

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: martha lucio

Date: 11/10/2020

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 125ml/hr	Isotonic <input checked="" type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	A source of water and electrolytes	CBC, potassium and chloride	Not recommended for severe hypokalemia, and fluid overload. 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	Antibiotics	2 gm IVPB Q12hrs	Yes	10-40mg/ml Administer over 20-30 min	Seizures, dizziness, diarrhea, cramps, nausea, vomiting, rashes, urticaria, bleeding, pain, phlebitis, serum sickness	1. Observe pt for s/s of anaphylaxis, discontinue the drug immediately, keep epinephrine 2. monitor bowel function, diarrhea, abdominal cramping, fever, and bloody stools, should be reported to health care provider. 3. monitor pt and assess pt for bleeding daily in high risk pt may cause hypoprothrombinemia 4. change sites every 48-72hrs to prevent phlebitis 5. instruct pt to notify health care professional if fever and diarrhea develop, especially if stool contains blood, pus, or mucus.
Oseltamivir (Tamiflu)	Neuraminidase inhibitors	antiviral	75mg Po Q12hrs	Yes	n/a	Seizures, abnormal behavior, agitation, confusion, delirium,	1. monitor influenza symptoms, additional supportive tx may be indicated to treat symptoms 2. may be administered with food or mild to minimize GI irritation

						hallucination, insomnia, vertigo, nightmare, N/V	<p>3. use correct oral dosing device for measuring oral solution. Dosing errors have occurred due to oseltamivir dosing in mg and solution in ml.</p> <p>4. should not share with anyone, even if they have the same symptoms</p> <p>5. advise pt that medication is not a substitute for a flu shot. Pt should receive annual flu shot according to immunization guide</p>
Morphine sulfate (morphine)	opioid agonists	opioid analgesics	2mg iv Prn pain scale of greater than 5	Y N	Dilute with at least 5ml of sterile water of NS, administer over 5mins	Confusion, hypotension, bradycardia, flushing, tolerance dependence, respiratory depression	<p>1. assess type location and intensity of pain prior to and after admin.</p> <p>2. assess LOC, BP, Pulse, Respirations, before and periodically during admin.</p> <p>3. assess risk for opioid addiction abuse misuse prior</p> <p>4. assess evaluate plasma amylase lipase levels</p> <p>5. change positions slowly to minimize orthostatic hypotension</p>
Ibuprofen (advil)	Nonopioid analgesics	antipyretics	600mg Po Prn pain scale 3-5	Yes	n/a	Headache, constipation, dyspepsia, nausea, vomiting, bleeding, stevens Johnson syndrome, anaphylaxis	<p>1. assess for s/s of gi bleeding.</p> <p>2. assess pt for skin rash frequently during therapy, discontinue if appear, may be life- threatening.</p> <p>3. inform pt to take medication as appeared.</p> <p>4. advise pt to take medication with a full glass of water and to remain in an upright position for 15-30 min after administration</p> <p>5. may cause drowsiness or dizziness, advise pt avoid driving or other activities.</p>
Acetaminophen (Tylenol)	n/a	Antipyretics, non opioid analgesics	650mg Po Prn temperature 100.8 F(38.3C) or greater	yes	n/a	Dyspnea, HTN, hypotension, N/v, rash, muscle spasm, hepatotoxicity, toxic epidermal necrolysis, stevens johnson syndrome	<p>1. prolong use of medication, increases risk of adverse hepatic and renal effects.</p> <p>2. assess overall health status and alcohol usage before administering medication.</p> <p>3. assess for rash periodically during therapy.</p> <p>4. assess amt. frequency and type of drugs taken in pts self-medicating especially with otc drugs.</p> <p>5. assess fever note presence of associated signs, advise pt to d/c medication and notify health care professional if rash occurs</p>