

Adult/Geriatric Medication Worksheet - Current Medications & PRN for Last 24 Hours

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

Student Name: Click here to enter text.		Unit: Click here to enter text.	Patient Initials: Click here to enter text.		Date: Click here to enter a date.	Allergies: Click here to enter text.	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, 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.)
lithium	Click here to enter text.		600 mg po BID	Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
fentanyl	Click here to enter text.		Via PCA pump at 10 mcg/hour lockout q 15 minutes	Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
risperidone	Click here to enter text.		2 mg po qd	Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
lorazepam	Click here to enter text.		2 mg po q 8 hours prn	Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text.

Adult/Geriatric Medication Worksheet - Current Medications & PRN for Last 24 Hours

Student Name: Click here to enter text.		Unit: Click here to enter text.	Patient Initials: Click here to enter text.	Date: Click here to enter a date.		Allergies: Click here to enter text.	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, 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.)
			agitation	enter text.			4. Click here to enter text.
vancomycin	Click here to enter text.	Click here to enter text.	1 gm IVPB in 200 mL 0.9% NS; infuse over 60 minutes	<input type="text"/> Click here to enter text.	<input type="text"/> here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> Click here to enter text.	<input type="text"/> here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> Click here to enter text.	<input type="text"/> here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> Click here to enter text.	<input type="text"/> here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

Adult/Geriatric Medication Worksheet - Current Medications & PRN for Last 24 Hours

Student Name: Click here to enter text.		Unit: Click here to enter text.	Patient Initials: Click here to enter text.	Date: Click here to enter a date.	Allergies: Click here to enter text.		
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, 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.)
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input style="width: 100px; height: 20px;" type="text"/> Click here to enter text.	<input style="width: 100px; height: 20px;" type="text"/> here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input style="width: 100px; height: 20px;" type="text"/> Click here to enter text.	<input style="width: 100px; height: 20px;" type="text"/> here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input style="width: 100px; height: 20px;" type="text"/> Click here to enter text.	<input style="width: 100px; height: 20px;" type="text"/> here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input style="width: 100px; height: 20px;" type="text"/> Click here to enter text.	<input style="width: 100px; height: 20px;" type="text"/> here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input style="width: 100px; height: 20px;" type="text"/> Click here to enter text.	<input style="width: 100px; height: 20px;" type="text"/> here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input style="width: 100px; height: 20px;" type="text"/> Click here to enter text.	<input style="width: 100px; height: 20px;" type="text"/> here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

Adult/Geriatric Medication Worksheet - Current Medications & PRN for Last 24 Hours

Student Name: Click here to enter text.		Unit: Click here to enter text.	Patient Initials: Click here to enter text.		Date: Click here to enter a date.	Allergies: Click here to enter text.	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, 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.)
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Click here to enter text.	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.