

Medication Work Sheet - Instructions

1. **Student Name** **Date:** self-explanatory
2. **Allergies:** medications, foods, etc.
3. **Generic Name:** non-proprietary name; think NCLEX!
4. **Pharmacological Classification:** describes how the drug acts (ie: Anti-Hypertensive, Diuretic, Beta-Adrenergic, etc.)
5. **Therapeutic Reason:** intended purpose/treatment
6. **Dose, Route, Schedule:**
 - a. **Dose** – amount to be given (ie: 25 mg)
 - b. **Route** – PO, IV/IM, sub-Q, topical, PR (rectal) or SUPP (suppository), TD (transdermal), TOP (topical), etc.
 - c. **Schedule** – how often? Daily, BID, TID, QID, etc. – (will see actual hour(s) on the eMar)
7. **Correct Dose? Y/N:** Is the dose ordered within the acceptable range; if no, what is & what would you do?
8. **IVP/IVPB** – will be addressed starting in Module 2
9. **Adverse Effects:** list most important/applicable effects (ie: bradycardia, hypotension, vertigo, diarrhea, respiratory depression, etc.)
10. **Nursing Assessment, Teaching, Interventions:** decide most important
 - a. **Assessment(s):** vital signs, blood sugar, lab(s), skin, etc.
 - b. **Teaching/Interventions/Precautions:** Information needed to educate your patient (ie: check BP/HR or BS first; meds/foods to avoid; positional precautions, “do not take if ...”, “report immediately if ...”, operational precautions, etc.)

Student Name: Maria Lucio

Date: 11/12/20

Adult/Geriatric Medication Worksheet – Current Medications & PRN for last 24 Hours

Allergies: Codeine

Primary IV Fluid and Infusion Rate (mL/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
Lactated Ringer's 125mL/hr	Isotonic <input checked="" type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	Source of water and electrolytes	CBC- specifically potassium and chloride.	Fluid overload; not recommended for severe hypokalemia; hyperkalemia may occur

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If no, 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.)
Cefotetan (Cefotan)	Second-generation cephalosporins	Anti-infectives	2grams IVPB Q12hours	Yes	10-40mg/mL Rate: 20-30 minutes	Seizures, CDAD, diarrhea, cramps, N/V, rashes, urticaria, pain at IM site, phlebitis at IV site, superinfection, anaphylaxis and serum sickness	<ol style="list-style-type: none"> 1. Observe pt for s/s of anaphylaxis (rash, pruritis, laryngeal edema, wheezing) 2. Monitor bowel function. Diarrhea, abdominal cramping, fever, and bloody stools should be reported to the health care provider. 3. Monitor. PT and assess pt for bleeding daily in high risk pts. 4. Change sites every 48-72 hr to prevent phlebitis. 5. Instruct pt to notify health care provider if fever and diarrhea develop, especially if stool contains blood, pus, or mucus.
Oseltamivir (Tamiflu)	Neuraminidase inhibitors	Antivirals	75mg PO Q12 hr	Yes	N/A	Seizures, abnormal behavior, agitation, confusion, delirium, hallucinations, insomnia, nightmares, vertigo, bronchitis, N/V	<ol style="list-style-type: none"> 1. Monitor influenza symptoms (sudden onset of fever, cough, HA, fatigue, muscular weakness, sore throat). 2. May be administered with food or milk to minimize GI irritation 3. Use correct oral dosing device for measuring oral solution.

							<p>4. Instruct pt to take medication as soon as influenza symptoms appear and to continue to take it as directed for the full course of therapy.</p> <p>5. Advise pt to report behavioral changes.</p>
Morphine Sulfate (Morphine)	Opioid agonists	Opioid analgesics	2mg IV PRN pain scale fo greater than 5		Dilute with at least 5mL of NS. Administer 2.5-15mg over 5 minutes.	Confusion, Hypotension, bradycardia, flushing, tolerance, dependance, respiratory depression	<p>1. Assess type, location, and intensity of pain prior to and after administration.</p> <p>2. Assess LOC, BP, pulse, Respirations, before and periodically during administration.</p> <p>3. Assess risk for opioid addiction, abuse, misuse prior.</p> <p>4. Assess evaluate plasma, amylase, lipase levels.</p> <p>5. Advise pt to change position slowly to minimize orthostatic hypotension</p>
Ibuprofen (Advil)	Nonopioid analgesics	Antipyretics, antirheumatics, nonopioid analgesics, NSAID	600mg PO PRN painscale 3-5	Yes	N/A	HA, HF, MI, stroke, GI bleeding, hepatitis, expoliative dermatitis, stevens-johnson syndrome, toxic epidermal necrolysis, anaphylaxis	<p>1. Assess for s/s of GI bleeding, renal dysfunction, and hepatic impairment.</p> <p>2. Assess pt for skin rash frequently during therapy.</p> <p>3. Assess pain prior to and 1-2 hr following administration.</p> <p>4. Advise pt to take ibuprofen with a full glass of water and to remain in an upright position for 15-30 minutes after administration.</p> <p>5. May cause drowsiness or dizziness. Advise pt to avoid driving or other activities requiring alertness until response to medication known.</p>
Acetaminophen (Tylenol)	N/A	Antipyretics, nonopioid analgesics	650mg PO PRN temp. 100.8 F or greater	Yes	N/A	HTN, Hypotension, hepatotoxicity, acute generalized exanthematous pustulosis, stevens-johnson syndrome, toxic epidermal necrolysis, rash, urticaria	<p>1. Assess overall health status and alcohol usage before administering acetaminophen.</p> <p>2. Assess amt, frequency and type of drugs taken in pts self-medicating, especially with OTC drugs. Prolonged use of acetaminophen increases risk of adverse hepatic and renal effects.</p> <p>3. Assess for rash periodically during therapy.</p> <p>4. Assess fever, note presence of associated signs (diaphoresis, tachycardia, and malaise)</p> <p>5. Advise pt to d/c acetaminophen and notify health care professional if rash occurs.</p>