Pediatric 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 1/2 BS +20neq JCK/liter	Isotonic ☐ Hypotonic ☒ Hypertonic ☐	Maintain electrolyte balance	Glucose, calcium, sodium, chloride,	*Click here to enter text.*

Student Name: Scott Williams	Unit: Pediatric	Patient Initials: DT		Date: 10/22/2021	Allergies: Cats, Oak Trees, Banannas

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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.)
Methylpred nisolone	Corticostero id	Relieves inflammation due to allergies and asthma	13.5 mg PO Q 12/hr	*Click here to enter text.*	...tically add 1 mL Bacteriostatic Water for Injection, USP (with benzyl alcohol) for the 40 mg vial. May be further diluted with NS, D5W,or D5NS. The dose is 0.34ml may be diluted in 5ml of NS and given IVP over a period of 5-10minutes	Syncope,tachyca rdia, arrythmias, GI irritation, hypo and hyperglycemia	1. Have blood work checked as you have been told by the doctor. 2. You may have more chance of getting an infection. Wash hands often. Stay awayfrom people with infections, colds, or flu 3. This drug may affect growth in children and teens in some cases. They mayneed regular growth checks 4. Keep taking this drug as you have been told by your doctor or other health careprovider, even if you feel well.
Ibuprofen	NSAIDS	Nonsteroidal anti-inflammatory drug that has analgesic and antipyretic activity	270mg PO Q 6 hours PRN	*Click here to enter text.*	...ication is PO	Dizziness headache, tinnitus, constipation, diarrhea	1. Because of their antipyretic and anti inflammatory actions NSAIDS may mask s/ s of infection. 2. Instruct parents to give medication withmeals to reduse adverse GI reactions 3. Advise parents to apply sunscreen to child to avoid hypersensitivity to sunlight

Adopted: August 2016

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

Student Name: Scott Williams	Unit: Pediatric	Patient Initials: DT	Date: 10/22/2021	Allergies: Cats, Oak Trees, Banannas	

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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.)
							4. Instruct parents to not exceed 30mg/kg for children 6 months to 11 years old.
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.	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.	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.	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.	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	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.

Adopted: August 2016

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

Student Name: Scott Williams		Unit: Pediatric	Patient Initials: DT	Date: 10/22/2021	Allergies: Cats, Oak Trees, Banannas	
Generic Name	**Pharmacologic Classification**	**Therapeutic Reason**	**Dose, Route & Schedule**	**Is med in therapeutic range? If not, why?**	**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.)**
				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.	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.	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.	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.	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.	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.

Adopted: August 2016

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

Student Name: Scott Williams		Unit: Pediatric	Patient Initials: DT		Date: 10/22/2021	Allergies: Cats, Oak Trees, Banannas	
Generic Name	**Pharmacologic Classification**	**Therapeutic Reason**	**Dose, Route & Schedule**	**Is med in therapeutic range? If not, why?**	**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.)**
							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.	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.	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.

Adopted: August 2016