

CONCOMITANT MEDICATIONS

Has the patient taken any concomitant medications up until day X? No Yes
If yes: please describe below

Medication Generic/ Trade Name	Indication	Total daily dose & Units	Highest daily dose & Units	Code	Route	Date started (DD-MMM-YYYY)	Date stopped (DD-MMM-YYYY)

Code

1 = Sedatives

2 = Analgesics

3 = Neuromuscular Blockers

4 = Anti-Epileptics

5 = Vasopressors

6 = Antibiotics

7 = Osmotics

8 = Other

Route

iv = intravenous

ih = inhaled

im = intramuscular

pr = rectal

pv = vaginal

po = oral

sc = subcutaneous

to = topical