

## Pediatric 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.

<b>Student Name:</b> Jenna Dixon		<b>Unit:</b> NICU	<b>Patient Initials:</b>		<b>Date:</b> 1/19/2021	<b>Allergies:</b> NKA	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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.)
Ursodiol	Bile Acid	Gastrointestinal agent	19 mg BID PO			Rash, constipation, nausea, vomiting, upper respiratory infection	1. monitor liver function tests 2. monitor electrolytes if severe vomiting 3. don't give med on empty stomach 4. monitor to ensure bile flow is maintained during therapy
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.

## Pediatric Medication Worksheet - Current Medications & PRN for Last 24 Hours

Student Name: Jenna Dixon		Unit: NICU	Patient Initials:	Date: 1/19/2021	Allergies: NKA		
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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.)
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> here to enter text. Click here to enter text.		Click here to enter text.	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> here to enter text. Click here to enter text.		Click here to enter text.	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> here to enter text. Click here to enter text.		Click here to enter text.	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> here to enter text. Click here to enter text.		Click here to enter text.	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> here to enter text. Click here to enter text.		Click here to enter text.	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> here to enter text. Click here to enter text.		Click here to enter text.	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>

## Pediatric Medication Worksheet - Current Medications & PRN for Last 24 Hours

Student Name: Jenna Dixon		Unit: NICU	Patient Initials:	Date: 1/19/2021	Allergies: NKA		
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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.)
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.	<input type="text"/> here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
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.	<input type="text"/> here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
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.	<input type="text"/> here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
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.	<input type="text"/> here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
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.	<input type="text"/> here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
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.	<input type="text"/> here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>

## Pediatric Medication Worksheet - Current Medications & PRN for Last 24 Hours