

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
D5 1/2NS w/20 mEq KCl 1 liter IV at 150 ml/hr	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input checked="" type="checkbox"/>	Used to repair electrolyte and acid/base imbalances	Glucose, Sodium, Potassium, Chloride	Use cautiously with diabetes, impaired heart, kidney function. Monitor for circulatory overload

Student Name: Taylor Boyd		Unit: SIM	Patient Initials: CHAN	Date: 10/18/2021	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.)
Dexamethasone	Synthetic Adrenocortical Steroid	Anti-inflammatory. To treat endocrine disorders	4 mg IVP	<input type="text"/> Click here to enter text.	<input type="text"/> Sodium Chloride and over 3 minutes	Bronchospasm, seizures, hypokalemia, hypokalemic alkalosis	1. Use cautiously because it can lead to sodium retention and hypokalemia 2. Watch for crackles, dyspnea, peripheral edema 3. Advise patient to follow a low-sodium, high potassium, high-protein diet to minimize weight gain 4. Tell patient about possible changes in appearance
Metoclopramide	Benzamide	Upper GI simulant. To treat diabetic gastroparesis	10 mg IVP	<input type="text"/> Click here to enter text.	<input type="text"/> Sodium Chloride- 1-2 minutes	Fluid retention, heart failure, bronchospasm, bradycardia	1. Can cause QT prolongation 2. May cause tardive dyskinesia 3. Do not administer more than 12 weeks 4. Caution for patients with risk of fluid overload
Phosphate Sodium	Laxative	Saline Laxative	250/164 mg PO	<input type="text"/> Click here to enter text.	<input type="text"/>	Aspiration, irregular heart beat, difficulty	1. Can cause electrolyte imbalance: hypokalemia 2. Can prolong QT interval

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						breathing and swallowing	3. Cardiac arrhythmia 4. Drink full amount of liquid with this
Morphine Sulfate	Opioid Agonist	Analgesic	0.5 mg IVP via PCA	<input type="text"/> Yes	IVP-sodium chloride-3-5	Bradycardia, weak or shallow breathing, breathing that stops during sleep	1. Morphine may reduce respiratory drive 2. Ensure that before giving morphine, opioid antagonist and equipment for oxygen delivery and respiration are available 3. Look out for severe hypotension symptoms 4. Instruct patient to notify prescriber about worsening or breakthrough pain
Potassium Chloride	Electrolyte cation	Electrolyte replacement	40mEq PO	<input type="text"/> Click here to enter text.		Irregular heart beat, muscle weakness, numbness in hands, feet, or mouth	1. Should not use if you already have high levels of potassium in your blood (hyperkalemia) 2. Let the nurse know if you have any chest pains or any irregular heart beats 3. Monitor ECG and BP 4. Monitor urine output
Potassium Chloride	N/A	Mineral and electrolyte replacement/supplements	IVPB- 20mEq in 100ml, 50ml/hr	<input type="text"/> Click here to enter text.	<input type="text"/> - 20mEq/100ml, 50ml/hr	Confusion, restlessness, weakness, ECG changes,	1. Monitor BP, pulse, ECG 2. Monitor for symptoms of toxicity and hyperkalemia 3. Assess for extravasation, severe pain, or

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						irritation at IV site	tissue necrosis at IV site 4. Educate patient on dietary sources of potassium, and encourage compliance with recommended diet
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