

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

Allergies: Cats, Oak Trees, Bananas

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5 1/2 NS + 20mEq KCL/Lat 70 mL/hr	Isotonic/ Hypotonic Hypertonic	maintenance of body fluids nutrition/electrolytes, and rehydration	K+	Do not give K+ supplementation if K+ is already elevated. Can lead to dysrhythmias.

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?			
Methylprednisolone	corticosteroid	Suppression of inflammation and modification of the normal immune response. * Replacement therapy in adrenal insufficiency.	13.5mg IV Push q12hours	Yes 0.5-1.7mg/kg/day in divided doses q6-12hrs.	Reconstitute with provided solution (Act-O-Vials, Univals, ADD-Vantage vials) or 2 mL of bacteriostatic water (with benzyl alcohol) for injection. Use preservative-free diluent for use in neonates. Concentration: Maximum of 125 mg/mL.	-peptic ulceration -thromboembolism	1. Assess patient for signs of adrenal insufficiency (hypotension, weight loss, weakness, nausea, vomiting, anorexia, lethargy, confusion, restlessness) before and periodically during therapy. 2. Monitor intake and output ratios and daily weights. Observe patient for peripheral edema, steady weight gain, 3. rales/crackles, or dyspnea. Notify health care professional if these occur 4. Monitor serum electrolytes and glucose. May cause hyperglycemia, especially in persons with diabetes. May
							1. cause hypokalemia. Patients on prolonged therapy should routinely have hematologic values, serum electrolytes, and serum and urine glucose evaluated. May WBC counts. May 2. serum potassium and calcium and increase serum sodium concentrations 3. Stopping the medication suddenly may result in adrenal insufficiency (anorexia, nausea, weakness, fatigue, dyspnea, hypotension, hypoglycemia). If these signs appear, notify 4. health care professional immediately. This can be life-threatening
Ibuprofen	NSAIDs	-Decreased pain and inflammation. -Reduction of fever	270mg PO q6hr PRN	No pediatric dosing for a 3yr old is 100mg q6-8hrs. 270mg is over dosing.	Diluent: 0.9% NaCl, D5W, or LR. Concentration : Ibuprofen injection: Dilute the 800 mg dose in at least 200 mL and the 100 mg, 200 mg, and 400 mg doses in at least 100 mL for a concentration of 4 mg/mL or less. Ibuprofen lysine: Dilute in appropriate volume of D5W or 0.9% NaCl and infuse over 15 min. Do not administer solutions that are discolored or contain particulate matter. Stable for up to 24 hr at room temperature	-HF -MI -Stroke -Steven-Johnson Syndrome -GI Bleeding -Hepatitis	1. Patients who have asthma, aspirin-induced allergy, and nasal polyps are at increased risk for developing hypersensitivity reactions. Assess for rhinitis, asthma and urticaria. 2. Monitor for signs and symptoms of DRESS (fever, rash, lymphadenopathy, facial swelling, eosinophilia) periodically during therapy. If symptoms occur discontinue ibuprofen. 3. occur
							1. Advise patient to consult health care professional if rash, itching, visual disturbances, tinnitus, 2. weight gain, edema, epigastric pain, dyspepsia, black stools, hematemesis, persistent headache, 3. or influenza-like syndrome (chills, fever, muscle aches, pain), or cardiovascular events (chest pain, shortness of breath, weakness, slurring of speech) occurs. 4. pe text here
							1 Advise parents or caregivers not to administer ibuprofen to children who may be dehydrated (can occur with vomiting, diarrhea, or poor fluid intake); dehydration increases risk of renal dysfunction. 2. 3. 4.

Student Name: _____

Unit: _____

Pt. Initials: _____

Date: _____

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				Is med in therapeutic range?			
				If not, why ?			
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.