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 ☐　　Hypotonic ☐ Hypertonic ☐	Click here to enter text.	Click here to enter text.	Click here to enter text.

Student Name: Stephanie Pigg	Unit: S10	Patient Initials: MC	Date: 3/2/2021	**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.)**
Ceftriaxone	Cephalosporins	Respiratory infection, UTIs, skin infections, STIs, or acute otitis media	1g Q24HR IVP	Click here to enter text.	...ed with 10 mL of sterile water or NS, rate of IV push admin: 2-4 minutes, shake vigorously	C.Diff, Bleeding, Thrombophlebitis, Hemolytic anemia	1. Report loose stools, abdominal cramping, vomiting, bleeding gums or bruising 2. Caution with pts. with vitamin K deficiency 3. Caution in pts. with PCN allergy 4. Report blood in urine or stool
Metaprolol succinate	Beta-adrenergic blocking agent	HTN, angina, cardiac dyshrythmias, myocardial infarction, migraine, prophylaxis & stage fright, irregular HR	25 mg Daily PO	Click here to enter text.	...e - PO med	Bronchoconstriction, dizziness, headache, heart failure, rebound cardia excitation, bradycardia, AV heart block	1. Do NOT administer if HR is less than 60 bpm 2. Caution when combining with calcium channel blocker 3. Have rapid acting sugar candy on hand 4. Never abruptly stop taking medication
Nifedipine	Calcium-channel blocking	Angina, HTN, Pulmonary HTN, Raynaud	90 mg Daily PO	Click here to enter text.	...e - PO	Peripheral edema, dizziness,	1. Caution with MI, CHF, advanced aortic stenosis 2. Avoid use in heart failure

Adopted: August 2016

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

Student Name: Stephanie Pigg		Unit: S10	Patient Initials: MC	Date: 3/2/2021	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.)
	agent dihydropyridines	phenomenon, Anal fissures				flushing, headache, heartburn, nausea	3. Administer on an empty stomach 4. Report lightheadedness or dizziness
Sertraline	Antidepressant	Depression, PTSD, PMDD, OCD, anxiety	100 mg Daily PO	Click here to enter text.	None - PO	Mood/behavior changes, anxiety, trouble sleeping, irritable, restless, hyperactive	1. Do NOT drink alcohol 2. Avoid NSAIDs, risk of bleeding/bruising 3. Report blurred vision/vision changes 4. Do not drive or do anything that requires you to be alert
Ticagrelor	Platelet - aggregation	Lower risk of blood clots, stroke, heart attack	90 mg BID PO	Click here to enter text.	e - PO	Bradycardia, nosebleeds, SOB, bruising, bleeding	1. Do NOT use if active bleeding or hx of bleeding in the brain 2. Do NOT drink alcohol 3. Report blood in urine or stool 4. Avoid activities that may increase risk of bleeding or injury
Aspirin	NSAID	Reduce pain, fever, & inflammation, treat & prevent heart attacks, strokes, &	81 mg Daily PO	Click here to enter text.	e - PO	N & V, stomach pain, bloody/tarry stools, fever, swelling, heartburn,	1. Report ringing in ears, hallucinations, rapid breathing, & seizures 2. Avoid if pt. has bleeding disorder 3. Do NOT take with other NSAIDS 4. Report blood in urine or stool

Adopted: August 2016

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

Student Name: Stephanie Pigg		Unit: S10	Patient Initials: MC	Date: 3/2/2021	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.)
		angina				drowsiness, headache	
Azithromycin	Macrolides	Respiratory infections, UTIs, skin infections, STIs	500 mg/NS 250 mL Daily IVPB	Click here to enter text.	ded by pharmacy 500 mg/250 mL NS @ 250 mLs/hr	Diarrhea, N & V, stomach pain, headache	1. Do NOT use if jaundice or liver problems 2. Do NOT take antacids 2 hours before 3. Avoid exposure to sunlight or tanning beds 4. Report watery or bloody stool
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.	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.	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.	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	Click here to	Click here to enter		here to enter text.	Click here to	1. Click here to enter text. 2. Click here to enter text.

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

Student Name: Stephanie Pigg		Unit: S10	Patient Initials: MC	Date: 3/2/2021	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.)**
	enter text.	enter text.	text.	Click here to enter text.		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.	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.	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.	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.

Adopted: August 2016