

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 <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	Click here to enter text.

Student Name: Sarah Kearney	Unit: Click here to enter text.	Patient Initials: Click here to enter text.	Date: 1/13/2021	Allergies: Niacin
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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.)
Clonidine (Catapres)	Alpha2 Agonists, Central acting	High blood pressure management	0.3 mg, PO, BID	Click here to enter text.	Click here to enter text.	Dry mouth, somnolence, headache, fatigue, drowsiness, anxiety	1. Do not discontinue medication suddenly, this can cause rebound hypertension 2. Caution in patients with chronic renal failure 3. Oral formulations are not interchangeable with extended release, refer to HCP or pharmacy if needing to change medication. 4. Educate pt to not drink alcohol while on this medication.
Potassium Chloride (Klor-Con)	Electrolyte supplement	Treat low potassium	20 mEq, PO, Daily	Click here to enter text.	Click here to enter text.	Hyperkalemia, nausea, vomiting, flatulence, abdominal discomfort or pain	1. check labs first to ensure hyperkalemia does not occur. Administer according to protocols for low potassium (<3.5) 2. do not take on an empty stomach to avoid gastric irritation 3. caution in patients with renal or cardiovascular insufficiency 4. use with care in patients with

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							hypervolemia or urinary tract obstructions
Hydrochloro thiazide (Microzide)	Diuretics, Thiazide	High Blood Pressure management	20 mg, PO, Daily	<input type="text"/> Click here to enter text.	<input type="text"/> here to enter text.	Hypokalemia, hypernatremia, dehydration, hyperglycemia	1. Educate pt to report muscle cramps and weakness 2. Assess patient for changes in mental status 3. Monitor blood glucose levels closely in diabetic patients for hyperglycemia 4. Monitor electrolytes such as potassium, sodium, chloride, magnesium for changes following medication administration
Gabapentin (Neurontin)	GABA analogs, anti-convulsant	Relieve nerve pain	100 mg, PO, Q8hr	<input type="text"/> Click here to enter text.	<input type="text"/> Click here to enter text.	Ataxia, dizziness, drowsiness, fatigue, somnolence	1. May increase risk of suicidal thoughts or behavior, educate pt and family to be aware and report any changes in behavior 2. Do not discontinue medication abruptly, must gradually taper dosage 3. educate pt to not consume alcohol while on medication, can potentiate effects 4. caution when administering other CNS depressants, such as opioids at the same time, closely assess for respiratory depression

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Lisinopril (Zestril)	ACE inhibitor	High blood pressure management	40 mg, PO, Daily	Click here to enter text.	here to enter text.	Dizziness, drowsiness, dry cough, headache	<ol style="list-style-type: none"> 1. Ensure BP is >100/60 before administration 2. Monitor closely for angioedema (swelling of eyes, lips, and tongue) 3. Use with caution with other HTN meds, diuretics, or NSAIDs 4. Educate pt to call for help when getting out of bed, ensure call light is within reach at all times.
Insulin Glargine (Lantus)	Long-Acting Insulin	Manage high blood sugar	20 units, subQ, daily	Click here to enter text.	here to enter text.	Headache, dyspepsia, diarrhea, lipodystrophy, local site reaction	<ol style="list-style-type: none"> 1. Inject daily at the same time, educate patient for self administration 2. Do not mix in same syringe with other insulins 3. Educate patient on usage of different types of insulin to work together for diabetes management 4. Rotate injection sites, education pt on self administration of insulin and appropriate sites
Enoxaparin (Lovenox)	Anticoagulant, Low Molecular weight	Prevent blood clots and DVT	30 mg, SubQ, Daily	Click here to enter text.	here to enter text.	Hemorrhage, fever, local site reaction, thrombocytopenia	<ol style="list-style-type: none"> 1. Check platelet count before administration, hold if below 100,000 2. rotate site of injection, but always >4 inches from umbilicus

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	heparin					nia, anemia	3. Educate pt not to rub or scratch the site, this will cause bruising 4. Carefully monitor for s/s of bleeding, especially in pts with low body weight
Aspirin (Ecotrin)	NSAID, Antiplatelet agent	Prevent clots	81 mg, PO, Daily	<input type="text"/> here to enter text. Click here to enter text.		Angioedema, ulceration, GI pain, bleeding, hearing loss, rash, hepatotoxicity	1. Contraindicated if pt has peptic ulcers or bleeding disorder 2. Educate pt to take with food/water to decrease GI issues 3. Can cause renal impairment, assess renal health prior to administration 4. Discontinue therapy if tinnitus, ringing in ears, develops. Tell pt to report this symptom
Nifedipine (Adelat CC)	Calcium channel blocker	High blood pressure management	90 mg, PO, AC Breakfast	<input type="text"/> here to enter text. Click here to enter text.		Peripheral edema, dizziness, flushing, headache, heartburn, nausea	1. Avoid use of immediate release formulation in the elderly as it may cause hypotension rapidly 2. Educate pt to not chew or crush tablet, must be swallowed whole. 3. Administer on an empty stomach 4. Use caution if pt is also taking a beta blocker, or has hepatic or renal impairment.

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Insulin Human Lispro	Rapid Acting Insulin	Managing diabetes/ lowers blood sugar	2 units, subQ, PRN protocol	Click here to enter text.	here to enter text.	Hypoglycemia, hypokalemia, weight gain, rash, pruritis, myalgia	<ol style="list-style-type: none"> 1. Eat within 15 minutes of taking medication 2. monitor blood sugars to watch for hypoglycemia, pt with renal or hepatic impairment are at higher risk 3. teach pt to alert nurse if feeling shaky, dizzy, or sweating (s/s of hypoglycemia) 4. Rotate injection sites, education pt on self administration of insulin and appropriate sites
Melatonin	Herbals, neurology & psychiatry	Insomnia, help sleep-wake cycle	3 mg, PO, QHS, prn insomnia	Click here to enter text.	here to enter text.	Abdominal cramps, alertness decreased, daytime fatigue, dizziness	<ol style="list-style-type: none"> 1. Caution in patients with hypertension or depression 2. Educate pt to avoid driving or operating machinery for at least 4 hours after taking medication 3. Avoid use in conjunction with other herbal supplements 4. Educate pt that this may affect their sleep-wake cycle and promote activity during the day
Atorvastatin Calcium (Lipitor)	HMG-CoA reductase	Decrease cholesterol	40 mg, PO, QPM	Click here to enter text.	here to enter text.	Constipation, nausea, fatigue, gas, heart burn,	<ol style="list-style-type: none"> 1. Caution with alcohol abuse, avoid drinking while taking medication 2. Caution in patients with diabetes

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	inhibitors	buildup in body		Click here to enter text.		headache, mild muscle pain	mellitus 3. Caution if patient has had stroke within the last 6 months 4. Stop medication immediately if myopathy is diagnosed or suspected
Hydralazine HCl	Vasodilators	High blood pressure management	10 mg, IVP, Q6HR, PRN systolic BP >160	Click here to enter text.	in 10 mL of 0.9% Sodium Chloride, administer over 2-4 minutes	Headache, pounding/rapid heart beat, loss of appetite, nausea, dizziness	<ol style="list-style-type: none"> 1. Use with caution for CVA patients 2. Discontinue slowly to avoid rapid rise in blood pressure 3. Educate patient to report any peripheral neuritis symptoms, such as numbness or tingling, occur 4. Discontinue therapy if adverse hematologic effects occur, such as decreased RBC or leukopenia.
Polyethylene Glycol (Miralax)	Osmotic Laxatives	Stool softener	17 grams, PO, Daily, PRN constipation	Click here to enter text.	here to enter text.	Abdominal bloating, dehydration, nausea, irritation of the rectum, stomach cramps,	<ol style="list-style-type: none"> 1. Avoid use in patients with bowel obstruction or gastric retention 2. Electrolyte balance can occur with long term use, watch pt electrolyte levels closely for changes 3. Instruct patient to stay hydrated and drink adequate fluids throughout the day (around 3.7 liters)

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						excessive thirst	4. Caution in patients taking other medications that can cause renal impairment, such as NSAIDs, diuretics, and ACE inhibitors