

## Medication Work Sheet - Instructions

1. **Student Name**   **Date:** self-explanatory
2. **Allergies:** medications, foods, etc.
3. **Generic Name:** non-proprietary name; think NCLEX!
4. **Pharmacological Classification:** describes how the drug acts (ie: Anti-Hypertensive, Diuretic, Beta-Adrenergic, etc.)
5. **Therapeutic Reason:** intended purpose/treatment
6. **Dose, Route, Schedule:**
  - a. **Dose** – amount to be given (ie: 25 mg)
  - b. **Route** – PO, IV/IM, sub-Q, topical, PR (rectal) or SUPP (suppository), TD (transdermal), TOP (topical), etc.
  - c. **Schedule** – how often? Daily, BID, TID, QID, etc. – (will see actual hour(s) on the eMar)
7. **Correct Dose? Y/N:** Is the dose ordered within the acceptable range; if no, what is & what would you do?
8. **IVP/IVPB** – will be addressed starting in Module 2
9. **Adverse Effects:** list most important/applicable effects (ie: bradycardia, hypotension, vertigo, diarrhea, respiratory depression, etc.)
10. **Nursing Assessment, Teaching, Interventions:** decide most important
  - a. **Assessment(s):** vital signs, blood sugar, lab(s), skin, etc.
  - b. **Teaching/Interventions/Precautions:** Information needed to educate your patient (ie: check BP/HR or BS first; meds/foods to avoid; positional precautions, “do not take if ...”, “report immediately if ...”, operational precautions, etc.)

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Adult/Geriatric Medication Worksheet – Current Medications & PRN for last 24 Hours

Allergies: \_\_\_\_\_

Primary IV Fluid and Infusion Rate (mL/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If no, what is correct dose?	IVP – List diluent solution, volume and rate of administration IVPB - list concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/ Contraindications, Etc.)
				Y    N			1. 2. 3. 4. 5.
				Y    N			1. 2. 3. 4. 5.
				Y    N			1. 2. 3. 4. 5.