

Student Name: Alyssa Parrel

Date: 02/25/2021

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

Allergies: \_\_\_\_\_

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
	Isotonic/ Hypotonic/ Hypertonic			

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.)
<b>Sucralfate (Carafate)</b>	antilulcer-protectant dermatological	Protects against ulcers, protects against further forams	NASO-gastric OPA1 (1gram)	Y	1 tab. in 60ml syringe followed by 20ml water usually BID (orally)	Constipation, hypoglycemia (in diabetics) aluminum tox.	1. Take drug on empty stomach 2. May cause constipation, bezoar 3. No antacids formation, aluminum tox. 4. Consult drug interaction database
<b>gabapentin (neurontin, gralise)</b>	GABA analogs anticonvulsant neuropathic pain agent	prevents/controls seizures, relieves nerve pain, muscle spasms	OPA1 (do NOT split, crush, or chew)	N	capsule: 100mg, 300mg, 400mg solution: 150mg/5ml Tablet: 100mg, 800mg	Edema, N/V, Stevens-Johnson syndrome, respiratory dep.	1. Avoid activities until drug effects realized 2. Do not suddenly stop med. ↑ seizure frequency 3. Avoid alcohol 4. Report depression, suicidal ideation, unusual behavior
<b>lorazepam (claritin)</b>	anti-anxiety, anti-stress	reduces anxiety, sedating	OPA1	Y	tablets, disintegrating, solution dosing (cp)	Xerostomia, headache, somnolence	1. Avoid activities until effects are realized 2. Disintegrating tablets may be taken w/ or w/out water 3. May cause xerostomia 4. Caution in hepatic/renal impairment
<b>Folic acid</b>	VITAMINS	helps body make healthy RBC's	OPA1, Injection	Y	Injection: 5mg/1ml OPA1 capsule & tablet	Loss of appetite, confusion, allergic reaction	1. Avoid alcohol 2. May cause bad taste in mouth 3. Vials must be protected from heat 4. May obscure pernicious anemia
<b>Nicotine transdermal (nicoderm CD)</b>	cholinergic receptor antagonist, smoking dependent	SMOKING dependent, cessation	2mg/24 hr transdermal	Y	Discard previous site + change site (non-hairy) @ date, time, + initial	skin reactions, headache, vertigo, S/S nicotine toxicity	1. May cause redness, itching, or edema 2. Report fast, irregular, pounding HR 3. Remove patch prior to MRI 4. Do not smoke

Student Name: Alyssa Borrel

Date: 02/27/2021

Patient Physical Assessment Narrative

PHYSICAL ASSESSMENT NARRATIVE BY SYSTEMS: (Complete using assessment check list and reminders below).

GENERAL INFORMATION (Time of assessment, admit diagnosis, general appearance)

Daily assessment started at 1100, admitted dx stage IV adenocarcinoma of the lung, anemia, COPD, pt. falls at home. Appearance of pt. is tired, not well groomed, and in pain.

Neurological-sensory (LOC, sensation, strength, coordination, speech, pupil assessment)

Alert, oriented to person, place, and time. Pupils equal. Moves upper extremities well, but lower is weak. Can HGTW equally. Speaks readily, calm, and relaxed.

Comfort level: Pain rates at 9 (0-10 scale) Location: abdomen, back, legs, chest

Psychological/Social (affect, interaction with family, friends, staff)

Little to no affect. No family, but follows commands of staff. Agitated and tired.

EENT (symmetry, drainage of eyes, ears, nose, throat, mouth, including dentition, nodes, and swallowing) Sclera clear and white no drainage. Ears symmetrical but loss of hearing. Nasal septum midline with allergy drainage. Oral mucosa dry and cracked.

Respiratory (chest configuration, breath sounds, rate, rhythm, depth, pattern)

Chest barrel shaped. Respirations 20 and shallow. Respirations labored but no abnormal sounds during auscultation. Breathing room air at 94%. Has productive cough. Secretions are brownish once daily.

Cardiovascular (heart sounds, apical and radial rate, rhythm, radial and pedal pulse, pattern)

Regular rate and rhythm. Heart rate 97, radial pulses 2+ bilaterally. Pedal pulses hard to palpate 1+. Generalized edema. BP 105/62 and complaints of chest pain. Nailbeds thick and yellow. Capillary refill 3-4 secs.

Student Name: Alyssa Bond

Date: 02/17/2021

IM1 Patient Physical Assessment Narrative

**Gastrointestinal** (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) Abdomen distended, firm. Active bowel sounds x4 quadrants. Guarding of the stomach and compliance of tenderness. Stool is brown.

Last BM yesterday

**Genitourinary-Reproductive** (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) Uses a bedside urinal. voids clear, yellow urine, adequate amount.

Urine output (last 24 hrs) N/A LMP (if applicable)

**Musculoskeletal** (alignment, posture, mobility, gait, movement in extremities, deformities) Does not ambulate on own. walks with a walker and needs assistance. BLE swollen and hard to put weight on.

**Skin** (skin color, temp, texture, turgor, integrity) Skin color normal for pt. warm and dry. Turgor elastic.

**Wounds/Dressings** One good size bruise on LUE. Subclavian dressing.

**Other** Diabetes type II.