

Sample B

Endometrial Ablation

Prep Appointment

Patient: _____ Date: _____

LMP _____ HR _____ BP _____ HgB _____

Reviewed pre-op written instructions

Informed consent

Laminaria inserted

Prescriptions:

Ciprofloxacin XR 500 mg 1 PO QD x 3 days (#3)-begin morning of procedure

Cytotec® 200 mcg 1 PV HS or in morning of procedure (#1)

Motrin® 800 mg PO 2 hours before procedure, then 600 mg Q6hr afterwards (#30)

Vicodin® 1-2 PO Q3-4hrs prn pain after procedure (#12)

Tylenol® tablet, #3 1-2 PO Q3-4hrs prn pain after procedure (#12)

Percocet® tablet, 5/325 1-2 PO Q3-4hrs prn pain after procedure (#12)

Halcion® 0.25 SL 30 minutes before procedure (#2 tabs dispensed to patient)

Phenergan® 25 mg PO 1 hour before procedure (#1) — *if concerns about nausea*

Confirm responsible adult available to drive patient to and from procedure

Notes: _____

Dr. _____