

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

**Allergies:** Hydralazine, Metformin

| 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<br>IVPB – List concentration and rate of administration | Adverse Effects   | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)  |
|---------------------------|------------------------------|--|------------------------|---|---|---|--|
| Sodium bicarbonate (Neut) | Alkalinizing agent           | Relieves heart burn and indigestion. Acidosis. | 650mg PO BID           | <input checked="" type="radio"/> Y<br><input type="radio"/> N | N/A   | Severe stomach pain, edema, cerebral hemorrhage, muscle spasms. | <ol style="list-style-type: none"> <li>1. Monitor sodium levels. Excess sodium can exacerbate hypertension and heart failure.</li> <li>2. Report symptoms of fluid overload such as edema, dyspnea or hypertension</li> <li>3. Caution with pts who have heart failure or renal disease</li> <li>4. Pt should take the tablet with a full glass of water to prevent upset stomach</li> </ol> |
| Furosemide (Lasix)        | Loop Diuretic                | Hypertension, renal failure, CHF, edema        | 40mg/4ml IVP BID       | <input checked="" type="radio"/> Y<br><input type="radio"/> N | IVP: 40mg/4ml 1-2minutes  | Dehydration, hypokalemia, hypomagnesemia, ototoxicity           | <ol style="list-style-type: none"> <li>1. Report muscle cramps or ringing in the ears</li> <li>2. Monitor BP, I&amp;O, daily weight</li> <li>3. Increase dietary intake of potassium rich foods.</li> <li>4. Caution with renal disease, liver disease, and pts with diabetes</li> </ol>   |
|                           |                              |  |                        | <input type="radio"/> Y<br><input type="radio"/> N            |   |   | <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>   |
|                           |                              |  |                        | <input type="radio"/> Y<br><input type="radio"/> N            |   |   | <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>   |
|                           |                              |  |                        | <input type="radio"/> Y<br><input type="radio"/> N            |   |   | <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>   |

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

| Generic Name | Pharmacologic Classification | Therapeutic Reason | Dose, Route & Schedule | Correct Dose? If not, what is correct dose? | IVP – List solution to dilute and rate to push.<br>IVPB – List mL/hr and time to give | Adverse Effects | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.) |
|--------------|------------------------------|--------------------|------------------------|---|---|-----------------|---|
|              |                              |                    |                        | Y<br>N                                      |   |                 | 1.<br>2.<br>3.<br>4.  |
|              |                              |                    |                        | Y<br>N                                      |   |                 | 1.<br>2.<br>3.<br>4.  |
|              |                              |                    |                        | Y<br>N                                      |   |                 | 1.<br>2.<br>3.<br>4.  |
|              |                              |                    |                        | Y<br>N                                      |   |                 | 1.<br>2.<br>3.<br>4.  |
|              |                              |                    |                        | Y<br>N                                      |   |                 | 1.<br>2.<br>3.<br>4.  |