

Breast Surgery Medication Dosing Chart

Patient: _____

Prescribed	Medication	Day before surgery	Morning of surgery	Evening of surgery	Post-op Day 1	Post-op Day 2	Post-op Day 3	Post-op Day 4
<input type="checkbox"/>	Ambien (sleep aid) 10 mg at bedtime	<input type="checkbox"/>						
<input type="checkbox"/>	Ciprofloxacin (antibiotic) 500 mg twice a day	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	Cefuroxime (antibiotic) 500 mg every 12 hours	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	Colace (stool softener) 100 mg every 12 hours Daily until regular BMs				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Flexeril (muscle relaxant) 5 –10 mg every 6-8 hours As needed			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Vicodin (pain medication) 1-2 tabs every 4-6 hours As needed			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Percocet (pain medication) 1-2 tabs every 4-6 hours As needed			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Phenergan (anti-nausea) 25 mg every 6 hours As needed			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Zofran (anti-nausea) 8 mg every 6 hours As needed			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Please use this chart to manage your medication schedule. We suggest that you place an “X” inside the rectangle after you have taken your medication and list the time the medication was taken. Please call us at (503) 783-0544 if you have any questions.