx Instructions Last Taken (O Known)(O Unknown		~	•		

Click Print once again

Return To Home Meds (ROV TEST - TEST)			🏟 🙎
Amb,Two (Amber)	Code Status Not Ordered Hx Avail	VB0000018/22	V000000094
SCH AMB V.FRACTURE	Allergy/Adv: cephalexin, grass pollen, Opioids - Morphine Analogues,	Sulfa (Sulfonamide Antibiotics), valproic acid, cat dander, (More)	200000107
	Print		
	Forme		
	Home Medication Report	-	
		-	
		¥	
	Letter and the second s		
	Print		Ba

Report Sample

Roy	al Victoria Reg Hlth AMB	*** NOT A PRESCRIPTION ***	Page: 1 of 1 Date: 05/01/2022 16:03
	J	Home Medication Lis	it
Ro	yal Victoria Reg Hith Al	1B 201 Ge	eorgian Dr
		Barrie	
		ON L	4M 6M2
	Please review the secti questions regarding yo contact your primary ca	ons of this list carefully, an ur medications or medical o are physician.	d if you have any equipment/supplies,
Pa	tient: AMB.Three		DOB: 01/01/1985
Pa	tient Address: 113 Rainy Day Str	eet, Penetanguishene, L9M 1B2, ON	, _ , _ , _ , _ , _ , _ , _ , _ ,
AII	ergies: Iodinated Contrast Media,	fish oil, grass pollen, cat dander, dog da	ander, cheese,
	Environmental Allergy		
_	Current modications	to discuss with your Primer	w Caro Browider (E)
	current metications	to discuss with your Primar	y care Provider (5)
ι.	cephalexin 250 mg Capsule		
	250 mg Oral daily		
	Dispsense daily for Days		
	No Refills		
2.	ascorbic acid (vitamin C) 5	00 mg Tablet	
	500 mg Oral daily		
	Dispsense daily for Days		
,	No Refills) (acotylcalicylic acid) 91 mg Tal	blat Delayed Balaasa
э.	(Dr/Ec)) (acetylsancync acid) o'r my ra	biet, belayed Release
	81 mg oral daily		
	Dispsense daily for Days		
	No Refills		
4.	cpm-phenyleph-acetamino	phen 2-5-325 mg Tablet	
	2 tab oral Every 4 Hours		
	Dispsense Every 4 Hours for Days	5	
_	No Refills	1 ma Tablat	
5.	1 mg oral Evony 4 Hours as poods	d for: Pain	
	Dispense Every 4 Hours for Day		
	No Refills	,	
		This is not a prescription.	
	This is	s for patient or caregiver us	se only.

