

DAC Study Form 334 - New or Change of Medication Form

This form should be considered at every follow-up visit to record any new or stopped medications

1. Patient Identification Number.....__ _ _ _ _
2. Patient Name Code__ _ _ _ _
3.
 - a. Visit Type..... **F**
 - b. Visit Number.....__ _ _
 - c. Visit sequence number__ _ _
4. Visit Date __ __ / __ __ / __ _ _ _
5. For aspirin, or enteric coated aspirin, how many per week?__ _ _
(enter 0 if 0 per week, 2 if 2 per week; 7 if one per day; 14 if two per day, etc.)

For GRAFT STUDY :

For aspirin, or enteric coated aspirin, (ecotrin, aspirin), make sure the dose is correct. For other drugs, accurate dose data are not needed.

6. Medication adjustment record: Look at the last visit’s medication flow sheet, which will come up on the screen. Indicate whether the medications from that list are current or stopped. Then list each drug being added. You will be able to enter as many medications as you need. Indicate the date of prescription change (start or stop). If you do not know the exact day, use “15”.

If the patient is on any type of INSULIN, click on brand and enter “Humulin 50/50”, and the correct DAC code will appear.

Medication Code* (from Code List)	Medication Name	Is this a PRN medication ? (Code 0=no, 1=yes)	Is this drug given during the dialysis tretament? (Code 0=no, 1=yes)	Change 1=Start 0=Stop 9=Current	Date (mm/dd/yyyy) of Prescription Change (Start or Stop)
					__ __ / __ __ / __ _ _ _
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					__ __ / __ __ / __ _ _ _
					__ __ / __ __ / __ _ _ _

*Changed as of 7/1/05

201. User ID of person completing this form__ _ _ _ _

<i>Clinical Center Use Only</i>
Date Form Entered __ __ / __ __ / __ _ _ _
Person Entering this Form _____