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
Normal Saline 150 mL/hr	Isotonic ☒ Hypotonic ☐ Hypertonic ☐	Click here to enter text.	Click here to enter text.	Click here to enter text.

Student Name: Brynne Barker	Unit: Click here to enter text.	Patient Initials: Click here to enter text.	Date: 12/13/2021	Allergies: Iodine, Ceftriaxone, Coconut Oil, Morphine		
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.)
Unipen Inj (Nafcillin)	Penicillin-resistant penicillins	Antibiotics	20.833 mL/hr - IV	Click here to enter text.	here to enter text.	Neurotoxicity, pseudomembranous colitis, agranulocytosis, leukopenia, neutropenia, thrombocytpenia, anaphylaxis, renal tubular damage, severe tissue necrosis	1. Tell patient to report burning or irritation at the IV site. 2. Monitor patients for s/s of interstitial nephritis (rash, fever, abnormal urinalysis results, hematuria, proteinuria). 3. Monitor sodium levels. 4. Bacterial or fungal superinfection may occur, especially, in immunosuppressed patients.
Eliquis (Apixaban)	Factor Xa inhibitors	Anticoagulants	2.5 mg (1 tablet) - PO BID	Click here to enter text.		Major bleeding, anemia, bruising, epistaxis, nausea, rectal hemorrhage, bleeding gums, hematuria, hemoptysis	1. Drug can cause serious, potentially fatal bleeding. Evaluate patient for s/s of blood loss. 2. Advise patient to report unusual bleeding. 3. Do not discontinue taking drug without first talking to your HCP. 4. Caution patient that bruising or bleeding

Adopted: August 2016

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

Student Name: Brynne Barker		Unit: Click here to enter text.	Patient Initials: Click here to enter text.	Date: 12/13/2021	Allergies: Iodine, Ceftriaxone, Coconut Oil, Morphine	
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.)**
							may occur more easily.
Movantik (Naloxegol)	Opioid antagonists	Antidotes	25 mg (1 tablet) - PO AC breakfast	Click here to enter text.		Headache, abd pain, NVD, flatulence, hyperhidrosis	1. Advise patient that drug is only for use if patient is also taking an opioid medication. 2. Avoid grapefruit juice and St. John's wort during therapy. 3. Caution patient to report s/s of opioid withdrawal. 4. Monitor patient for GI perforation (severe abd pain).
Hydrea (Hydroxyurea)	Antimetabolites	Antineoplastics	1,500 mg (3 capsules) - PO daily	Yes	n/a	Leukopenia, thrombocytopenia, bone marrow suppression, malaise, fever, drowsiness, constipation, rash, itching, chills	1. Droxia may cause severe myelosuppression. Monitor blood counts at baseline and throughout therapy. 2. Droxia is carcinogenic. Monitor patient for malignancies. 3. Advise patient to use sun protection. 4. Advise male patient with female sexual partner of childbearing potential to use effective contraception during and for at least 1 year after therapy ends.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text.

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

Student Name: Brynne Barker	Unit: Click here to enter text.	Patient Initials: Click here to enter text.	Date: 12/13/2021	**Allergies:** Iodine, Ceftriaxone, Coconut Oil, Morphine		
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.)**
							4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text.

Adopted: August 2016

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

Student Name: Brynne Barker		Unit: Click here to enter text.	Patient Initials: Click here to enter text.	Date: 12/13/2021	Allergies: Iodine, Ceftriaxone, Coconut Oil, Morphine	
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.)**
							4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

Adopted: August 2016