Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'île-de-Montréal
Québec

☐ HLAS ☐ HSA ☐ CHSLD DBV ☐ CHSLD GD
☐ HGL ☐ IUSMD ☐ CHSLD DOR ☐ CHSLD NP
☐ CHSM ☐ CLSC ☐ CHSLD LAS ☐ CHSLD LACH

Nº dossier / Chart nº	DDN / DOB	Sexe / Sex
Nom / Name	Prénom / First Name	
Nom de la mère / Name of mother		
Adresse / Address		
Tél. / Tel.		
Nº assurance maladie / Medicare Card Nº		Expiration

Allergie(s) : _____ Height: _____ Weight: _____

Prescriber's initials	**Enhanced recovery after surgery (ERAS) - Colorectal** **Exit prescriptions (medications)** (To be given to the user and the community pharmacy)

_____ Acetaminophen 1000 mg PO q8h (max: 3 g /24 h) x 72 h then PRN. Serve # 50 tablets. NR

Non-steroidal anti-inflammatory (only if creatinine clearance is > 30 mL/min)

_____ Celecoxib (Celebrex®) 100 mg PO twice a day x 72h then PRN. Serve # 14 caps. NR

OR

_____ Other anti-inflammatory: _____

_____ Pantoprazole (Pantoloc®) 40 mg PO once a day. Serve # 14 tablets. NR

_____ Tramadol 50 mg PO q 6h PRN. Serve # 30 tablets NR

_____ Polyethylene glycol 3350 (Lax-A-Day®) 17 g PO once a day while taking an opioid. 1 bottle of 14 doses or 30 doses (to be specified)

_____ Oxycodone _____ mg PO q 4h PRN X ____ tablets. Serve # _____ tablets at the time. NR

_____ Milk of magnesia 30 mL PO twice a day PRN X 1 bottle.

_____ Dalteparin by subcutaneous injection once a day. Until : _____

Recommended dosage

Weight	Less than 40 kg	40-100kg	More than 100kg
Dalteparin	☐ 2500 units SC DIE	☐ 5000 units SC DIE	☐ 7500 units SC DIE

_____ Other (s): _____

Prescriber: Name (block letters)	Signature	License No	Phone No	Date (YYYY/MM/DD)

GRM 4200043336