

Student Name: Michael Aranda (PATIENT 1) (PRIMARY)

Pediatric Medication Worksheet - Current Medications & PRN for Last 24 Hours

NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5NS + KCL 20MEQ @48MLS/HOUR	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	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.)
				Is med in therapeutic range?			
				If not, why?			
IBUPROFEN	NSAIDS	NSAID	125 MG PO ONCE	YES		DIZINESS, HA, ABD. PAIN, BLOATING, HEARTBURN, EDEMA, TINNITUS	1. CAUTION: MAY INCREASE BUN AND CREATININE 2. TAKE WITH MEALS TO AVOID GI DISTRESS 3. REPORT CHEST PAIN, SOB, AND WEAKNESS OF BODY 4. ALERT: INCREASES THE RISK OF HF
ONDANSETRON	SELECTIVE SEROTONIN RECEPTOR ANTAGONIST	ANTIEMITIC	2MG IVP ONCE	YES	DILUTE WITH NS PUSH AT A RATE OF 2-3 MIN	DIZZINESS, ARRHYTHMIAS, CHEST PAIN, HYPOXIA, CHILLS, FEVER, AGITATION	1. CAUTION: MAY INCREASE ALT AND AST LEVELS 2. DRUG MAY INCREASE THE RISK OF PROLONGED QT INTERVAL 3. IMMEDIATELY REPORT DIFFICULTY BREATHING AFTER ADMIN 4. DO NOT EXCEED 16MG/DOSE
POLYETHYLENE GLYCOL 3350	OSMOTIC DRUGS	LAXATIVES	85 G PO ONCE 5 PACK	YES		ABDOMINAL BLOATING, CRAMPING, DIARRHEA, EXCESS STOOL FREQUENCY, FLATULENCE,	1. DON'T TAKE MORE THAN 2 WEEKS TO AVOID DEPENDENCE 2. PROLONGED USE MAY CAUSE ELECTROLYTE IMBALANCES 3. OCCASIONAL USE DOES NOT AFFECT ABSORPTION OR SECRETION OF GLUCOSE 4. DISCUSS WITH PHYSICIAN BEFORE GIVING IF UNDER THE AGE OF 16

SENNA	ANTHRAQUINONES	LAXATIVE	4.4 MG PO Q4HR	YES		NEPHRITIS, ELCTROLYTE IMBALANCE	1. DISCONTINUE IF RECTAL BLEEDING STARTS 2. DISCONTINUE IF LAXATIVE DOES NOT PRODUCE A BOWEL MOVEMENT 3. DO NOT USE DRUG LONGER THAN 1 WEEK 4. BEST IF TAKEN AT BEDTIME
							1. 2. 3. 4.

Adopted: August 2016

Student Name: **SECONDARY PATIENT**

Unit: _____

Pt. Initials: _____

Date: _____

Pediatric Medication Worksheet - Current Medications & PRN for Last 24 Hours

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D5 1/2NS + KCL 20MEQ @60MLS/HOUR

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP - List solution to dilute and rate to push. IVPB - concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?			
				If not, why ?			
PEPCID	H2-RECEPTOR ANTAGONIST	ANTIULCER DRUG	10 MG IVP Q12HR	YES	DILUTE WITH NS AND PUSH AT A RATE OF 2-3 MINS	HA, DIZZY, IRRITABLE, AGITATION, VOMITING	1. GIVE WITHOUT REGARD TO MEAL 2. CAUTION: MAY INCREASE BUN AND CREATININE LEVELS 3. STAY AWAY FROM SMOKE EXPOSURE 4. REPORT ABD. PAIN OR BLOODY STOOLS AND VOMITING
							1. 2. 3. 4.

