

Emergency Department Medication Reconciliation Record

Patient Information

Patient Name

MRN / ID

Date of Birth

Date/Time of Admission

Attending Physician

Source of Medication Information

Current Medications

Medication Name	Dosage	Route	Frequency	Last Dose Taken	Comments

Allergies

Medications to be Continued / Discontinued / Changed in ED

Medication Name	Action (Continue/Discontinue/Change)	New Dose/Instructions	Reason/Comments

Additional Notes

Recorder Name

Date & Time of Reconciliation