

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
NA	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	NA	NA	NA

Student Name: Bergan Gunter		Unit: Click here to enter text.	Patient Initials: RA		Date: 10/12/2021	Allergies: Click here to enter text.	
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	Sulfamate-substituted monosaccharides	Migraine headache	50 mg po BID	<input type="text"/> Click here to enter text.		Tremor, tonic-clonic seizures, suicide attempts, hallucinations, muscle spasms, leukopenia, anemia	<ol style="list-style-type: none"> 1. Monitor patient for changes in behavior indicating worsening of suicidal thought or behavior or depression 2. Teach patient to not suddenly stop taking the medication as it could cause seizures. 3. Alcohol use is contraindicated within 6 hours before and 6 hours after taking the medication. 4. Teach that cannabis may enhance CNS depressant effect of topiramate.
Diazepam	Benzodiazepine	Anxiety	10 mg po prn severe anxiety	<input type="text"/> Click here to enter text.		Central nervous system depression, Suicidal thoughts, Respiratory depression, Addiction	<ol style="list-style-type: none"> 1. Teach patient to only take medication as prescribed. 2. Teach patient to not suddenly stop taking the medication. 3. Teach patient to avoid alcohol and other CNS depressants while taking this drug 4. Instruct patient to avoid activities requiring mental alertness or coordination

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

Student Name: Bergan Gunter		Unit: Click here to enter text.	Patient Initials: RA	Date: 10/12/2021	Allergies: Click here to enter text.		
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.)
							until drug effects are realized as drug may cause CNS depression.
	Click here to enter text.			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.
	Click here to enter text.			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.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	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.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	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.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	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.

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

Student Name: Bergan Gunter		Unit: Click here to enter text.	Patient Initials: RA		Date: 10/12/2021	Allergies: Click here to enter text.	
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.)
			text.	enter text.			3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> Click here to enter text.	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.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> Click here to enter text.	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.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> Click here to enter text.	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.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> Click here to enter text.	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.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> Click here to enter text.	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.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> Click here to	here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text.

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

Student Name: Bergan Gunter		Unit: Click here to enter text.	Patient Initials: RA	Date: 10/12/2021	Allergies: Click here to enter text.		
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.)
			text.	enter text.			3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input style="width: 100px; height: 20px;" type="text"/> Click here to enter text.	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.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input style="width: 100px; height: 20px;" type="text"/> Click here to enter text.	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.