

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: Mariah Newton		Unit: SIM	Patient Initials: DC		Date: 10/7/2020	Allergies: NKDA	
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.)
olanzapine	thienobenzodiazepines	Decreased manifestations of psychoses.	10 mg po now and q day	Yes		Agitation, delirium, orthostatic hypotension, changes in weight	1. Assess mental status 2. Monitor BP, ECG, pulse, respiratory rate before and during dose adjustment 3. Monitor weight and BMI throughout therapy 4. Monitor for onset of akathisia and extrapyramidal side effects
venlafaxine	SSNRI	Decrease in depressive symptomatology	75 mg XR po q day	Yes		Abnormal dreams, ecchymoses, visual disturbances, altered taste	1. Assess suicidal tendencies 2. Monitor appetite and nutritional intake, weigh weekly 3. Assess for serotonin syndrome 4. Advise patient to take medication at the same time each day. Do not double dose if you miss a dose. Do not stop taking abruptly.

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lorazepam	benzodiazepines	Sedation, decreased anxiety	2 mg po q 8 hours prn agitation	Yes		Dizziness, drowsiness, lethargy, apnea, ataxia	<ol style="list-style-type: none"> 1. Assess mental status prior during therapy 2. Educate patient this is usually prescribed short-term and does not cure the underlying problem 3. Teach patient alternate methods to decrease anxiety and agitation 4. Encourage psychotherapy to address source of anxiety and agitation
haloperidol	butyrophenones	Diminished signs and symptoms of psychoses	5 mg po q 8 hours prn agitation	Yes		Extrapyramidal reactions, blurred vision, dry eyes, dry mouth	<ol style="list-style-type: none"> 1. Assess + & - symptoms of schizophrenia 2. Observe patient when administering to ensure medication is actually taken 3. Monitor for extrapyramidal side effects 4. Assess for falls risk
Olanzapine	thienobenzodiazepines	Decreased manifestations of psychoses.	405 mg IM now; repeat in 4 weeks	Yes		Dizziness, sedation, weakness, suicidal thoughts, seizures	<ol style="list-style-type: none"> 1. Monitor for tardive dyskinesia 2. Observe for s/s of post-injection delirium/sedation syndrome for at least 3 hours following injection 3. Advise patient to use sunscreen and protective clothing when exposed to sun 4. Emphasize important of medication adherence to patient