

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
0.9% Sodium Chloride 1000mL @ 80 mLs	Isotonic <input checked="" type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	Na Replacement	Electrolytes Na and Cl	Can cause fluid volume excess and hyperchloremic acidosis. Use with caution in renal disease, heart failure or edema. Monitor closely for fluid overload.

Student Name: Sydney Sharp		Unit: Click here to enter text.	Patient Initials: Click here to enter text.	Date: 3/31/2021	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.)
Levetiracetam (Keppra)	Anticonvulsant	Prevent seizure activity. Exact mechanism of action is unknown	750 mg PO BID DC 3/29/21	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Click here to enter text.		Stevens-Johnson syndrome, decreased erythrocyte production, decreased white blood cell count, elevated eosinophil count, neutropenia, pancytopenia, thrombocytopenia, liver failure, somnolence, suicidal intent,	1. Teach patient to report new or worsening depression, suicidal thoughts or behaviors, psychotic symptoms, or unusual changes in mood or behavior. 2. Teach patient to avoid activities requiring mental alertness or coordination until drug effects are realized. 3. Teach patient not to chew tablets, allow tablet to fully disintegrate in mouth before swallowing. 4. Advise patient against sudden discontinuation of drug, as this may increase seizure frequency.

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						angioedema	
Dexamethasone Sodium Phosphate	Corticosteroid, adrenal glucocorticoid	Anti-inflammatory	10 mg IVP Daily	Click here to enter text.	Dilute with 0.5mg/mL concentration in NS, administer over 30 seconds	Acute myocardial infarction with rupture of ventricle, cardiomyopathy, hyperglycemia, hypokalemia, pancreatitis, osteoporosis, conjunctival hemorrhage, glaucoma, keratitis, retinal tear, posterior subcapsular cataract, uveitis.	<ol style="list-style-type: none"> 1. Advise patient on long-term therapy to avoid live or attenuated vaccines due to drug induced immunosuppression. 2. Teach patient to report any vision changes. Avoid driving or operating machinery. 3. Teach patient that eye exams may be required during prolonged therapy. 4. Advise patient against sudden discontinuation of drug.
Polyethylene Glycol (Mirlax)	Laxative, hyperosmotic	Soften stool for more frequent bowel movements	17 g PO PRN	Click here to enter text.		Diarrhea, flatulence, nausea, stomach cramps, swollen	<ol style="list-style-type: none"> 1. Teach patient that symptomatic improvement may not be seen for 2 to 4 days. 2. Patient should not take this drug for more than 2 weeks unless approved by

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						abdomen	healthcare provider. 3. Teach the patient that this drug comes in multiple brand names with varying properties by brand. 4. Teach patient to follow administration instructions specific to the prescribed brand with regards to meals, timing, and precautions
Insulin Lispro (Humalog)	Antidiabetic	Glucose regulation	8 units Sub Q PRN as directed per policy	<input type="text"/> Yes	N/A	Injection site reaction, lipodystrophy, hypoglycemia, hyperglycemia, URI, ketoacidosis	1. Teach patient if using as a mealtime insulin to administer within 15 minutes before or immediately after meals 2. Teach patient proper technique and placement of injection, including rotation of injection sites 3. Inspect injection site for lipodystrophy 4. Instruct patient to never use the same injection needle twice
Hydralazine HCL	Preipheral vasodilator	Decrease blood pressure	10 mg IVP Q 2 hr PRN	<input type="text"/> Click here to enter text.		Angina pectoris, edema, palpitations, tachycardia, diarrhea, loss of appetite,	1. Teach pateint to report chest pain, palpitations, and dyspnea 2. Teach patient to report signs of liver injury (juandice, dark urine, abdominal pain, loss of appetite, fatigue) 3. Monitor CBC at baseline and periodically

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						headache, agranulocytosis, leukopenia, hepatotoxicity, lupus pneumonia (acute), SLE	during prolonged treatment 4. Advise patient to avoid driving or other activities requiring alertness until response to medication is known
Magnesium hydroxide	Antacid, laxative	Soften stool for more frequent bowel movements	30mL PO daily PRN Given on 3/29/21, DC on 3/30/21	Click here to enter text.		Hypermagnesemia	1. Shake well before use 2. Monitor for volume overload 3. Monitor serum electrolytes (Calcium, magnesium, phosphorus) 4. Use caution in patients with a sudden change in bowel habits
Iohexol	Radiological Non-Ionic contrast media	Adds contrast to body parts and fluids for visualization in imaging test	100 mL IVP once	Click here to enter text.	100mL administered slowly over 2-4 minutes	Black Box Warning: Risks with inadvertent intrathecal administration. Angina pectoris, cardiac arrest, cardiac dysrhythmia, myocardial	1. Advise patient to maintain adequate hydration after the injection is administered 2. instruct patient to report development of rash after injection 3. Ensure IV placement of catheter and monitor during injection. Advise patient to report progression of extravasation symptoms after injection 4. Contraindicated in patients with known

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						infarction, shock, thromboembolic disorder, accidental puncture of dura, cerebral edema, cerebral hemorrhage, coma, paralysis, seizure, nephrotoxicity	hypersensitivity to iodinated contrast agents. Confirm allergies before administration
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