

Your
Hospital's
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OUTPATIENT DETOXIFICATION PROGRAM TAKE HOME MEDICATION SHEET #1

Your physician has ordered the following medications for you. Please take them as ordered.

RETURN ANY UNUSED MEDICATIONS TO THE NURSE WHEN YOU ARRIVE TO THE PROGRAM, TOMORROW

MEDICATION	DATE(S) PRESCRIBED				STRENGTH, COLOR & SHAPE	REASONS FOR TAKING MEDICATION(S)	DIRECTIONS FOR TAKING MEDICATION(S)
	Date 1	Date 2	Date 3	Date 4			
Serax: ____ capsule(s)					15 mg. Orange & white - or - White capsule	Physical & psychological withdrawal symptoms, such as: irritability, anxiety, restlessness, cravings, drug dreams, tremors and/or sweating.	Take 1 capsule(s) every 6 - 8 hours, as needed
Ambien: <u> 1 </u> tablet					10 mg. White oval tablet	Inability to go to sleep -or- remain asleep	Take at bedtime. DO NOT TAKE AFTER 2:00AM
Dolobid: <i>Take with 1/2 container (15 ml) of Mylanta</i>					500 mg. Blue oval tablet	Muscle and joint aches -or- pains	Take 1 tablet every 8 hours as needed
Levsin:					0.125 mg. Small white tablet	Stomach cramps	Take 1 tablet every 8 hours as needed
Clonidine:					0.05 mg. Small white tablet		Take 1 tablet every 8 hours as needed
Other Meds:							

**MY MEDICATIONS HAVE BEEN EXPLAINED TO ME,
AND I'VE BEEN GIVEN THE OPPORTUNITY TO ASK
QUESTIONS.**

PATIENT SIGNATURE

DATE