

## 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 |
| NS (25ml/hr)                               | Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/><br>Hypertonic <input type="checkbox"/> | Click here to enter text. | Click here to enter text.           | Click here to enter text.       |

| <b>Student Name:</b><br>Emily Shultz |                              | <b>Unit:</b><br>Click here to enter text. | <b>Patient Initials:</b><br>Click here to enter text. | <b>Date:</b><br>Click here to enter a date. | <b>Allergies:</b><br>Sulfa  |  |  |
|--------------------------------------|------------------------------|---|---|---|---|--|--|
| 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<br><br>IVPB - List concentration and rate of administration | Adverse Effects  | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)                                |
| Ceftriaxone                          | Anitbitotic                  | Used to treat bacterial infections        | 2g/vial.<br>IVP-2min.<br>0900                         | Click here to enter text.                   | iluted w/ 20mg NS.<br>Rate of 2 min.  | 1.Ulcers in mouth.<br>2.Unusual bleeding.<br>3. Difficulty breathing/swallowing.<br>4.Unusual wt. loss | 1. Click here to enter text.<br>2. Click here to enter text.<br>3. Click here to enter text.<br>4. Click here to enter text. |
| Metoprolol Tartrate                  | Beta-Blocker                 | Treats high blood pressure                | 25mg. PO.<br>0900                                     | Click here to enter text.                   | here to enter text.   | 1.Bradycardia.<br>2.Hypotension.<br>3.Severe abdominal pain.<br>4.Stiff muscles                        | 1. Click here to enter text.<br>2. Click here to enter text.<br>3. Click here to enter text.<br>4. Click here to enter text. |
| Nitrofurantion                       | Antibiotic                   | Used to treat UTIs                        | 100mg.<br>PO. 0900                                    | Click here to enter text.                   | here to enter text.   | 1.Swelling. (hands,feet, leg)<br>2.Hives/Rash.<br>3.Blurred vision<br>4.Confusion                      | 1. Click here to enter text.<br>2. Click here to enter text.<br>3. Click here to enter text.<br>4. Click here to enter text. |

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| Semosides + Docusate          | Stool softner                | Treats constipation                | 1 tab. PO. 0900                                | <input style="width: 100px; height: 20px;" type="text"/><br><br>Click here to enter text. | Click here to enter text.   | 1. Peeling skin.<br>2. Wheezing.<br>3. Chest tightness.<br>4. Rash/Hives | 1. Click here to enter text.<br>2. Click here to enter text.<br>3. Click here to enter text.<br>4. Click here to enter text. |
|                               |                              |                                    |  | <input style="width: 100px; height: 20px;" type="text"/>                                  |   |  | 1.<br>2.<br>3.<br>4.   |
|                               |                              |                                    |  | <input style="width: 100px; height: 20px;" type="text"/>                                  |   |  | 1.<br>2.<br>3.<br>4.   |
|                               |                              |                                    |  | <input style="width: 100px; height: 20px;" type="text"/>                                  |   |  | 1.<br>2.<br>3.<br>4.   |
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| 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.                   | Click here to enter text.   | Click here to enter text. | <ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol> |
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| 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. | here to enter text.   | Click here to enter text.  | 1. Click here to enter text.<br>2. Click here to enter text.<br>3. Click here to enter text.<br>4. Click here to enter text. |