

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
NS 50ml/hr for 10 hours	Isotonic	Increase in fluid volume to increase cardiac output, eventually leading to increase in BP	NA Review blood pressure	Monitor for fluid overload as this could cause acute respiratory distress (patient was admitted for this reason)

Student Name: Caroline Dikes		Unit: S5	Patient Initials: DH		Date: 12/15/2020	Allergies: NKDA	
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.)
Cephtriaxone	Third generation cephalosporin	Antibiotic (antimicrobial against bacteria)	2 gm Q24H IVP	Correct dose	Dilute with 20 ml NS or sterile water 2 gm cephtriaxone in 20 ml NS or sterile water 1-2 minutes	Black, tarry stools, diarrhea, chills, fever, headache, shortness of breath	<ol style="list-style-type: none"> 1. Assess respiration rate and for shortness of breath 2. Report any watery or bloody diarrhea 3. Report any nausea and vomiting 4. Assess for edema frequently

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Furosemide	Cardiovascular agent Loop diuretic	Blocks calcium and sodium absorption in the loop of Henle to cause an increase in urine output	40mg/ 4ml vial IVP BID	Correct dose, withheld due to low BP	Admin slowly over 1-2 minutes	Electrolyte imbalances, cardiac dysrhythmias, dizziness, vertigo, and blurred vision	<ol style="list-style-type: none"> 1. Black Box warning: potent diuretic can lead to profound diuresis with water and electrolyte depletion when excessive doses given 2. Check BP before administering. Monitor electrolytes, (especially potassium as this can cause cardiac dysrhythmias) 3. Teach patient to eat potassium rich foods 4. Report dizziness, vertigo, and blurred vision.
Azithromycin	Macrolide	Antibiotic (antimicrobial against bacteria)	250 mg in sodium chloride 150 IVPB Q24H	Correct dose	150ml/hr 250 mg in sodium chloride 150	Abdominal pain, N/V/D, headache, prolonged QT interval,	<ol style="list-style-type: none"> 1. Report abdominal pain, N/V 2. Report severe, watery, or bloody diarrhea. (S&S of C-diff) 3. Obtain respiration rate and oxygen before administration. Can cause dyspnea 4. Report shortness of breath

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Hydrocortisone	Glucocorticoid	Reduce inflammation	5mg PO QID	Correct dose	NA	Increase blood pressure, body fluid retention, edema, disturbance in mood, increased appetite	<ol style="list-style-type: none"> 1. Check BP before administering. Monitor after administration 2. Assess for edema 3. Report any chest tightness and difficulty breathing 4. Take with food to avoid GI upset.
Aspirin	Salicylate	Reduces fever and inflammation	325 mg EC tab PO Q24H	Correct dose	NA	Heart burn, epigastric discomfort, indigestion, constipation, black/tarry stool,	<ol style="list-style-type: none"> 1. Do not crush (EC) 2. Report ringing in the ears 3. Watch for easier bleeding at injured sites 4. Report GI upset
Bromocriptine	Dopamine receptor agonist	Treatment of hormone imbalance	2.5 mg PO QID	Correct dose	NA	dizziness, lightheadedness, nausea,	<ol style="list-style-type: none"> 1. Call before getting out of bed 2. Contraindicated for a diagnosis of HTN (P) 3. Be sure to take with meals 4. Watch HR in patients with cardiac diagnosis (P)

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enoxaparin	anticoagulant Low molecular weight heparin	Prevents formation of blood clots	40 mg/ 0.4 ml SubQ	Correct dose	NA	Bruising, bleeding gums, difficulty breathing or swallowing, headache, dizziness, prolonged bleeding	<ol style="list-style-type: none"> 1. Only admin in the “love handle region” bunch the entire time 2. Check platelet count before administering. 3. Report S&S bleeding, pulmonary edema, skin necrosis 4. Avoid use of concurrent anticoagulants (P)
clopidogrel	ADP-induced aggregation inhibitor Platelet aggregation inhibitor	Prevents formation of blood clots	75 mg PO Q24H	Correct dose	NA	Chest pain, dark purple bruises, red or purple spots on the skin, collection of blood under the skin	<ol style="list-style-type: none"> 1. Watch for excessive bleeding. Teach patient to report episodes. 2. Teach patient not to discontinue immediately. May cause adverse cardiovascular events 3. Teach patient to avoid use of nonprescription NSAIDS, aspirins due to risk of bleeding 4. Teach patient that skin bruises and discoloration are common

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Metoprolol succinate XL	Beta-adrenergic blocker	Causes the heart to beat slower to decrease blood pressure	12.5 mg PO BID	Correct dose withheld due to low BP	NA	Blurred vision, chest pain, dizziness and lightheadedness (especially in changing position), sweating, lethargy	<ol style="list-style-type: none"> 1. Black box warning: exaggerations of angina pectoris and MI can occur when this medication is discontinued abruptly 2. Teach patient to report dizziness and lightheadedness for assistance with ambulation 3. Do not administer if blood pressure is low 4. Teach patient that extended release should be taken with or immediately after meals
Midodrine	Vasopressor Alpha-adrenergic agonist	Used to treat orthostatic hypotension	5mg PO TIDAC	Correct dose	NA	Blurred vision, headache, pounding in the ears, fainting, decrease in pulse,	<ol style="list-style-type: none"> 1. Black box warning: can cause marked increase of supine BP. Should only be administered when patient's life is considerably impaired despite standard clinical care. 2. Teach patient that it may cause shivering or paresthesia 3. Closely monitor BP. 4. Teach patient to report S&S of urinary impairment

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