

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

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|--|---|---------------------------|-------------------------------------|---------------------------------|
| 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 <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: SYDNEE COOK | | Unit: Click here to enter text. | Patient Initials: | | Date: 10/11/2021 | 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.) |
| TOPIRAMATE | Anti-convulsant | Migraine treatment | D: 25mg, titrate weekly at a max dose of 100 mg R: PO S: daily | <input type="checkbox"/> yes | N/A | Flushing, loss of appetite, feeling nervous. | 1. Avoid activities requiring mental alertness. 2. Avoid sudden discontinuation of this medication. 3. Immediately report first sign of a rash. 4. Report ocular pain. |
| | Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Click 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. |
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