

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
Lactated Ringers	Isotonic <input checked="" type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	Replace fluid loss	Potassium, Calcium, and Sodium	CHF, renal insufficiency, edema, Na+ retention, hyperkalemia

Student Name: Madison Gage		Unit: S8	Patient Initials: Click here to enter text.	Date: 11/4/2020	Allergies: No Known Allergies		
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.)
Hydromorphone HCL	Opiate Agonist	Analgesic	0.5 mg, IVP, Q3 PRN	<input type="text"/>	Undiluted, 0.25 mL, push over 2-3 minutes	Flushing, asthenia, somnolence, respiratory depression	<ol style="list-style-type: none"> 1. Assess Respiratory rate before administering 2. Assess patient's pain level before administering 3. This drug should not be abruptly D/C 4. Teach patient to report s/s of GI blockage
Ondansetron HCL	5-HT3 Receptor antagonist	Antiemetic	4 mg, IVP, Q6 PRN	<input type="text"/>	Undiluted, 2mL, over 2-5 minutes	Increased liver enzymes, fever, QT prolongation, Hypoxia	<ol style="list-style-type: none"> 1. Do not use in prolonged QT interval patients 2. Do not admin with concomitant use of apomorphine due to hypotension and loss of consciousness 3. Teach pt to report s/s of lightheadness 4. Assess bowel sounds before admin
Ipratropium bromide/ albuterol sulfate	Anticholinergic/ beta-2 adrenergic agonist	Bronchodilator	3 mL, nebulizer, Q6 PRN	<input type="text"/>		Bronchitis, Upper respiratory infection,	<ol style="list-style-type: none"> 1. Stop using if bronchospasm occurs 2. Teach pt to report the increased frequency or amounts of drug to provide relief

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						bronchospasm, dizziness	3. Teach patient proper inhalation technique 4. monitor pulmonary function tests
Pantoprazole	Protein Pump Inhibitor	Gastric acid secretion inhibitor	40 mg, IVP, daily	<input type="text"/> Click here to enter text.	IVP: Normal Saline, 10 <input type="text"/> push over 2 minutes	Headache, C. Diff, thrombocytopenia, cutaneous lupus erythematosus	1. Teach patient to report s/s of cutaneous lupus erythematosus 2. Teach patient to report severe diarrhea 3. Advise patient that this drug increases osteoporosis-related fractures 4. Monitor patient for hypomagnesemia
Levofloxacin	Fluoroquinolone	Antibiotic	750 mg, IVPB, daily	<input type="text"/>	: 750 mg/ 150mL, 100 mL/hr	Tendonitis, tendon rupture, peripheral neuropathy, CNS effects	1. Teach patient to report s/s of tendonitis, tendon rupture 2. Monitor patient for peripheral neuropathy 3. Advise patient to use sunscreen, wear protective clothing, and avoid tanning beds due to photosensitivity 4. Teach patient to report sudden chest, stomach, or back pain
Nicotine patch	Cholinergic	Smoking cessation agent	14 mg, patch, Q24	<input type="text"/>		Skin irritation, nicotine withdrawal, insomnia	1. Remove existing patch before placing a new one 2. Rotate patch sites 3. Remove prior to MRI to avoid burns

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							4. Do not cut patch
Lorazepam	Benzodiazepine	Antianxiety	1 mg, IVP, Q6, PRN	<input type="text"/> Click here to enter text.	<input type="text"/> Normal saline, 1 mL, push over at least a minute	Sedation, respiratory depression, coma, Dizziness	<ol style="list-style-type: none"> 1. Count respiratory rate before admin 2. Teach patient that this drug should not be d/c suddenly 3. Assess for decreased anxiety and associated s/s 4. Advise female patient to avoid pregnancy while taking this medication
Clonidine HCL	Alpha-2 Adrenergic agonist	Analgesic, antihypertensive	0.1 mg, PO, Q6, PRN	<input type="text"/> Click here to enter text.	<input type="text"/>	Hypotension, orthostatic hypotension, upper abdominal pain	<ol style="list-style-type: none"> 1. Teach patient that extended release tablets should be swallowed full 2. Admin for systolic BP of 160 or higher 3. Take blood pressure, and apical pulse prior to admin 4. Do not drink alcohol with this drug
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