

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: Jennifer King		Unit: Click here to enter text.	Patient Initials: Click here to enter text.		Date: Click here to enter a date.	Allergies: levofloxacin	
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.)
Diphenhydramine	antihistamine	Control itching	1gram topical BID	Click here to enter text.	Click here to enter text.	Dizziness, xerostomia	1. avoid activities requiring mental alertness 2. do not cover with dressing 3. avoid alcohol 4. avoid MAO drugs
Enoxaparin	antithrombotic	Prevent DVTs	0.30 ml Subq daily	Click here to enter text.	Click here to enter text.	Bleeding, bloody stool, hypotension	1. monitor for signs of bleeding 2. teach DVT prevention 3. prevention of injuries 4. assess allergies
metoprolol	Beta blocker	Control hypertension	25mg PO Daily	Click here to enter text.	Click here to enter text.	Hypotension, headache	1. assess BP 2. may cause dizziness, headache 3. ask for assistance if dizzy 4. assess apical pulse

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

Student Name: Jennifer King		Unit: Click here to enter text.	Patient Initials: Click here to enter text.	Date: Click here to enter a date.	Allergies: levofloxacin		
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.)
famotidine	H2 blocker	Heartburn relief	20mg PO Daily	<input type="text"/> Click here to enter text.	Click here to enter text.	Constipation, diarrhea, dizziness	<ol style="list-style-type: none"> 1. caution standing if dizziness occurs 2. report diarrhea 3. take before bed 4. assess allergies
clopidogrel	Platelet aggregation inhibitor	Prevent clots	75mg PO Daily	<input type="text"/> Click here to enter text.	here to enter text.	hemorrhage	<ol style="list-style-type: none"> 1. blackbox warning, not for patients with poor metabolizers 2. report prolonged bleeding 3. avoid nsaid 4. do not stop abruptly
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> Click here to enter text.	here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 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.	<input type="text"/> Click here to enter text.	here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 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.	<input type="text"/> Click here to enter text.	here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 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: Jennifer King		Unit: Click here to enter text.	Patient Initials: Click here to enter text.	Date: Click here to enter a date.	Allergies: levofloxacin		
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.	Click 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.	Click 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.	Click 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.	Click 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.	Click 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.	Click 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: Jennifer King		Unit: Click here to enter text.	Patient Initials: Click here to enter text.		Date: Click here to enter a date.	Allergies: levofloxacin	
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.	Click 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.