

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
Click here to enter text.	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	Click here to enter text.

Student Name: Akeeda Hunt		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.)		
methotrexate	Antimetabolites, antineoplastics, antirheumatics, immunosuppressants	Death of rapidly replicating cells, particularly malignant ones, and immunosuppression	Meningeal Leukemia T (Adults and Children ≥9 yr): 12-15 mg given at intervals of 2 or more days up to 2/weekly (for treatment) and no more than weekly (for prophylaxis). Non-Hodgkin's Lymphom	Choose an item. Click here to enter text.	Acute Lymphoblastic Leukemia IV (Adults and Children): 10-5,000 mg/m ² followed by leucovorin rescue (for doses >500 mg/m ²). Lower doses (20-30 mg/m ² /wk may be used IM Non-Hodgkin's Lymphoma IV (Adults and Children): In combination with other chemotherapy agents- 1,000 mg/m ² or 3,000 mg/m ² over 24 hours followed by leucovorin rescue. CNS-directed therapy- 8,000 mg/m ² over 4 hr followed by leucovorin rescue (as monotherapy) or 3,000-8,000 mg/m ² followed by leucovorin rescue (in combination	SEIZURES, arachnoiditis (IT use only), confusion, dizziness, drowsiness, headache, ERYTHEMA MULTIFORME, STEVENS-JOHNSON SYNDROME, TOXIC EPIDERMAL NECROLYSIS, alopecia, GI PERFORATION, HEPATOTOXICITY, anorexia, APLASTIC ANEMIA, anemia, INTERSTITIAL	1. Instruct patient to take medication as directed. If a dose is missed, it should be omitted. Consult health care professional if vomiting occurs shortly after a dose is taken. Advise patients taking PO or subcut therapy to read Patient Information before starting therapy and with each Rx refill in case of changes. 2. Instruct patient to notify health care professional promptly if rash, fever; chills; cough; hoarseness; sore throat; signs of infection; lower back or side pain; painful or difficult urination; bleeding gums; bruising; petechiae; blood in stools, urine, or emesis; increased fatigue; dyspnea; or orthostatic hypotension occurs. Caution patient to avoid crowds and persons with known infections. Instruct patient to use soft toothbrush and electric razor and to avoid falls. Caution patient not to drink alcoholic beverages or take medication containing aspirin or other NSAIDs; may precipitate gastric bleeding.		

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			<p>aIV (Adults and Children): In combination with other chemotherapy agents- 1,000 mg/m² or 3,000 mg/m² over 24 hours followed by leucovorin rescue. CNS-directed therapy- 8,000 mg/m² over 4 hr followed by leucovorin rescue (as monotherapy) or 3,000-8,000 mg/m² followed by</p>	<p>with immunochemotherapy) OsteosarcomaIV (Adults and Children): 12 g/m² (max = 20 g/dose) over 4 hr followed by leucovorin rescue, usually as part of a combination chemotherapeutic regimen (or ↑ dose until peak serum methotrexate level is 1 × 10⁻³ M/L but not to exceed 15 g/m²); 12 courses are given starting 4 wk after surgery and repeated at scheduled intervals. Breast CancerIV (Adults): 40 mg/m² on days 1 and 8 (with other agents; many regimens are used). Squamous Cell Carcinoma of Head and NeckIV (Adults): 40-60 mg/m² once weekly. Gestational Trophoblastic NeoplasiaIV IM (Adults): Low-risk gestational trophoblastic neoplasia- 30-200 mg/m² .IV (Adults): High-risk gestational trophoblastic neoplasia- 300 mg/m² over 12 hr (with other agents) Rheumatoid ArthritisPO IM SC</p>	<p>PNEUMONITIS HYPERSENSITIVITY REACTIONS (INCLUDING ANAPHYLAXIS), INFECTIONS, SECONDARY MALIGNANCY,</p>	<p>3. Instruct patient on correct technique for injection and care and disposal of equipment 4. Instruct patient to inspect oral mucosa for erythema and ulceration. If ulceration occurs, advise patient to use sponge brush and to rinse mouth with water after eating and drinking. Topical therapy may be used if mouth pain interferes with eating. Stomatitis pain may require treatment with opioid analgesics</p>
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			leucovorin rescue (in combination with immunotherapy)		(Adults): 7.5 mg once weekly (not to exceed 20 mg/wk); when response is obtained, dose should be ↓. Otrexup may be used when dose is 10-20 mg/wk Psoriasis Therapy may be preceded by a 5-10-mg test dose PO IM SC IV (Adults): 10-25 mg once weekly (not to exceed 25 mg/wk); Otrexup may be used when dose is 10-25 mg/wk.		
etanercept	anti tnf agents, antirheumatics	Decreased pain and swelling with decreased rate of joint destruction in patients with rheumatoid arthritis, psoriatic arthritis, juvenile idiopathic arthritis, and ankylosing spondylitis. Reduced severity of plaques	Rheumatoid Arthritis, Psoriatic Arthritis, and Ankylosing Spondylitis SC: 50 mg weekly. Plaque Psoriasis SC: 50 mg 2x's/week for 3 mo, then 50 mg weekly, may also be given	Choose an item. Click here to enter text.	Click here to enter text.	psoriasis, rash rhinitis, pharyngitis abdominal pain, dyspepsia pancytopenia injection site reactions headache, dizziness, weakness upper respiratory tract infection, cough, respiratory disorder INFECTION (INCLUDING REACTIVATION TUBERCULOSIS AND OTHER OPPORTUNISTIC INFECTIONS DUE TO	<ol style="list-style-type: none"> 1. Instruct patient on self-administration technique, storage, and disposal of equipment. First injection should be administered under the supervision of health care professional. Provide patient with a puncture-proof container for used equipment. Advise patient to read Medication Guide before starting therapy and with each Rx refill in case of changes 2. Advise patient not to receive live vaccines during therapy. Parents should be advised that children should complete immunizations to date before initiation of etanercept. Patients with significant exposure to varicella virus (chickenpox) should temporarily discontinue therapy and varicella immune globulin should be considered. 3. Instruct patient to notify health care professional if upper respiratory or other infections occur. Therapy may need to be

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			as 25-50 mg weekly as an initial dose.			BACTERIAL, INVASIVE FUNGAL, VIRAL, MYCOBACTERIA L, AND PARASITIC PATHOGENS), MALIGNANCY (INCLUDING LYMPHOMA, HSTCL, LEUKEMIA, AND SKIN CANCER), SARCOIDOSIS	discontinued if serious infection occurs 4. Advise patient of risk of malignancies such as hepatosplenic T-cell lymphoma. Instruct patient to report signs and symptoms (splenomegaly, hepatomegaly, abdominal pain, persistent fever, night sweats, weight loss) to health care professional promptly.
lispro insulin	Pancreatics, antidiabetic s, hormones	Control of hyperglycemia in diabetic patients.	Admelog and HumalogS C (Adults and Children): Initial dose range - 0.2-0.6 units/kg/day. Usual maintenance range -0.5-1.2 units/kg/day. Adolescents during rapid growth- <1.5 units/kg/d	Choose an item. Click here to enter text.	Click here to enter text.	HYPOGLYCEMIA hypokalemia cutaneous amyloidosis, lipodystrophy, pruritus, erythema, swelling HYPERSENSITIVITY REACTIONS (INCLUDING ANAPHYLAXIS)	<ol style="list-style-type: none"> 1. Instruct patient on proper technique for administration. Include type of insulin, equipment (syringe, cartridge pens, external pumps, alcohol swabs), storage, and place to discard syringes. Discuss the importance of not changing brands of insulin or syringes, selection and rotation of injection sites, and compliance with therapeutic regimen. 2. Caution patient not to share pen device with another person, even if needle is changed; may risk transmission of blood-borne pathogens 3. Instruct patient on signs and symptoms of hypoglycemia and hyperglycemia and what to do if they occur. 4. Patients with diabetes mellitus should carry a source of sugar (candy, glucose gel) and identification describing their disease and treatment regimen at all times

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			<p>ay.Lyumjev, Humalog Mix 75/25, or Humalog Mix 50/50SC (Adults): Initial dose range - 0.2-0.6 units/kg/day. Usual maintenance range -0.5-1.2 units/kg/day.</p>				
regular insulin	Pancreatics, antidiabetics, hormones	Control of hyperglycemia in diabetic patients	<p>Dose depends on blood glucose, response, and many other factorsKet oacidosis- Regular (100 units/mL) Insulin OnlyIV: 0.1 unit/kg/hr as a</p>	<p>Choose an item.</p> <p>Click here to enter text.</p>	Click here to enter text.	<p>Treatment of HyperkalemiaSC IV (Adults and Children): Dextrose 0.5-1 g/kg combined with insulin 1 unit for every 4-5 g dextrose given</p>	<ol style="list-style-type: none"> 1. Instruct patient on proper technique for administration. Include type of insulin, equipment (syringe, cartridge pens, alcohol swabs), storage, and place to discard syringes. Discuss the importance of not changing brands of insulin or syringes, selection and rotation of injection sites, and compliance with therapeutic regimen. Opened, unused insulin vials should be discarded 1 mo after opening. 2. Caution patient not to share pen device with another person, even if needle is changed; may risk transmission of bloodborne pathogens. 3. Instruct patient on signs and symptoms

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			<p>continuous infusion Maintenance Therapy (Adults and Children): 0.5-1 unit/kg/day in divided doses. Adolescents during rapid growth- 0.8-1.2 unit/kg/day in divided doses.</p>				<p>of hypoglycemia and hyperglycemia and what to do if they occur. 4. Advise patient to notify health care professional if nausea, vomiting, or fever develops, if unable to eat regular diet, or if blood glucose levels are not controlled.</p>
insulin glargine	Pancreatics, hormones	Control of hyperglycemia in diabetic patients.	<p>Toujeo has a lower glucose lowering effect than Basaglar, Lantus, or Semglee on a unit-to-unit basis. Basaglar, Lantus, or</p>	<p>Choose an item. Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>HYPOGLYCEMIA hypokalemia cutaneous amyloidosis, lipodystrophy, pruritus, erythema, swelling HYPERSENSITIVITY REACTIONS (INCLUDING ANAPHYLAXIS)</p>	<ol style="list-style-type: none"> Instruct patient on proper technique for administration. Include type of insulin, equipment (syringe, cartridge pens, alcohol swabs), storage, and place to discard syringes. Discuss the importance of selection and rotation of injection sites, and compliance with therapeutic regimen. Caution patient not to share pen device with another person, even if needle is changed; may risk transmission of blood-borne pathogens. Instruct patient on signs and symptoms of hypoglycemia and hyperglycemia and what to do if they occur.

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			SemgleeS C (Adults and Children ≥ 6 yr): Type 1 diabetes (insulin naïve)- 1/3 of the total daily insulin dose given once daily, then adjust on the basis of patient's needs (remainde r of insulin dose should be given as a short- acting insulin) (usual starting total daily insulin dose = 0.2-0.4 units/kg); Type 2			4. Patients with diabetes mellitus should carry a source of sugar (candy, glucose gel) and identification describing their disease and treatment regimen at all times.
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			diabetes (insulin naïve)- 0.2 units/kg or up to 10 units once daily; then adjust on the basis of patient's needs; Type 1 or 2 diabetes (and converting from Toujeo)- Give 80% of Toujeo dose as Basaglar, Lantus, or Semglee once daily, then adjust on the basis of patient's needs; Type 1 or 2 diabetes (and converting				
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			<p>from once daily NPH)- Give the same dose once daily, then adjust on the basis of patient's needs; Type 1 or 2 diabetes (and converting from twice daily NPH)- Give 80% of the total daily NPH dose once daily, then adjust on the basis of patient's needs. ToujeoSC (Adults): Type 1 diabetes (insulin naïve)-</p>			
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			<p>1/3 to 1/2 of the total daily insulin dose given once daily, then adjust on the basis of patient's needs (range = 1-80 units/day), (remainder of insulin dose should be given as a short-acting insulin) (usual starting total daily insulin dose = 0.2-0.4 units/kg); Type 2 diabetes (insulin naïve)- 0.2</p>				
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			<p>units/kg once daily, then adjust on the basis of patient's needs; Type 1 or 2 diabetes (and converting from intermediate or long-acting insulin)- Use same total daily dose and give once daily, then adjust on the basis of patient's needs; Type 1 or 2 diabetes (and converting from NPH insulin)- Use 80% of the total daily</p>				
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			NPH and give once daily, then adjust on the basis of patient's needs.				
glipizide	Sulfonylureas, antidiabetics	Lowering of blood sugar in diabetic patients.	PO (Adults): 5 mg/day initially, ↑ as needed (range 2.5-40 mg/day); XL dose form is given qd. Doses >15 mg/day may be given as 2 divided doses of regular-release product (not XL).PO Geriatric Patients: 2.5 mg/day initially.	Choose an item. Click here to enter text.	Click here to enter text.	photosensitivity, rash hypoglycemia hyponatremia constipation, cramps, diarrhea, drug-induced hepatitis, dyspepsia, ↑ appetite, nausea, vomiting APLASTIC ANEMIA, agranulocytosis, hemolytic anemia, leukopenia, pancytopenia, thrombocytopenia dizziness, drowsiness, headache, weakness	<ol style="list-style-type: none"> 1. Instruct patient to take medication at same time each day. Take missed doses as soon as remembered unless almost time for next dose. Do not take if unable to eat. 2. Review signs of hypoglycemia and hyperglycemia with patient. If hypoglycemia occurs, advise patient to drink a glass of orange juice or ingest 2-3 tsp of sugar, honey, or corn syrup dissolved in water or an appropriate number of glucose tablets and notify health care professional. 3. Advise patient to notify health care professional promptly if unusual weight gain, swelling of ankles, drowsiness, shortness of breath, muscle cramps, weakness, sore throat, rash, or unusual bleeding or bruising occurs. 4. Advise patient to carry a form of sugar (sugar packets, candy) and identification describing disease process and medication regimen at all times.
metformin	Biguanides,	Maintenance	PO	Choose an	Click here to enter text.	LACTIC	1. Instruct patient to take metformin at

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	antidiabetic s	of blood glucose.	(Adults): 500 mg twice daily; may ↑ by 500 mg at weekly intervals up to 2000 mg/ day. If doses >2000 mg/day are required, give in 3 divided doses (not to exceed 2500 mg/ day) or 850 mg once daily; may ↑ by 850 mg at 2- wk intervals (in divided doses) up to 2550 mg/day in divided doses (up to 850 mg 3 times	item. Click here to enter text.		ACIDOSIS abdominal bloating, diarrhea, nausea, vomiting, unpleasant metallic taste ↓ vitamin B12 levels	the same time each day, as directed. Take missed doses as soon as possible unless almost time for next dose. Do not double doses. Instruct parent/caregiver to read the Medication Guide prior to use and with each Rx refill; new information may be available. 2. Explain to patient the risk of lactic acidosis and the potential need for discontinuation of metformin therapy if a severe infection, dehydration, or severe or continuing diarrhea occurs or if medical tests or surgery is required. Symptoms of lactic acidosis (chills, diarrhea, dizziness, low BP, muscle pain, abdominal pain, sleepiness, slow heartbeat or pulse, dyspnea, or weakness) should be reported to health care professional immediately. 3. Review signs of hypoglycemia and hyperglycemia with patient. If hypoglycemia occurs, advise patient to take a glass of orange juice or 2-3 tsp of sugar, honey, or corn syrup dissolved in water, and notify health care professional. 4. Advise patient to carry a form of sugar (sugar packets, candy) and identification describing disease process and medication regimen at all times.
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			daily); Extended-release tablets- 500 mg once daily with evening meal, may ↑ by 500 mg at weekly intervals up to 2000 mg once daily.				
levothyroxine	thyroid preparations, hormones	Replacement in hypothyroidism to restore normal hormonal balance. Suppression of thyroid cancer.	PO: Hypothyroidism- 1.6 mcg/kg once daily; may ↑ by 12.5-25 mcg/day every 4-6 wk until patient clinically euthyroid based on signs/symptoms and TSH levels. PO (Geriatric	Choose an item. Click here to enter text.	IM IV (Adults): Hypothyroidism- 50-100 mcg/day as a single dose. Myxedema coma/stupor- 300-500 mcg IV; additional 100-300 mcg may be given on 2nd day, followed by daily administration of smaller doses. IM IV Children: Hypothyroidism- 50-80% of the oral dose.	Usually only seen when excessive doses cause iatrogenic hyperthyroidism headache, insomnia, irritability angina pectoris, arrhythmias, tachycardia sweating hyperthyroidism, menstrual irregularities abdominal cramps, diarrhea, vomiting heat intolerance,	<ol style="list-style-type: none"> 1. Instruct patient to take medication as directed at the same time each day. Take missed doses as soon as remembered unless almost time for next dose. If more than 2-3 doses are missed, notify health care professional. Do not discontinue without consulting health care professional. 2. Advise patient to notify health care professional if headache, nervousness, diarrhea, excessive sweating, heat intolerance, chest pain, increased pulse rate, palpitations, weight loss >2 lb/wk, or any unusual symptoms occur. 3. Caution patient to avoid taking other medications concurrently with thyroid preparations unless instructed by health care professional. Advise patient to take 4 hrs apart from antacids, iron, and calcium

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			<p>Patients and Patients with Cardiac Disease): 12.5-25 mcg once daily; may ↑ by 12.5-25 mcg/day every 6-8 wk until patient clinically euthyroid based on signs/symptoms and TSH levels</p>			<p>weight loss accelerated bone maturation in children</p>	<p>supplements. 4. Emphasize importance of follow-up exams to monitor effectiveness of therapy. Thyroid function tests are performed at least yearly.</p>
propylthiouracil	Thioamides, antithyroid agents	Decreased signs and symptoms of hyperthyroidism.	<p>PO (Adults): 100 mg q 8 hr; may be ↑ to 400 mg/day (occasional patient may require 600-900 mg/day); usual maintenance dose =</p>	<p>Choose an item. Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>HEPATOTOXICITY, nausea, vomiting, edema, STEVENS-JOHNSON SYNDROME, TOXIC EPIDERMAL NECROLYSIS, rash, hypothyroidism, AGRANULOCYTOSIS, APLASTIC ANEMIA, BLEEDING,</p>	<p>1. instruct patient to take medication exactly as directed, around the clock. If a dose is missed, take as soon as remembered; take both doses together if almost time for next dose; check with health care professional if more than 1 dose is missed. Consult health care professional prior to discontinuing medication. 2. Advise patient to report sore throat, fever, chills, headache, malaise, weakness, yellowing of eyes or skin, unusual bleeding or bruising, symptoms of hyperthyroidism or hypothyroidism, or rash to health care professional promptly.</p>

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			100-150 mg/day.			leukopenia	<p>3. Advise patient to carry identification describing medication regimen at all times and to notify health care professional of medication regimen prior to treatment or surgery.</p> <p>4. Advise patient to carry identification describing medication regimen at all times and to notify health care professional of medication regimen prior to treatment or surgery.</p>
phenobarbital	Barbiturates anticonvulsants, sedative hypnotics	Anticonvulsant activity Sedation.	status Epilepticus IV (Adults and Children >1 mo): 15-18 mg/kg in a single or divided dose, maximum loading dose 20 mg/kg. Maintenance Anticonvulsant IV PO (Adults and Children >12 yr): 1-3 mg/kg/day as a single	Choose an item. Click here to enter text.	PO SC IV IM (Adults): 100-320 mg at bedtime.	hangover, delirium, depression, drowsiness, excitation, lethargy, vertigo respiratory depression LARYNGOSPASM, bronchospasm hypotension constipation, diarrhea, nausea, vomiting photosensitivity, rashes rthralgia, myalgia, neuralgia HYPERSENSITIVITY REACTIONS INCLUDING ANGIOEDEMA AND SERUM SICKNESS, physical	<p>1. Advise patient to notify health care professional if signs and symptoms of angioedema, fever, sore throat, mouth sores, unusual bleeding or bruising, nosebleeds, or petechiae occur.</p> <p>2. Advise patient to take medication as directed. Take missed doses as soon as remembered if not almost time for next dose; do not double doses</p> <p>3. Caution patient to avoid taking alcohol or other CNS depressants concurrently with this medication</p> <p>4. Teach sleep hygiene techniques (dark room, quiet, bedtime ritual, limit daytime napping, avoid nicotine and caffeine).</p>

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			<p>dose or 2 divided doses. SedationP O IM (Adults): 30-120 mg/day in 2-3 divided doses. Preoperative sedation- 100-200 mg IM 1-1.5 hrs before the procedure HyperbilirubinemiaP O (Adults): 90-180 mg/day in 2-3 divided doses,</p>			dependence, psychological dependence	
phenytoin	Hydantoins, anticonvulsants, antiarrhythmics	Diminished seizure activity. Termination of ventricular arrhythmias.	PO (Adults): Loading dose of 15-20 mg/kg as extended capsules in 3	Choose an item. Click here to enter text.	AntiarrhythmicIV (Adults): 50-100 mg every 10-15 min until arrhythmia is abolished, or a total of 15 mg/kg has been given, or toxicity occurs. IV (Adults): Status epilepticus loading dose- 15-20 mg/kg. Rate not to	SUICIDAL THOUGHTS, ataxia, agitation, confusion, CARDIAC ARREST, hypotension (↑ with IV phenytoin),	1. Instruct patient to take medication as directed, at the same time each day. If a dose is missed from a once-a-day schedule, take as soon as possible and return to regular dosing schedule. If taking several doses a day, take missed dose as soon as possible within 4 hr of next scheduled dose; do not double doses. Consult health care professional if doses

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			<p>divided doses given every 2-4 hr; maintenance dose 5-6 mg/kg/day given in 1-3 divided doses; usual dosing range = 200-1200 mg/day. Antiarrhythmic PO: Loading dose: 250 mg 4 times daily for 1 day, then 250 mg bid for 2 days, then maintenance at 300-400 mg/day in divided doses 1-4x's/day.</p>	<p>exceed 25-50 mg/min. Maintenance dose- same as PO dosing above.</p>	<p>bradycardia, tachycardia, : ACUTE GENERALIZED EXANTHEMATOUS PUSTULOSIS, DRUG REACTION WITH EOSINOPHILIA AND SYSTEMIC SYMPTOMS (DRESS), STEVENS-JOHNSON SYNDROME, TOXIC EPIDERMAL NECROLYSIS ACUTE HEPATIC FAILURE, AGRANULOCYTOSIS, APLASTIC ANEMIA, ANGIOEDEMA</p>	<p>are missed for 2 consecutive days. Abrupt withdrawal may lead to status epilepticus. Advise patient to read Medication Guide before starting therapy and with each Rx refill in case of changes.</p> <p>2. Instruct patient on importance of maintaining good dental hygiene and seeing dentist frequently for teeth cleaning to prevent tenderness, bleeding, and gingival hyperplasia. Institution of oral hygiene program within 10 days of initiation of phenytoin therapy may minimize growth rate and severity of gingival enlargement. Patients under 23 yr of age and those taking doses >500 mg/day are at increased risk for gingival hyperplasia.</p> <p>3. Instruct patients that behavioral changes, skin rash, facial or perioral, swelling, shortness of breath, fever, sore throat, mouth ulcers, easy bruising, petechiae, unusual bleeding, abdominal pain, chills, pale stools, dark urine, jaundice, severe nausea or vomiting, drowsiness, slurred speech, unsteady gait, swollen glands, or persistent headache should be reported to health care professional immediately. Advise patient and family to notify health care professional if thoughts about suicide or dying, attempts to commit suicide; new or worse depression; new or worse anxiety; feeling very agitated or restless; panic attacks; trouble sleeping; new or worse irritability; acting aggressive; being angry or violent; acting on dangerous impulses; an extreme increase in activity and talking,</p>
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							<p>other unusual changes in behavior or mood occur.</p> <p>4. Advise diabetic patients to monitor blood glucose carefully and to notify health care professional of significant changes</p>
levetiracetam	Pyrrrolidines, anticonvulsants	Decreased incidence and severity of seizures.	PO IV (Adults and Children ≥16 yr): 500 mg bid initially; may ↑ by 1000 mg/day at 2-wk intervals up to 3000 mg/day in 2 divided doses	<p>Choose an item.</p> <p>Click here to enter text.</p>	Click here to enter text.	<p>SUICIDAL THOUGHTS, aggression, agitation, anger, anxiety, DRUG REACTION WITH EOSINOPHILIA AND SYSTEMIC SYMPTOMS (DRESS), STEVENS-JOHNSON SYNDROME, TOXIC EPIDERMAL NECROLYSIS, AGRANULOCYTOSIS, HYPERSENSITIVITY REACTIONS</p>	<p>1. Advise patient and family to notify health care professional if thoughts about suicide or dying, attempts to commit suicide; new or worse depression; new or worse anxiety; feeling very agitated or restless; panic attacks; trouble sleeping; new or worse irritability; acting aggressive; being angry or violent; acting on dangerous impulses; an extreme increase in activity and talking; other unusual changes in behavior or mood, or if skin rash occur.</p> <p>2. Instruct patient to take medication as directed. Pedi: Explain to parents the importance of using calibrated measuring device for accurate dosing. Take missed doses as soon as possible unless almost time for next dose. Do not double doses. Do not discontinue abruptly; may cause increase in frequency of seizures. Advise patient and parents to read the Medication Guide prior to starting therapy and with each Rx refill in case of changes.</p> <p>3. Advise patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and to consult with health care professional before taking other medications.</p>

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							4. May cause dizziness and somnolence. Caution patient to avoid driving or activities requiring alertness until response to medication is known. Do not resume driving until physician gives clearance based on control of seizure disorder.
donepezil	cholinergics (cholinesterase inhibitors), anti-Alzheimer's agents	May temporarily lessen some of the dementia associated with Alzheimer's disease. Enhances cognition. Does not cure the disease.	Mild to Moderate Alzheimer's Disease PO (Adults): 5 mg once daily; may ↑ to 10 mg once daily after 4-6 wk (dose should not exceed 5 mg/day in frail, elderly females). Severe Alzheimer's Disease PO (Adults): 5 mg once daily; may ↑ to 10 mg once daily after 4-6 wk; after 3	Choose an item. Click here to enter text.	Click here to enter text.	atrial fibrillation, hypertension, hypotension, vasodilation ecchymoses diarrhea, nausea, anorexia, vomiting, weight gain (unusual) frequent urination hot flashes, weight loss arthritis, muscle cramps headache, abnormal dreams, depression,	<ol style="list-style-type: none"> 1. Emphasize the importance of taking donepezil daily, as directed. Missed doses should be skipped and regular schedule returned to the following day. Do not take more than prescribed; higher doses do not increase effects but may increase side effects. 2. Caution patient and caregiver that donepezil may cause dizziness. Advise patient to avoid driving and other activities requiring alertness until response to medication is known. 3. Advise patient and caregiver to notify health care professional if nausea, vomiting, diarrhea, or changes in color of stool occur or if new symptoms occur or previously noted symptoms increase in severity. 4. Instruct patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and to consult health care professional before taking other Rx, OTC, or herbal products.

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			mo, may then ↑ to 23 mg once daily				
memantine	N-methyl-D-aspartate antagonist, anti-Alzheimer's agents	Decreased symptoms of dementia/cognitive decline. Does not slow progression. Cognitive enhancement. Does not cure disease.	PO (Adults): Immediate-release- 5 mg once daily initially, ↑ at weekly intervals to 10 mg/day (5 mg twice daily), then 15 mg/day (5 mg once daily, 10 mg once daily as separate doses), then to target dose of 20 mg/day (10 mg twice daily); Extended-release- 7 mg once daily, ↑ at weekly	Choose an item. Click here to enter text.	Click here to enter text.	dizziness, fatigue, headache, sedation hypertension rash diarrhea, weight gain urinary frequency anemia	<ol style="list-style-type: none"> 1. Instruct patient and caregiver on how and when to administer memantine and how to titrate dose. Take missed doses as soon as remembered but not just before next dose; do not double doses. If several days doses are missed, may need to resume at a lower dose and re-titrate up to previous dose; consult health care professional. Advise patient and caregiver to read Patient Instructions before starting and with each Rx refill in case of changes. 2. Caution patient and caregiver that memantine may cause dizziness. Monitor and assist with ambulation and caution patient to avoid driving and other activities requiring alertness until response to medication is known. 3. Advise females of reproductive potential to notify health care professional if pregnancy is planned or suspected, or if breast feeding. 4. Teach patient and caregivers that improvement in cognitive functioning may take months; degenerative process is not reversed.

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

			intervals by 7 mg/day to target dose of 28 mg once daily				
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