

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
N/A	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	Click here to enter text.

Student Name: Alexis Villarreal		Unit: Pediatric Floor	Patient Initials: ME		Date: 8/17/2021	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.)
Motrin Sus (Ibuprofen Sus 20mg/mL 10 mL unit dose)	Antipyretics nonopioid analgesics	Mild to moderate pain 1-6 or fever >100.4	75mg/3.7 5mL PO q6 PRN	Yes 30-50mg/kg/day max 2.4g/day WT= 7.52kg	N/A. also did not have to give med	Headache, dizziness, drowsiness, myocardial infarction, stroke, GI bleed,	1. Assess with patient who may have asthma or at risk for hypersensitivity reactions. 2. Assess stool for possible GI bleed 3. Assess pain before and after administration of medication or assess temperature 4. Inform patient and family to not leave patient alone for a few minutes and to call for help when they need help
Tylenol Soln (acetaminophen Soln 325/10.15 mL unit dose)	Antipyretics nonopioid analgesics	Mild to moderate pain 1-6 or fever >100.4	112mg/3.4978mL PO q6 PRN	No 75/kg per 24 hours do not exceed 4000mg/24 hrs- EMAR in meditech recommend ed dose is	N/A. also did not have to give med	Hepatotoxicity, agitation, atelectasis, constipation	1. Encourage fluids and rest if it is due to fever. Encourage fluids and activity depending on child's age as well. 2. Monitor labs to check for liver function 3. Assess pain before and after if it is due to pain or assess temperature 4. Check if child had a history of fetal alcohol syndrome

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				141 mg			
Next Patient	RG- 64.5 kg NKDA	D51/2 +KCl 20 mEq/mL 1000 mL 105/mLs an hour	Hypertonic	Choose an item. Source of water electrolytes and calories	Watch for potassium and chloride	Electrolyte imbalance	<ol style="list-style-type: none"> Click here to enter text.
Morphine InJ	Opioid	Severe pain 7-10	IVP Q4 PRN	Yes 0.2mg/kg max 2.5mg/dose	ICP- dilute in normal saline 5mL	Respiratory depression, constipation, sedation urinary retention, hypotension	<ol style="list-style-type: none"> encourage patient to increase fluids and fiber intake monitor level of consciousness, respiratory rate, and oxygen saturation teach patient not to get up on their own monitor pain level before and after to make sure pain is controlled
Ofirmev IV (acetaminophen IV 100mg/100mL)	Nonopioid analgesic	Mild to moderate pain	1g/100mL q6 for pain (400mL/hr)	No 75mg/kg per 24 hours do not exceed	IVPB 400mL/hr	Hepatotoxicity, agitation, atelectasis, constipation	<ol style="list-style-type: none"> Encourage fluids and rest if it is due to fever. Encourage fluids and activity depending on child's age as well. Monitor labs to check for liver function

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)	4000mg/24 hrs- EMAR in meditech recommended dose is 1209			3. Asses pain before and after if it is due to pain or assess temperature 4. Check if child had a history of fetal alcohol syndrome
Zofran Inj (Ondansetron 4mg/2mL)	antiemetics	Prevent nausea and vomiting	6mg/3mL IVP Q6 PRN	No 4mg prevention of postoperative nausea and vomiting	IVP- no dilution push 2-5 minutes	Constipation, increased liver enzymes, headache, atrial fibrillation, serotonin syndrome.	1. Monitor labs especially liver enzymes 2. Notify other healthcare workers of the possibly of an abnormal ECG if one is being taken 3. monitor for mental status changes 4. If patient is feeling nausea or vomiting to not to eat anything because they could just throw it up. If they are having any output to notify the nurse.
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