

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
D5LR @ 80 mL an hour	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input checked="" type="checkbox"/>	Fluid and electrolyte replenishment	Monitor sodium levels	Do not use with patient experiencing heart failure or renal failure; Monitor closely for hypovolemia

Student Name: Click here to enter text.		Unit: Click here to enter text.	Patient Initials: Click here to enter text.	Date: Click here to enter a date.	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.)
Lorazepam	Benzodiazepines	Preoperative sedation	2 mg PO on call to surgery	<input type="text"/> Click here to enter text.	<input type="text"/> here to enter text.	Respiratory depression, Hypotension, Agitation, HA, Abdominal discomfort	1. May increase LDH and LFT values 2. Use cautiously in patients with pulmonary, renal, or hepatic impairment, or history of substance abuse. 3. Overdose s/s: Drowsiness, confusion, ataxia, hypotonia, hypotension, coma, death 4. When used before surgery, drug causes substantial preoperative amnesia. Patient teaching requires extra care to ensure adequate recall. Provide written materials or inform a family member, if possible.
Bupirone	Anxiolytics	Anxiety disorders	7.5 mg PO BID	<input type="text"/> Click here to enter text.	<input type="text"/> here to enter text.	Dry mouth, Tachycardia, Dizziness, HA, Fatigue, Blurred vision	1. Not recommended for patients with sever hepatic or renal impairment 2. Give drug with food or milk 3. Signs of improvement usually appear within 7 to 10 days; optimal results occur

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

Student Name: Click here to enter text.		Unit: Click here to enter text.	Patient Initials: Click here to enter text.		Date: Click here to enter a date.	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.)
							after 3 to 4 weeks 4. Tell patient to avoid use of alcohol and grapefruit juice during therapy
	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	Click here to	Click here to	Click here	Click here to enter text.	Click here to	Click here to	1. Click here to enter text.

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

Student Name: Click here to enter text.		Unit: Click here to enter text.	Patient Initials: Click here to enter text.	Date: Click here to enter a date.	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.)
enter text.	enter text.	enter text.	to enter text.	Click here to enter text.		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.
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.
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.
Click here to	Click here to	Click here to	Click here	<input style="width: 100px; height: 20px;" type="text"/> Click here to enter text.	here to enter text.	Click here to	1. Click here to enter text.

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

Student Name: Click here to enter text.		Unit: Click here to enter text.	Patient Initials: Click here to enter text.		Date: Click here to enter a date.	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.)
enter text.	enter text.	enter text.	to enter text.	Click here to enter text.		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.