

Pediatric 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
D5 + 1/2 NS + KCL 20meq/L 1000mL at 50mL/hr	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input checked="" type="checkbox"/>	Used to treat hypovolemia, as a maintenance fluid, and replenish potassium if low	Dextrose, K	Monitor for fluid volume overload, contraindicated if high K.

Student Name: Holly Clarke		Unit: N3	Patient Initials:		Date: 3/4/21	Allergies: Primary pt: no known drug allergies	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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.)
Famotidine	H2 blocker	Decreases the amount of acid in the stomach	20mg - 2mL, IVP, BID	Yes	Diluent solution: NS Volume: 5ml Rate of admin: 2 minutes	Angioedema, anaphylaxis, thrombocytopenia	1. Caution if renal impairment 2. Monitor Cr 3. Monitor for angioedema 4. Monitor platelets
Piperacillin & Tazo int	Penicillin antibiotics	Kills bacteria that cause infection	3.375g in sodium chloride 0.9% 100mLs at 200mLs/hr. IVPB, Q6hr	Yes	3.375g in sodium chloride 0.9% 100mLs at 200mLs/hr	Anaphylaxis, stevens - johnson syndrome, toxic epidermal necrosis,	1. Monitor skin for blistering and peeling 2. Caution is asthma 3. Caution if hypersen. to multiple allergens 4. Monitor CBC electrolytes of low K

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TPN admixture	Multiple electrolyte additive	Fluids given into the vein to provide most of the nutrients the body needs	1 bag, IV, Q24hr	Yes		Dehydration, electrolyte imbalances, hyperglycemia	<ol style="list-style-type: none"> 1. Caution if DM 2. Monitor blood glucose 3. Monitor weight 4. Monitor I&O
Morphine	Opioid analgesics	Can treat moderate to severe pain	50mg/ 50mL IV QOM PRN pain through PCA	Yes		Respiratory depression, apnea, hypotension, cardiac arrest	<ol style="list-style-type: none"> 1. Monitor respiratory status 2. Monitor for hypotension 3. Tell patient to call before getting up if feeling dizzy 4. Caution if asthma
These next meds are for secondary pt: Famotidine	H2 blocker	Decreases the amount of acid in the stomach	2.8mg in sodium 42mLs/ hr, IVPB, BID	Yes	Diluent: Normal saline Volume: 2mg/mL Rate of admin: 2 minutes	Angioedema, anaphylaxis, thrombocytopenia	<ol style="list-style-type: none"> 1. Caution if renal impairment 2. Monitor Cr 3. Monitor for angioedema 4. Monitor platelets
Budesonide Nebulized	Corticosteroid	Decreases swelling and irritation in the airways to allow for easier breathing	0.25mg - 2mL, NED Resp, Q12he	Yes		bronchospasm, anaphylaxis, hypersensitivity rxn,	<ol style="list-style-type: none"> 1. Caution is bronchospasm, acute 2. Caution if asthma 3. Monitor for osteoporosis if family hx 4. Exam oral cavity

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Phenobarbital	Barbiturates	Slows activity in the brain	48.6mg - 1.5 tab, PO, Q8hr	Yes		Respiratory depression, angioedema, withdrawal sx if abrupt D/C	<ol style="list-style-type: none"> 1. Monitor respiratory status 2. Examine for angioedema 3. Monitor BUN/Cr is prolonged tx 4. Teach about abrupt D/C
Glycopyrrolate	Anticholinergic	Decreases stomach acid and saliva production by blocking the activity of certain natural substances in the body	0.8mg of a 1mg tab, PO, TID	Yes		Heat stroke, respiratory arrest, intestinal obstruction	<ol style="list-style-type: none"> 1. Monitor for SS of heat stroke 2. Monitor respiratory status 3. Monitor bowel movements 4. Caution in unstable CV status
Oxcarbazepine	Anticonvulsant	Decreases abnormal electrical activity in the brain	150mg, 1 tabe, PO, TID	Yes		Hyponatremia, SIADH, angioedema, anaphylaxis	<ol style="list-style-type: none"> 1. Monitor labs for low sodium 2. Monitor for swelling in face and neck 3. Monitor for SS of SIADH 4. Avoid abrupt D/C

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Lacosamide	Anticonvulsant	Decreases abnormal electrical activity in the brain	25mg, 0.5 tab, PO, Q8hr	Yes		Syncope, AV block, arterial flutter, neutropenia	<ol style="list-style-type: none"> 1. Make sure Cr is baseline 2. Monitor ECG at baseline if cardiac conduction or severe cardiac dz 3. Avoid abrupt withdrawal 4. Caution if hepatic impairment
Pyridoxine	Vitamin B6	Maintains health of skin, RBCs, and nerves	100mg, 2 tabs, PO, daily	Yes		Numbness, paresthesia, unsteady gait	<ol style="list-style-type: none"> 1. Caution if renal impairment 2. Caution if hypersens. to drug/class 3. Can be confused with vitamin B1 4. Can be confused with paroxetine
Ampicillin + Sulbactam	Penicillin like antibiotics and beta-lactamase inhibitors	Stops growth of bacteria and prevents bacteria from destroying ampicillin	600mg, IVPB, Q6hr	Yes	600mg, didn't say rate of admin on eMAR CITATIONS: Epocrates app	Anaphylaxis, hypersensitivity run, serum sickness run, toxic epidermal necrosis	<ol style="list-style-type: none"> 1. Monitor skin integrity 2. Caution if asthma 3. Caution if hypersens. to multiple allergens 4. Monitor LFTs if hepatic impairment