

Student Name: Amanda Runkle Unit: Pedi 3N Pt. Initials: LS Date: 1/5/2021

<b>S</b>	Pt Initials: <u>LS</u> Room: <u>376</u> DOB: <u>1/24/20</u> Admit Date: <u>1/3/21</u> Physician: <u>Proctor</u> Admit Wt: _____ Current Wt: <u>6.4kg</u> Ht: _____ <input checked="" type="radio"/> M <input type="radio"/> F Primary Dx: _____ Secondary Dx: _____	Consults (Ex: Speech, PT/OT, Surgery, Neuro) <u>Surgery</u>								
	<b>B</b>	History <u>Bilateral otitis Media</u>	Allergies (reactions) <u>Amoxicillin</u> Code status <input checked="" type="radio"/> FULL <input type="radio"/> DNR/AND Advance directive: <input checked="" type="radio"/> Y <input type="radio"/> N	Isolation: Restraints: Y <input checked="" type="radio"/> N Type: Fall risk Vaccine- PNA Flu						
<b>A</b>	Neuro: LOC/Hand Grips/Pulls & Pushes/Pupil Rx/ Pupil Size/ GCS <u>See assessment chart</u>		Vital Signs: BP/HR/RR/Temp/SpO2 <u>T 98.0 HR 113 RR 31</u> <u>O2 100% RA</u> <u>BP 95/60</u>							
	Cardiac: Peripheral pulses/Edema/Heart sounds/Rhythm – Regular or Irregular <u>"</u>		Pain <input checked="" type="checkbox"/> Pain scale <u>FLACC</u> Location							
Pulmonary: Breath sounds/Secretions <u>"</u>		Oxygen: <u>97%</u> L O2 NC 100NRB VM <u>RA</u>	Accu checks: Frequency Results <u>—</u>							
GI: BS	Last BM: <u>11</u> NGT OGT <u>115</u>	Diet <u>NPO, advance to 1 oz</u> Breakfast % eaten: _____ Lunch % eaten: _____ <u>Rehydrate as tolerated</u>	Skin: Wounds/Drainage <u>Incision</u> Staples /Drains							
GU: <input checked="" type="radio"/> Void <input type="radio"/> Foley _____ FR Placed on: <u>Diaper</u>			Location <u>Abdomen</u>							
IV <u>Peripheral</u> INT IV <u>7</u> gauge Site <u>Wrist</u> IV Fluid type: <u>D5 1/2 NS</u> Rate: <u>25</u>		Psych Social								
Central- type/site (subclavian/port/broviac) _____		PICC@ _____								
Intake Total: _____ mL Parenteral <u>1000</u> Enteral <u>30</u> Output Total: _____ mL Void <u>170</u> mL Emesis <u>0</u> mL Balance: _____ mL (Positive or negative) What does this mean for your pt?			Pending orders (ex: CBC, specimen) <u>—</u>							
Na <u>138</u>	Cl <u>105</u>	Bun <u>4</u>	Gluc <u>85</u>	Mg <u>—</u>	Other <u>—</u>	Labs Pending: <u>—</u>	Hct <u>—</u> WBC <u>—</u> Pit <u>—</u> Hgb <u>—</u>	UA <u>—</u>	Diagnostic Test Results: CT <u>AXR- bowel obstruction</u> CXR MRI Echo	
K <u>3.6</u>	Co <u>23</u>	Cr <u>&gt;0.20</u>	Ca <u>9.1</u>	Phos <u>—</u>	Other <u>—</u>			Cultures <u>—</u>		
ANC [WBC x (% Neutrophils + % Bands) x 10] <u>—</u>										
<b>R</b>	***Nursing Interventions & Teaching: (use your Critical Thinking Map)							Shift goals: Met Unmet Revise		
	DC Plan. Is pt informed of plan? Y N _____ 24 hour orders reviewed Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> What does the patient need when they are discharged?									

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IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 6M10D Patient Weight: 6.8 kg

<p><b>1. Disease Process &amp; Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference):</b></p> <p>An intestinal obstruction is a blockage of the passage of stool and/or food in the intestine. This can be caused by a multitude of <del>various</del> <u>intrinsic</u> and <u>extrinsic</u> causes, or as side effects of other diseases. In this case, the infant swallowed his sister's object, which then absorbed water and caused a blockage.</p>	<p><b>2. Factors for the Development of the Disease/Acute Illness:</b></p> <p>Abdominal adhesions Hernia Volvulus Intussusception Inflammatory Bowel Disease Divergic Intestines Foreign objects</p>	<p><b>3. Signs and Symptoms:</b></p> <p>Abdominal pain P Vomiting P Distention P Constipation P Dehydration P Refusing feedings P Unable to pass gas</p>
<p><b>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</b></p> <p>X-Ray P CT Scan MRI Barium Contrast Study</p>	<p><b>5. Lab Values That May Be Affected:</b></p> <p>Sodium Potassium P Serum Osmolality Urine Specific Gravity P Urine Osmolality P</p>	<p><b>6. Current Treatment (Include Procedures):</b></p> <p>All Liquid Diet NG Tube P Surgery P Bowel Rest</p>

Understanding an Intestinal Obstruction - Johns Hopkins Medicine, [www.hopkinsmedicine.org/health/conditions-and-diseases](http://www.hopkinsmedicine.org/health/conditions-and-diseases)  
Understanding an Intestinal Obstruction

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<p>7. Pain &amp; Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain &amp; Discomfort for This Patient.</p> <p>1. MOM ROCK BABY</p> <p>2. NON-NUTRITIVE SUCKING (PACIFIER)</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> <p><math>6.4 \text{ kg} \times 100 \text{ mL} = 640 \text{ mL/day}</math> MINIMUM</p> <p><math>640 \text{ mL} \div 24 \text{ hrs} = 27.5 \text{ mL/hr}</math></p> <p>Actual Pt MIVF Rate: <u>25 mL/hr</u></p> <p>Is there a Significant Discrepancy? Why? PATIENT IS STARVING FOR PEAKYOTE + FORMULA - INTAKE IS BY MOUTH.</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> <p><math>2 \text{ mL} \times 6.4 \text{ kg} = 12.8 \text{ mL/hr}</math></p> <p><math>12.8 \text{ mL} \times 24 \text{ hrs} = 310.8 \text{ mL/day}</math></p> <p>Actual Pt Urine Output: <u>228 mL</u> THIS SHIFT</p>
<p>*List All Pain/Discomfort Medication on the Medication Worksheet</p>	<p>10. Growth &amp; Development: List the Developmental Stage of Your Patient For Each Theorist Below and Document 2 OBSERVED Developmental Behaviors for Each Theorist. If Developmentally Delayed, Identify the Stage You Would Classify the Patient:</p> <p>Erickson Stage: <u>TWIST VS. MISTAKE</u></p> <p>1. USE OF TRANSITIONAL OBJECT  <ul style="list-style-type: none"> <li>o Baby had special blanket his mom was holding him in</li> </ul> </p> <p>2. NARCISSISM   EGOCENTRISM  <ul style="list-style-type: none"> <li>o Baby cried because he was hungry</li> </ul> </p> <p>Piaget Stage: <u>SENSORI MOTOR</u></p> <p>1. STRANGER ANXIETY  <ul style="list-style-type: none"> <li>o Baby was scared of male nurse, and gently cried when he walked in the room</li> </ul> </p> <p>2. OBJECT PERMANENCE  <ul style="list-style-type: none"> <li>o Baby realized pacifier still existed when I took it from his mouth and reached for it</li> </ul> </p>	

PAIN INTERVENTIONS - PEDIATRIC (WHITE) POWER POINT  
 INFANT GROWTH AND DEVELOPMENT (HAYNES) POWERPOINT

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<p><b>11. Focused Nursing Diagnosis:</b> Fluid Volume Deficit</p>	<p><b>15. Nursing Interventions related to the Nursing Diagnosis in #11:</b></p> <ol style="list-style-type: none"><li>1. Give the infant Pedialyte to see if baby can tolerate fluids</li></ol> <p>Evidenced Based Practice: Replating water just with electrolytes can help solve fluid and electrolyte balance.</p> <ol style="list-style-type: none"><li>2. Frequently weigh infant to assess fluid levels.</li></ol>	<p><b>16. Patient/Caregiver Teaching:</b></p> <ol style="list-style-type: none"><li>1. Teach parents to weigh the infant at the same time everyday on the same scale to accurately monitor weight.</li><li>2. Teach parents that the infant needs (#) of bottles per day, or 2-3 OZ (U.S. kg) for minimum fluid requirement needs.</li><li>3. Teach parents how to properly mix formula with water to avoid dilution problems.</li></ol>
<p><b>12. Related to (r/t):</b> Nausea, vomiting, refusing feedings on admission</p>	<p>Evidenced Based Practice: A fluid loss of 5-9% is considered moderate fluid loss, while <math>\geq 10\%</math> is considered severe. Weighing infant can determine effectiveness of treatment.</p> <ol style="list-style-type: none"><li>3. Begin regular diet once fluid volume has been restored, preferably breast-feeding.</li></ol> <p>Evidenced Based Practice: Feeding baby and resuming regular feeds will help maintain balance.</p>	<p><b>17. Discharge Planning/Community Resources:</b></p> <ol style="list-style-type: none"><li>1. Make a follow up with the pediatrician to ensure baby is getting enough fluids.</li><li>2. Consult dietary for proper ways to give baby's fluid without giving too much, and ideas of fluid that can be used.</li><li>3. Consult case management to get enough formula and water for d/c.</li></ol>
<p><b>13. As evidenced by (aeb):</b> Low amount of wet diapers, irritability, NPO status <math>\times</math> 3 days</p>	<p><b>14. Desired patient outcome:</b> Patient will tolerate PO fluids and breast-milk for all fluid needs by 1/7/21 at 11:00.</p>	

Akeley, Ph. J., Ludwig, G. B., & Beth, M. F. (2017). Fluid Volume Deficit. In Nursing Diagnosis Handbook: An Evidence-Based Guide To Planning Care (pp. 387-390). St. Louis, MO: Elsevier.

Adopted: August 2016

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GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
<b>Appearance:</b> <input checked="" type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Neat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept <b>Developmental age:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Delayed	<b>Pulse:</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready <input type="checkbox"/> Murmur <input type="checkbox"/> Other _____ <b>Edema:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location _____ <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ <b>Capillary Refill:</b> <input checked="" type="checkbox"/> < 2 sec <input type="checkbox"/> > 2 sec <b>Pulses:</b> Upper R <u>2+</u> L <u>2+</u> Lower R <u>2+</u> L <u>2+</u> 4+ Bounding 3+ Strong 2+ Weak 1+ Intermittent 0 None	<b>Social Status:</b> <input checked="" type="checkbox"/> Calm/Relaxed <input type="checkbox"/> Quiet <input checked="" type="checkbox"/> Friendly <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Crying <input type="checkbox"/> Uncooperative <input type="checkbox"/> Restless <input type="checkbox"/> Withdrawn <input type="checkbox"/> Hostile/Anxious <b>Social/emotional bonding with family:</b> <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent
NEUROLOGICAL	ELIMINATION	IV ACCESS
<b>LOC:</b> <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Unresponsive <b>Oriented to:</b> <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time/Event <input checked="" type="checkbox"/> Appropriate for Age <b>Pupil Response:</b> <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <input checked="" type="checkbox"/> Reactive to Light <input type="checkbox"/> Size <u>3mm</u> <b>Fontanel:</b> (Pt < 2 years) <input checked="" type="checkbox"/> Soft <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Bulging <input type="checkbox"/> Sunken <input type="checkbox"/> Closed <b>Extremities:</b> <input checked="" type="checkbox"/> Able to move all extremities <input checked="" type="checkbox"/> Symmetrically <input type="checkbox"/> Asymmetrically Grips: Right <u>S</u> Left <u>S</u> Pushes: Right _____ Left _____ S=Strong W=Weak N=None <b>EVD Drain:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Level _____ <b>Seizure Precautions:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Urine Appearance:</b> <u>clear, yellow</u> <b>Stool Appearance:</b> <u>yellow, smear</u> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Bloody <input type="checkbox"/> Colostomy <u>LAST BOWEL 1/11, None since admission</u>	<b>Site:</b> <u>QWIST</u> <input type="checkbox"/> INT <input type="checkbox"/> None <input type="checkbox"/> Central Line Type/Location: _____ <b>Appearance:</b> <input checked="" type="checkbox"/> No Redness/Swelling <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input checked="" type="checkbox"/> Patent <input type="checkbox"/> Blood return <b>Dressing Intact:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Fluids:</b> <u>D5 + 1/2 NS at 25 mL/hr</u>
RESPIRATORY	GASTROINTESTINAL	SKIN
<b>Respirations:</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Retractions (type) _____ <input type="checkbox"/> Labored <b>Breath Sounds:</b> Clear <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left Crackles <input type="checkbox"/> Right <input type="checkbox"/> Left Wheezes <input type="checkbox"/> Right <input type="checkbox"/> Left Diminished <input type="checkbox"/> Right <input type="checkbox"/> Left Absent <input type="checkbox"/> Right <input type="checkbox"/> Left <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Oxygen <b>Oxygen Delivery:</b> <input type="checkbox"/> Nasal Cannula: _____ L/min <input type="checkbox"/> BiPap/CPAP: _____ <input type="checkbox"/> Vent: ETT size _____ @ _____ cm <input type="checkbox"/> Other: _____ <b>Trach:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size _____ Type _____ Obturator at Bedside <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Cough:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Productive <input type="checkbox"/> Nonproductive <b>Secretions:</b> Color _____ Consistency _____ <b>Suction:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ <b>Pulse Ox Site:</b> <u>Great Toe</u> <b>Oxygen Saturation:</b> <u>97%</u>	<b>Abdomen:</b> <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Firm <input type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Guarded <b>Bowel Sounds:</b> <input checked="" type="checkbox"/> Present X _____ quads <input type="checkbox"/> Active <input type="checkbox"/> Hypo <input type="checkbox"/> Hyper <input type="checkbox"/> Absent <b>Nausea:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Vomiting:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Passing Flatus:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Tube:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type _____ Location _____ Inserted to _____ cm <input type="checkbox"/> Suction Type: _____ <u>NG pulled 1/20/15, was on gravity</u>	<b>Color:</b> <input type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input checked="" type="checkbox"/> Natural for Pt <b>Condition:</b> <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphoretic <b>Turgor:</b> <input checked="" type="checkbox"/> < 5 seconds <input type="checkbox"/> > 5 seconds <b>Skin:</b> <input type="checkbox"/> Intact <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Lacerations <input type="checkbox"/> Tears <input type="checkbox"/> Rash <input type="checkbox"/> Skin Breakdown Location/Description: <u>IV attempts</u> <b>Mucous Membranes:</b> Color: <u>pink</u> <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Ulceration
	NUTRITIONAL	PAIN
	<b>Diet/Formulas:</b> <u>NPO, 1oz pedialyte</u> <b>Amount/Schedule:</b> <u>Q2hrs as tolerated</u> <b>Chewing/Swallowing difficulties:</b> <u>X2</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>1 oz breastmilk</u> <u>until at 4oz breastmilk</u>	<b>Scale Used:</b> <input type="checkbox"/> Numeric <input checked="" type="checkbox"/> FLACC <input type="checkbox"/> Faces <b>Location:</b> _____ <b>Type:</b> _____ <b>Pain Score:</b> <u>0</u> 0800 <u>0</u> 1200 <u>0</u> 1600 _____
	MUSCULOSKELETAL	WOUND/INCISION
	<input type="checkbox"/> Pain <input type="checkbox"/> Joint Stiffness <input type="checkbox"/> Swelling <input type="checkbox"/> Contracted <input type="checkbox"/> Weakness <input type="checkbox"/> Cramping <input type="checkbox"/> Spasms <input type="checkbox"/> Tremors <b>Movement:</b> <input type="checkbox"/> RA <input type="checkbox"/> LA <input type="checkbox"/> RL <input type="checkbox"/> LL <input checked="" type="checkbox"/> All <b>Brace/Appliances:</b> <input checked="" type="checkbox"/> None Type: _____	<input type="checkbox"/> None <b>Type:</b> <u>Incision</u> <b>Location:</b> <u>Upper quadrant</u> <b>Description:</b> <u>clean + dry</u> <b>Dressing:</b> <u>occlusive</u>
	MOBILITY	TUBES/DRAINS
	<input type="checkbox"/> Ambulatory <input type="checkbox"/> Crawl <input checked="" type="checkbox"/> In Arms <input type="checkbox"/> Ambulatory with assist _____ <b>Assistive Device:</b> <input type="checkbox"/> Crutch <input type="checkbox"/> Walker <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bedridden	<input checked="" type="checkbox"/> None <u>NG pulled at 1300</u> <input type="checkbox"/> Drain/Tube <u>1/5</u> Site: _____ Type: _____ Dressing: _____ Suction: _____ Drainage amount: _____ Drainage color: _____

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INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake								30			30		
Intake – PO Meds													
Enteral Tube Feeding													
Enteral Flush													
Free Water													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid	25	25	25	25	25	25	25	25	25	25	25		
IV Meds/Flush			10						10				
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine	50							120					
# of immeasurable													
Stool								1					
Urine/Stool mix								1					
Emesis													
Other													
GASTRIC DRAINAGE → 26													

Children's Hospital Early Warning Score (CHEWS)	
(See CHEWS Scoring and Escalation Algorithm to score each category)	
Behavior/Neuro	Circle the appropriate score for this category: 0 1 2 3
Cardiovascular	Circle the appropriate score for this category: 0 1 2 3
Respiratory	Circle the appropriate score for this category: 0 1 2 3
Staff Concern	1 pt - Concerned
Family Concern	1 pt - Concerned or absent
CHEWS Total Score	
CHEWS Total Score	Total Score (points) <u>0</u>
	Score 0-2 (Green) – Continue routine assessments
	Score 3-4 (Yellow) – Notify charge nurse or LIP, Discuss treatment plan with team, Consider higher level of care, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications
	Score 5-11 (Red) – Activate Rapid Response Team or appropriate personnel per unit standard for bedside evaluation, Notify attending physician, Discuss treatment plan with team, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications

Student Name: Amara Dinku

Uni. Pedi 2N

Pt. Initials: LS

Date: 11/5/21

**Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours**

Allergies: Amoxicillin

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
				Is med in therapeutic range?	If not, why?			
Famotidine	Gastric Acid Secretion Inhibitor	Reduce Acid Reflux	1.7mg IVPB Q24hrs 2100	0.25 mg/kg Max 40mg/day yes	—	Dehydration	Sodium, glucose, chloride	Fluid overload, Hg per volume, DKA, Cardiac Renal Failure
Acetaminophen	Anti-Pyretic Analgesic	Pain relief (Moderate) Fever Reducer	100mg IVPB Q4hrs	Max Dose: 75mg/kg per 24 hrs yes	—			
Morphine	Opioid	Severe Pain Relief (Z1)	0.3mg IVP Q4hrs PRN	100 mcg/kg q4hrs Max dose: 2.5mg/kg yes	—			
Ondansetron	Anti-emetic	Relieve Nausea or Vomiting	1mg IVP Q4hrs PRN	2mg for 8-15kg yes	—			

  

Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)	Adverse Effects	1. 2. 3. 4.
1. Focused abdominal assessment prior to admin 2. Take at bedtime 3. Take with antacids if needed 4. Call for help before ambulating	Constipation, Headache, Dizziness	1. 2. 3. 4.
1. Do not exceed 4000mg/day from all sources 2. Use with caution with other hepatotoxic drugs 3. Take 2 food to avoid GI upset 4. Re-assess pain/fever in 30 min.	Nausea, vomiting, Hepatotoxicity	1. 2. 3. 4.
1. Focused Resp assessment prior to admin 2. Focused abd. assessment prior to admin 3. Call for help before ambulating-drowsiness 4. Do not suddenly d/c if dependent	Nausea, vomiting, Respiratory depression, hypotension, itching	1. 2. 3. 4.
1. Focused abd. assessment prior to assessment 2. Monitor for constipation 3. Call for help before ambulating-drowsiness 4. Report S/S of QT prolongation	Constipation, dizziness, HA, A-Fib, prolonged QT interval, drowsiness	1. 2. 3. 4.

IBM Micro Medex Drug Info App