

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 80 mL/hr	Isotonic <input checked="" type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	To remedy patient's dehydration	electrolyte labs to monitor for imbalances especially potassium/ sodium	Contraindications: Hypersensitivity to NS in past, CHF, severe renal impairment, conditions associated with sodium retention. Complications: speed shock, venous spasm, air embolism, phlebitis, extravasation

Student Name: Serina Duran		Unit: Click here to enter text.	Patient Initials: Click here to enter text.		Date: 1/23/2021	Allergies: Iodine, betamethasone, cetirizine, colchicine, diphenhydramine, prochlorperazine	
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.)
Furosemide (Lasix)	Loop diuretic	Fluid retaining disorders: heart failure, renal impairment	40 mg PO BID	<input type="text"/> here to enter text. Click here to enter text.		Dehydration, hypokalemia, hypomagnesemia, ototoxicity, nocturia	1. increase dietary intake of potassium rich foods 2. caution when changing positions 3. report muscle cramps, ringing in the ears 4. caution in patients with: diabetes, pregnancy, renal disease, liver disease
Aldactone (spirondactone)	Diuretic-potassium sparing (aldosterone receptor antagonist)	Fluid retaining disorders: heart failure, renal impairment	25 mg PO BID	<input type="text"/> here to enter text. Click here to enter text.		Disorder of electrolytes, hyperglycemia, hyperkalemia, hyperuricemia, hypocalcemia, hyponatremia, gastric	1. monitor/ assess blood pressure, electrolytes, BUN and creatinine, I&O, daily weight 2. monitor blood glucose for hyperglycemia 3. teach patient to report s/s of hyperglycemia: increased thirst/hunger, blurred vision, frequent urination,

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						hemorrhage, gastritis, diarrhea	headache. Also to report new bruises: monitor for signs of impaired wound healing 4. contraindications: Addison disease, concomitant eplerenone use, hyperkalemia
Pantoprazole (protonix)	Proton pump inhibitor	Gastric acid secretion inhibition, treatment of peptic ulcers and GERD	40 mg PO BID	Click here to enter text.	Click here to enter text.	C-diff diarrhea, atrophic gastritis, tubulointerstitial nephritis, thrombocytopenia, diarrhea, abdominal pain	<ol style="list-style-type: none"> 1. Monitor for diarrhea, platelet count for risk of HIT, bleeding 2. teach patient to report liquid stools/diarrhea, muscle cramps seizures, tremors, and that long term use may warrant replacement of magnesium, calcium, and B vitamins 3. caution: for patients taking meds dependent on gastric acidity for absorption, dosing b/n protonix and other meds should be about 4 hours apart 4. contraindications: hypersensitivity reactions to any component of protonix, concomitant use with rilpivirine-containing products, avoid use for longer than 8 weeks due to risk of C-diff infection, bone loss, fractures

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Mycostatin powder	antifungal	Prevention of fungal infection	Topical BID 1 gram per 1 application	<input type="text"/> Click here to enter text.	Click here to enter text.	Stevens-Johnson syndrome, skin irritation, hypersensitivity reaction	<ol style="list-style-type: none"> 1. monitor pt for local reactions (allergic reactions, burning, itching, rash) 2. teach pt how to apply properly, teaching to dust powder on moist affected areas and to rub liberally 3. teach pt to report s/s of allergic reaction (burning, itching, edema, rash, difficulty breathing) 4. contraindications: hypersensitivity to mycostatin/nystatin products
Levofloxacin	Antibiotic (fluroquinolone)	Treatment of bacterial infection	250 mg/50 ml every 24 hrs IVPB	<input type="text"/> Click here to enter text.	<input type="text"/> 250 mg/50 mL, 50 mL/hr	Achilles tendon rupture, peripheral neuropathy, toxic psychosis, C. difficile assoc. diarrhea, hypoglycemia	<ol style="list-style-type: none"> 1. monitor/assess tendon pain 2. assess for loose or watery stools 3. monitor blood glucose levels for hypoglycemia 4. teach pt to report tendon pain, numbness or tingling in hands and feet, watery or loose stools
Dilaudid (Hydromorphone Hydrochloride)	CNS agent, analgesic opioid	Pain relief	0.5 mg IVP every 6 hrs prn pain 7-10	<input type="text"/> Click here to enter text.	<input type="text"/> diluent solution: NS, push over 2 min	Hypotension, syncope, coma, seizure, respiratory arrest/	<ol style="list-style-type: none"> 1. teach patient to call for help when getting out of bed 2. assess/ monitor respiratory vitals for s/s of severe respiratory depression 3. contraindications: significant respiratory

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						depression, constipation. N/V, dizziness, somnolence	depression, acute or severe asthma 4. black box warning: addiction, abuse misuse. Teach patient importance of strict adherence of medication as prescriber ordered
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