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
NS 1,000 ml (50ml/hr) Q20H	**Isotonic** ☐	Dehydration and metabolic acidosis	Elevated sodium (AD 150) Elevated ammonia (AD 73) Elevated lactate (AD 3.3)	Monitor for fluid overload as this could cause acute respiratory distress. Monitor for hyponatremia.

Student Name: Caroline Dikes	Unit: HC5	Patient Initials: RM	Date: 03/02/2021	Allergies: NKDA	
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.)**
Proamatine	Alpha-Adrengeric Agnost Vasopressor	Increase vascular ton and elevation of BP	10mg 2 5mg tabs PO TIDAC	Correct		shivering, dysuria, pruritus, paresthesia, bradyarrhythmia, supine hypertension	1. BBW: can cause marked elevation of supine BP 2. Do not administer after evening meal or 4 hours before bedtime 3. Monitor BP 4. Teach may cause piloerection, shivering, paresthesia
Humalog Insulin (insulin lispro)	anti-diabetic Fast acting	Control of Type 1 and Type 2 hyperglycemia	5 units AC5min SubQ	Correct	Sliding Scale Insulin 100 units/mL 1 unit/0.01mL	Rapid decrease in blood sugar (hypoglycemia), dysrthymias, seizures, rapid heart rate, low potassium levels, cramps	1. Must have a meal within 15 minutes of administration 2. Check blood glucose level and have second nurse verify 3. Assess heart rate 4. Report experiencing dizziness/ lightheadedness/tingling or blurred vision

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sandoSTATIN in 1000 ml NS	Endocrine-metabolic agent Somatostatin	Lowers/ suppresses hormone levels in the body (insulin,LH, GnRH, VIP, IGF-I, TSH)	Inj IV 198 mcg Q20H	Correct	198 mcg in 1000 ml NS	Peripheral edema, abdominal pain, N/V/D, flatulence, indigestion, dissiness, HA,	1. Report symptoms of cardiac abnormalities (racing HR, palpitations) 2. Teach may cause GI distress 3. Report feeling lightheaded or hypoglycemia 4. Monitor patients with DM (hyper/ hypoglycemia may occur)
Sodium Bicarbonate	Antacid Parenteral Electrolyte	Buffers excess hydrogen ion concentration, raising blood pH	1300 mg IV flush Q12HR	Correct	50 mEq IV over 5 minutes 1ml/kg IV bolus Dilute with 1.5% NS	Cellulitis, injection site extravasation, skin ulcer, metabolic alkalosis, GI upset	1. Monitor for S/S hypernatremia and metabolic alkalosis 2. Monitor serum electrolytes and renal function. 3. Patient must be monitored for 4-6 hours after administration prior to discharge 4. Teach patient to decrease sodium intake, as sodium retention is a high risk

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Enulose Soln	Laxative Hyperosmotic	Treatment of constipation	30 ml PO BID	Correct	May mix with fruit juice, water, or milk	Bloating, diarrhea, epigastric pain, flatulence, nausea, cramps, hypernatremia, hypokalemia	1. Monitor serum electrolytes (risk for hypernatremia/hypokalemia) 2. Teach patient may take 24-48 hours to take effect 3. May be mixed with juice or milk dependent on patient preference 4. Frequently check and empty ileostomy bag (may fill with gas)
Metoprolol	beta-adrenergic blocker, cardioselective	treatment of high blood pressure and angina	25 mg PO BID	Correct		bradyarrythmia, hypotension, dizziness, heart block, heart failure, MI	1. BBW: never d/c abruptly. Can cause myocardial infarction 2. Monitor blood pressure (risk of hypotension) 3. Report feeling of SOB or lethargic 4. Teach the importance of continuing the medication and never stopping abruptly
Insulin Glargine	Anti-diabetic Insulin long acting	Control of Type 1 and Type 2 hyperglycemia	25 units SubQ QHS	Correct	100 units/mL 1 unit/0.01mL	Hypoglycemia, rash, itching, swelling, difficulty breathing, dizziness, blurred vision	1. Check blood glucose level and have second nurse verify 2. Report dizziness, blurred vision, drowsiness 3. Must have a meal within 15 minutes of administration 4. Report S/S hypoglycemia

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Rifaximin	Antibiotic	Inhibits bacterial RNA synthesis	550 mg tab PO BID	correct		Peripheral edema, abdominal pain, nausea, HA, fatigue, dizziness	1. Instruct patient with hepatic encephalopathy to report S/S C. Diff (bloody stool in ileostomy bag) 2. Monitor for fever 3. Monitor renal and hepatic function labs 4. Report severe dizziness. "Call don't fall"
Pantoprazole	Proton pump inhibitor	Treatment of peptic ulcers, gastroesophageal reflux disease (GERD)	40 mg EC tab PO Breakfast	Correct		Pneumonia, fractures, rebound acid hypersecretion, hypomagnesemia, Clostridium difficile, thrombocytopenia, diarrhea	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. Patients takings medications dependent on gastric acidity for absorption, pantoprazole and other medications should be administered 4 hours apart 4. Contraindications: hypersensitivity reactions to any component of pantoprazole, avoid use for longer than 8 weeks due to risk of C-diff infection, bone loss, fractures

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Folic Acid	Vitamin B	Normal erythropoiesis, synthesis of purine and thymidylates, metabolism of amino acids	1 mg PO Daily	Correct		Loss of appetite, nausea, confusion, irritability, sleep pattern disturbance	1. Monitor for S/S hypercalcemia 2. Teach to consult PCP to reconcile additional vitamins/supplements before taking them 3. Report insomnia 4. Do not consume alcohol
Clopidrogrel	ADP-induced aggregation inhibitor Platelet aggregation inhibitor	Prevents formation of blood clots	75 mg PO Daily	Correct		Chest pain, dark purple bruises, red or purple spots on the skin, collection of blood under the skin	1. Watch for excessive bleeding. Teach patient to report episodes. 2. Teach patient not to discontinue immediately. May cause adverse cardiovascular events 3. Teach patient to avoid use of nonprescription NSAIDS, aspirins due to risk of bleeding 4. Teach patient that skin bruises and discoloration are common

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Enoxaprain inj	Anticoagulant	Prevents the formation of blood clots	40 mg SubQ Daily	HELD 3/2/21 due to thrombocytopenia	age/kg 40mg/0.4ml (100mg/ml)	Excessive bleeding (cuts/gums) Shortness of breath Difficulty swallowing Pain and bruising at injection site	1. Do not take if on NSAIDS 2. Check platelet count. Acceptable values are 150,000-400,000 3. Only admin in the "love handle region" bunch the entire time 4. Let HCP know if experiencing any numbness in extremities or any changes in vision
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. 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.	Choose an item. 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.