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 ☐ Hypotonic ☐ Hypertonic ☐	Click here to enter text.	Click here to enter text.	Click here to enter text.

Student Name: Colton Curtis		Unit: V-Sim	Patient Initials: SC	Date: 11/6/2020	Allergies: No	
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	Antimanics	Mood Stabilizer	600 mg po BID	Y		Coma Seizures Severe Bradycardia	1. Educate patient on signs and symptoms of lithium toxicity 2. Educate the patient on diet, to consume their normal daily salt intake consistently 3. Educate patient on drinking plently of water to avoid GI upset 4. Tell patient to wear medical identification at all times
fentanyl	Analgesic	Pain management	Via PCA pump at 10 mcg/hour lockout q 15 minutes	Y		Circulatory collapse Respiratory depression Cardiac collapse	1. Educate patient on how to use Patient Controlled Anesthesia 2. Montior vital signs consistently especially respiratory rate and blood pressure 3. Monitor the patients pain level 4. Make sure to have emergency equipment ready such as narcan and oxygen
risperidone	Antipsychoti	Bipolar	2 mg po			Neuroleptic malignant	1. Educate patient on common side effects of atypical antipsychotics

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	cs	disorder	qd	Y		syndrome Parkinsonism Fever	2. Monitor patient for weight gain 3. Instruct patient that risperidone can be taken with or without food 4. Tell patient to let you know if they need to get up because the medication can cause orthostatic hypotension
lorazepam	Benzodiazepines	Agitation	2 mg po q 8 hours prn agitation	Y	N/A	Respiratory depression Hypotension Dizziness	1. Assess respiratory rate before administration, needs to be at least 12/min 2. Educate patient to let you know if they need to get up to ask for help because lorazepam causes dizziness 3. Make sure medication is not stopped abruptly and it discontinued slowly 4. Educate patient that therapeutic effectiveness will onset in about 1 hour
vancomycin	Antibiotics	Prophylactic infection	1 gm IVPB in 200 mL 0.9% NS; infuse over 60 minutes	Y	g/mL @ 200mL/hr	Nephrotoxicity leading to uremia Hypotension Ototoxicity	1. Montior Blood Pressure and heart rate continuously throughout treatment 2. Tell patient to notify you if they hear ringing in their ears 3. Assess urine for oliguria or cloudy pink urine which indicates nephrotoxicity

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							4. Vancomycin is a strong antibiotics so make sure to assess the patients IV site for errythema
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