

Student Name: _____

Date: _____

Adult Medication Worksheet - Current Medications & PRN for last 24 Hours

Allergies: _____

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If no, 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.)
Cefotetan							1. 2. 3. 4. 5.
Oseltamivir							1. 2. 3. 4. 5.