

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: nka	
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.)
progesterone	progestin	Assists with endometriosis	20mg PO Daily	Click here to enter text.	Click here to enter text.	Cramping, depression, dizziness	1. black box warning, risk of mi, stroke, cancer, dvt 2. do not use tampons 3. avoid activities requiring mental alertness 4. teacg potential long term effects
enoxaparin	anticoagulant	antithrombotic	40mg subq daily	Click here to enter text.	Click here to enter text.	Bleeding, bloody stool, hypotension	1. report signs of bleeding 2. teach dvt prevention 3. avoid NSAIDS and asperin 4. do not miss doses
Fluticasone propionate	Anti-inflammatory/bronchodilator	Treat COPD	250 1 puff Q12 hours	Click here to enter text.	Click here to enter text.	Oral candidiasis, dizziness, headache	1. teach importance of taking at same time daily 2. rinse mouth after use 3. do not stop abruptly 4. report worsening symptoms immediately
Rosuvastatin calcium	antihyperlipidemic	Lower cholesterol	20mg PO	Click here to enter text.	Click here to enter text.	Abdominal pain,	1. report muscle pain 2. report signs of liver injury

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: nka	
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.)
			Daily	Click here to enter text.		nausea, myalgia	3. take whole or sprinkle of food and eat whole 4. take antacid 2 hours after drug
Levothyroxine sodium	Thyroid supplement	Assist with thyroid production	100mcg PO Daily	<input type="text"/> here to enter text. Click here to enter text.		Palpitations, weight loss, insomnia	1. take on empty stomach 2. do not stop abruptly 3. take 4 hours apart from iron, calcium supplement 4. black box warning, do not use for weight loss
gabapentin	Neuropathic pain agent	Control pain	300mg PO Daily	<input type="text"/> here to enter text. Click here to enter text.		Peripheral edema, nausea, fatigue	1. Report depression, unusual mood changes 2. report rash 3. avoid alcohol 4. take with evening meal
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.	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"/> 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: nka		
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: nka	
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.	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> 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.