Antidiarrheal Medication List

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Tick each item as you gather or confirm it. Add anything specific to your own circumstances in the blank rows.

Name	Date completed

Date of birth	Record / MRN number

Prepared by	Date

Tick each item once it is confirmed or packed. Use the blank rows for anything specific to you.

Essentials

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

Documents and paperwork

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

Useful but optional

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

Anything else

Item	Quantity	Who is bringing it	Confirmed

Item	Quantity	Who is bringing it	Confirmed

Notes
