

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: | | Unit: | Patient Initials: | | Date: | Allergies: | |
|-----------------|----------------------------------|---------------------------|---|---|---|--|--|
| Kara Bontke, SN | | Click here to enter text. | Click here to enter text. | | 10/15/2020 | 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.) |
| dobutamine | adrenergics | inotropics | IV: 0.5-1mcg/kg/min titrated at intervals ever few minutes guided by patient response | Click here to enter text. | 250-1000mg in 250-500 mL D5W, 0.9% NaCl, 0.45% NaCl, D5/0.45%NaCl, D5/0.9%NaCl, LR | CNS: headache, Resp: SOB, CV: hypertension, increased heart rate, PVC, angina pectoris, GI: nausea, vomiting, Local: phlebitis, Misc: hypersensitivity including skin rash, fever, bronchospasm, nonanginal chest pain | <ol style="list-style-type: none"> 1. Monitor BP, HR, ECG, pulmonary capillary wedge pressure 2. Monitor electrolytes 3. explain to patient and family rationale for this medication, and need for frequent monitoring 4. advise pt to inform nurse immediately if chest pain, dyspnea, or numbness tingling or burning or extremities occur |
| atropine | Anticholinergics, antimuscarinic | antiarrhythmics | IM, IV, PO, SQ Bradycardia IV: 0.5-1mg may | Click here to enter text. | Administer undiluted, may be given faster if being used during CPR | CNS: drowsiness, confusion, hyperpyrexia EENT: blurred | <ol style="list-style-type: none"> 1. Assess VS and ECG tracing frequently 2. Monitor I&O's in elderly and postop patients 3. may cause drowsiness, avoid driving until they see how medication will affect |

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| | | | repeat q 5 minutes not to exceed 2mg | | | vision, cycloplegia, photophobia, CV: tachycardia, palpitation, arrhythmia, GI: dry mouth, GU: urinary hesitancy, Resp: tachypnea, pulmonary edema, Misc: flushing, decreased sweating | them 4. caution that atropine impairs heat regulation, extreme exercise could lead to heat stroke |
| mannitol | Osmotic diuretic | diuretic | IV- 0.25-2g/kg as 15-25% solutions over 30-60 minutes | Click here to enter text. | added in IV infusion | CNS: headache, confusion, EENT: blurred vision, rhinitis, CV: transient volume expansion, chest pain, CHF< pulmonary | 1. Monitor VS and strict I&O's 2. monitor neuro status, monitor for eye pain, monitor renal function lab test 3. explain purpose of therapy to family 4. assess pt for anorexia, muscle weakness, numbness, tingling, paresthesia, confusion and excessive thirst |

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| | | | | | | edema, GI: nausea, thirst, vomiting, GU: renal failure, urinary retention, F and E: dehydration, hyperkalemia, hypernatremia, hypokalemia, hyponatremia | | | |
| alteplase | Plasminogen activator | thrombolytics | IV only- MI front loading-15 mg bolus, PE: 100 mg over 2 hours, ischemic stroke: 0.9mg/kg | Click here to enter text. | Packaged with sterile 50mg/50mL or Flush like with 20-30mL of NaCl at completion of infusion | CNS:Intracranial hemorrhage, EENT: epistaxis, gingival bleeding, Resp: bronchospasm, CV: hypotension, reperfusion arrhythmias, GI: GI bleeding, retroperitoneal bleeding, | <ol style="list-style-type: none"> 1. Begin therapy ASAP after symptoms start 2. Monitor vitals, labs, check for bleeding every 15 minutes during the 1st hour 3. explain purpose of medication and the need for close monitoring 4. explain need for bedrest and minimal handling during therapy to avoid injury | | |

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| | | | | | | nausea, vomiting, GU: GU tract bleeding, Derm: ecchymoses, flushing, urticaria, Hemat: bleeding, Local: hemorrhage at injection site, MSK: MSK pain, Misc: allergic reaction to include anaphylaxis, fever | |
| propofol | Click here to enter text. | General anesthetic | IV Only- Sedation 5mcg/kg/ min may titrate up if needed | Click here to enter text. | ily given undiluted if necessary dilute only in D5W | CNS:dizziness, headache, Resp: apnea, cough CV: bradycardia, hypotension, GI: abd cramping, hiccups, | 1. assess resp status, pules, bp, continuously throughout therapy 2. assess level of sedation 3. educate that this medication will decrease mental recall of the procedure 4. advise pt to avoid ETOH or other CNS |

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| | | | | | | mausea, vomiting Derm: flushing, Local: burning, pain, stinging, coldness, numbness, MS: involuntary muscle movements, GU: discoloration of urine Misc: fever | depressants |
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