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 + NS + KCl 20 mEq 36ml/hr	Hypertonic ☐	Maintenance fluid (pt NPO status)	Electrolytes Specifically potassium and sodium	Monitor for s/s hyperkalemia Monitor for s/s hypernatremia

Student Name: Caroline Dikes		Unit: Pedi floor	Patient Initials: FS		Date: 6/9/21	Allergies: NKDA	
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 inj	Gastric acid secretion inhibitor	Inhibits concentration and volume of gastric secretion	4 mg IV BID	Yes. 1mg/kg/day divided twice daily Max- 80mg/day	concentration: 20 mg/2ml vial Admin 0.4ml	Constipation, diarrhea, headache, stevens-johnson syndrome, necrotizing enterocololitis in new born, seizure	1. Monitor stool consistency and frequency 2. Asses bowel sounds before and after administration 3. May need to combine with antacid if experiencing more s/s GERD 4. Frequent GI assessment (avoid NEC complications)
Heparin lock flush	Anticoagulant	Prevent clotting of the central line	1 ml per lumen Q12	N/A, only in lines	10 U per 1 ml	N/A	N/A- ensure the flush only remains in the line and is not administered systemically through the line

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Ketorolac	Analgesic NSAID	Blocks prostaglandin Potent analgesic	4 mg IVP Q6H	Max 60 mg day- safety not established in pt under 17 yrs	concentration: 15 ml/ vial Admin: 0.2667 ml	Serve dependence and withdrawal, hypertension, burning in the eyes, abdominal pain, constipation, diarrhea, flatulence,GI ulcers/bleeds , liver failure	1. BBW: for short tern use only (up to 5 days) 2. Monitor blood pressure 3. Monitor stools for blood or change in consistency 4. Report s/s hepatotoxicity
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