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 ☐ Hypotonic ☐ Hypertonic ☐	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.)**
propofol	general anesthetics	Induction and maintenance of anesthesia	Click here to enter text.	Choose an item. Click here to enter text.	General AnesthesiaIV (Adults <55 yr): Induction– 40 mg every 10 sec until induction achieved (2–2.5 mg/kg total). Maintenance– 100–200 mcg/kg/min. Rates of 150–200 mcg/kg/min are usually required during first 10–15 min after induction, then ↓ by 30–50% during first 30 min of maintenance. Rates of 50–100 mcg/kg/min are associated with optimal recovery time. May also be given intermittently in increments of 25–50 mg. IV (Geriatric Patients , Cardiac patients, Debilitated Patients, or Hypovolemic Patients):	dizziness, headache, APNEA, cough, bradycardia, hypotension, hypertension, burning, pain, stinging, coldness, PROPOFOL INFUSION SYNDROME	1. Assess respiratory status, pulse, and BP continuously throughout propofol therapy. Frequently causes apnea lasting ≥60 sec. Maintain patent airway and adequate ventilation. Propofol should be used only by individuals experienced in endotracheal intubation, and equipment for this procedure should be readily available. 2. Monitor for propofol infusion syndrome (severe metabolic acidosis, hyperkalemia, lipemia, rhabdomyolysis, hepatomegaly, cardiac and renal failure). Most frequent with prolonged, high-dose infusions (>5 mg/kg/hr for >48 hr) but has also been reported following large-dose, short-term infusions during surgical anesthesia. If prolonged sedation or increasing dose is required, or metabolic acidosis occurs, consider alternative means of sedation 3. May cause drowsiness or dizziness. Advise patient to request assistance prior to ambulation and transfer and to avoid

					Induction– 20 mg every 10 sec until induction achieved (1–1.5 mg/kg total). Maintenance– 50–100 mcg/kg/min (dose in cardiac anesthesia ranges from 50–150 mcg/kg/min depending on concurrent use of opioid).IV (Adults Undergoing Neurosurgical Procedures): Induction– 20 mg every 10 sec until induction achieved (1–2 mg/kg total). Maintenance– 100–200 mcg/kg/min Monitored Anesthesia Care (MAC) SedationIV (Adults <55 yr): Initiation– 100–150 mcg/kg/min infusion or 0.5 mg/kg as slow injection. Maintenance– 25–75 mcg/kg/min infusion or incremental boluses of 10–20 mg.IV (Geriatric Patients , Debilitated Patients, or ASA III/IV Patients): Initiation– Use slower infusion or injection rates. Maintenance– 20% less than the usual adult infusion dose; rapid/repeated bolus dosing should be		driving or other activities requiring alertness for 24 hr following administration. 4. Advise patient to avoid alcohol or other CNS depressants without the advice of a health care professional for 24 hr following administration.

					avoided.ICU SedationIV (Adults): 5 mcg/kg/min for a minimum of 5 min. Additional increments of 5–10 mcg/kg/min over 5–10 min may be given until desired response is obtained. (Range 5–50 mcg/kg/min.) Dose should be reassessed every 24 hr.		
succinylcholine	neuromuscular blocking agents-depolarizing	Skeletal muscle paralysis.	intramuscular DosingIM (Adults and Children): Up to 3–4 mg/kg (total dose not to exceed 150 mg).	Choose an item. Click here to enter text.	Test DoseIV (Adults): 5–10 mg (0.1 mg/kg), then assess respiratory function.Short ProceduresIV (Adults): 0.6 mg/kg (range 0.3–1.1 mg/kg) up to 150 mg total dose; additional doses depend on response, maintenance: 0.04–0.07 mg/kg every 5–10 min as needed Prolonged ProceduresIV (Adults): 2.5 mg/min infusion (range 0.5–10 mg/min).	arrhythmias, bradycardia, hypotension, HYPERKALEMIA RHABDOMYOLYSIS, APNEA, HYPERSENSITIVITY REACTIONS (INCLUDING ANAPHYLAXIS), MALIGNANT HYPERTHERMIA,	1. Assess respiratory status continuously throughout use of succinylcholine. Succinylcholine should be used only by individuals experienced in endotracheal intubation, and equipment for this procedure should be immediately available. 2. Assess patient for history of malignant hyperthermia before administration. Monitor for signs of malignant hyperthermia (tachycardia, tachypnea, hypercarbia, jaw muscle spasm, lack of laryngeal relaxation, hyperthermia) throughout administration. 3. Monitor ECG, heart rate, and BP throughout use of succinylcholine. 4. Explain all procedures to patient receiving succinylcholine therapy without anesthesia, because consciousness is not affected by succinylcholine alone. Provide emotional support.
atropine	Antiarrhythmic anticholinergics	Increased heart rate.Decreased GI and respiratory	Organophosphate Poisoning IM: 2 mg	Choose an item.	Preanesthesia (To Decrease Salivation/Secretions)IM IV SC (Adults): 0.4–0.6	tachycardia, palpitations, arrhythmias, blurred vision,	1. Monitor intake and output ratios in elderly or surgical patients because atropine may cause urinary retention 2. Assess patients routinely for abdominal

	antimuscarinics	secretions.Reversal of muscarinic effects.May have a spasmolytic action on the biliary and genitourinary tracts	initially, then 2 mg q 10 min as needed up to 3 times total. BronchospasmInhaln (Adults): 0.025–0.05 mg/kg/dose q 4–6 hr as needed; maximum 2.5 mg/dose	Click here to enter text.	mg 30–60 min preop. BradycardiaIV (Adults): 0.5–1 mg; may repeat as needed every 5 min, not to exceed a total of 2 mg (every 3–5 min in Advanced Cardiac Life Support guidelines) or 0.04 mg/kg (total vagolytic dose) Reversal of Adverse Muscarinic Effects of AnticholinesterasesIV (Adults): 0.6–12 mg for each 0.5–2.5 mg of neostigmine or 10–20 mg of pyridostigmine concurrently with anticholinesterase. Organophosphate Poisoning IV: 1–2 mg/dose every 10–20 min until atropinic effects observed then every 1–4 hr for 24 hr; up to 50 mg in first 24 hr and 2 g over several days may be given in severe intoxication.	dry mouth, constipation, urinary hesitancy, retention, drowsiness, confusion, hyperpyrexia tachypnea, pulmonary edema	distention and auscultate for bowel sounds. If constipation becomes a problem, increasing fluids and adding bulk to the diet may help alleviate constipation 3. May cause drowsiness. Caution patients to avoid driving or other activities requiring alertness until response to medication is known 4. Instruct patient that oral rinses, sugarless gum or candy, and frequent oral hygiene may help relieve dry mouth.
ondasteron	Antiemetics five ht3 antagonists	Decreased incidence and severity of nausea and vomiting following chemotherapy, radiation, or	PO (Adults): Highly-emetogenic chemotherapy– 24 mg 30 min	Choose an item. Click here to enter text.	IV (Adults): 0.15 mg/kg (max dose = 16 mg) 30 min prior to chemotherapy, repeated 4 and 8 hr later. IM IV (Adults and Children >12 yr): 4 mg before induction of anesthesia	TORSADES DE POINTES, QT interval prolongation, constipation, diarrhea, SEROTONIN SYNDROME,	1. Monitor ECG in patients with hypokalemia, hypomagnesemia, HF, bradyarrhythmias, or patients taking concomitant medications that prolong the QT interval. 2. Monitor for signs and symptoms of serotonin syndrome (mental status changes [agitation, hallucinations,

		surgery.	prior to chemotherapy.PO (Adults and Children >11 yr): Moderately emetogenic chemotherapy– 8 mg 30 min prior to chemotherapy and repeated 8 hr later; 8 mg q 12 hr may be given for 1–2 days following chemotherapy. Prevention of Postoperative Nausea/Vomiting P0: 16 mg 1 hr before induction of		or postoperatively.	STEVENS-JOHNSON SYNDROME, TOXIC EPIDERMAL NECROLYSIS, headache, dizziness,	delirium, coma], autonomic instability [tachycardia, labile BP, dizziness, diaphoresis, flushing, hyperthermia], neuromuscular symptoms [tremor, rigidity, myoclonus, hyperreflexia, incoordination], seizures, gastrointestinal symptoms [nausea, vomiting, diarrhea]). If symptoms occur, discontinue therapy. 3. Assess for rash periodically during therapy. May cause Stevens-Johnson syndrome or toxic epidermal necrolysis. Discontinue therapy if severe or if accompanied with fever, general malaise, fatigue, muscle or joint aches, blisters, oral lesions, conjunctivitis, hepatitis, and/or eosinophilia. 4. Advise patient to notify health care professional immediately if symptoms of irregular heart beat, serotonin syndrome, or involuntary movement of eyes, face, or limbs occur.

			anesthesia. Prevention of Nausea/Vomiting Associated with Radiation TherapyPO (Adults): 8 mg 1–2 hr prior to radiation; may be repeated every 8 hr, depending on type, location, and extent of radiation				
ALPRAZolam	antianxiety agentsPharm. Class.benzodiazepines	Relief of anxiety.	AnxietyPO (Adults): 0.25–0.5 mg 2–3 times daily (not to exceed 4 mg/day).PO Geriatric Patients: Begin with	Choose an item. Click here to enter text.	Click here to enter text.	dizziness, drowsiness, lethargy, confusion, depression, physical dependence, psychological dependence, tolerance	1. Assess degree and manifestations of anxiety and mental status (orientation, mood, behavior) prior to and periodically during therapy 2. Geri: Assess CNS effects and risk of falls. Institute falls prevention strategies 3. Instruct patient to take medication as directed; do not skip or double up on missed doses. If a dose is missed, take within 1 hr; otherwise, skip the dose and return to regular schedule. If medication is less effective after a few wk, check with

			0.25 mg 2–3 times daily.Panic AttacksPO (Adults): 0.5 mg tid; may be ↑ by 1 mg or less every 3–4 days as needed (not to exceed 10 mg/day). Extended–release tablets–0.5–1 mg qd in the morning, may be ↑ every 3–4 days by not more than 1 mg/day; up to 10 mg/day (usual range 3–6 mg/day).				health care professional; do not increase dose. Caution patient not to stop taking alprazolam without consulting health care professional. Abrupt withdrawal may cause sweating, vomiting, muscle cramps, tremors, and seizures; may be life-threatening. 4. Advise patient to avoid drinking grapefruit juice during therapy.
morphine	opioid analgesics opioid agonists	Decrease in severity of pain.	PO Rect: (Adults ≥50 kg): Usual starting	Choose an item. Click here to	IM IV SC (Adults ≥50 kg): Usual starting dose for moderate to severe pain in opioid-naive patients–4–10 mg every 3–4 hr.	hypotension, bradycardia flushing, itching, constipation, nausea,	1. Assess level of consciousness, BP, pulse, and respirations before and periodically during administration. If respiratory rate is <10/min, assess level of sedation. Physical stimulation may be sufficient to

			dose for moderate to severe pain in opioid-naive patients– 30 mg every 3–4 hr initially or once 24-hr opioid requirement is determined, convert to extended-release morphine by administering total daily oral morphine dose every 24 hr (as Kadian or other ER capsules), 50% of the total daily oral morphine dose	enter text.	MI– 8–15 mg, for very severe pain additional smaller doses may be given every 3–4 hr.IM IV SC (Adults and Children <50 kg): Usual starting dose for moderate to severe pain in opioid-naive patients– 0.05–0.2 mg/kg every 3–4 hr, maximum: 15 mg/dose IV SC (Adults): Continuous infusion– 0.8–10 mg/hr; may be preceded by a bolus of 15 mg (infusion rates vary greatly; up to 80 mg/hr have been used) Epidural: (Adults): Intermittent injection– 5 mg/day (initially); if relief is not obtained at 60 min, 1–2 mg increments may be made (total dose not to exceed 10 mg/day). Continuous infusion– 2–4 mg/24 hr; may ↑ by 1–2 mg/day (up to 30 mg/day). IT (Adults): 0.2–1 mg. Use preservative-free formulation	vomiting, confusion, sedation, dizziness, RESPIRATORY DEPRESSION (INCLUDING CENTRAL SLEEP APNEA AND SLEEP-RELATED HYPOXEMIA) physical dependence, psychological dependence, tolerance	prevent significant hypoventilation. Subsequent doses may need to be decreased by 25–50%. Initial drowsiness will diminish with continued use. Monitor for respiratory depression, especially during initiation or following dose increase; serious, life-threatening, or fatal respiratory depression may occur. May cause sleep-related breathing disorders (central sleep apnea [CSA], sleep-related hypoxemia). Geri: Assess geriatric patients frequently; older adults are more sensitive to the effects of opioid analgesics and may experience side effects and respiratory complications more frequently. Pedi: Assess pediatric patient frequently; children are more sensitive to the effects of opioid analgesics and may experience respiratory complications, excitability, and restlessness more frequently. 2. Assess risk for opioid addiction, abuse, or misuse prior to administration. Abuse or misuse of extended-release preparations by crushing, chewing, snorting, or injecting dissolved product will result in uncontrolled delivery of morphine and can result in overdose and death 3. May cause drowsiness or dizziness. Caution patient to call for assistance when ambulating or smoking and to avoid driving or other activities requiring alertness until response to medication is known 4. Explain to patient and family how and when to administer morphine and how to

			every 12 hr (as Kadian or MS Contin), or 33% of the total daily oral morphine dose every 8 hr (as MS Contin). See equianalgesic chart, equianalgesic dosing guidelines . Dose of ER capsules (not Kadian) should not exceed 1600 mg/ day because of fumaric acid in formulation.PO Rect: (Adults and Children				care for infusion equipment properly. Pedi: Teach parents or caregivers how to accurately measure liquid medication and to use only the measuring device dispensed with the medication.

			<50 kg): Usual starting dose for moderate to severe pain in opioid-naive patients– 0.3 mg/kg every 3–4 hr initially.				
amiodarone	antiarrhythmics (class III	Suppression of arrhythmias.	Ventricular ArrhythmiasPO (Adults): 800–1600 mg/day in 1–2 doses for 1–3 wk, then 600–800 mg/day in 1–2 doses for 1 mo, then 400 mg/day maintenance dose. Supraventricular TachycardiaPO (Adults): 600–800	Choose an item. Click here to enter text.	Ventricular Arrhythmias IV (Adults): 150 mg over 10 min, followed by 360 mg over the next 6 hr and then 540 mg over the next 18 hr. Continue infusion at 0.5 mg/min until oral therapy is initiated. If arrhythmia recurs, a small loading infusion of 150 mg over 10 min should be given; in addition, the rate of the maintenance infusion may be ↑. Conversion to initial oral therapy– If duration of IV infusion was <1 wk, oral dose should be 800–1600 mg/day; if IV infusion was 1–3 wk, oral dose should be 600–800 mg/day; if IV infusion was >3 wk, oral dose should be 400	corneal microdeposits, ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS), PULMONARY FIBROSIS, PULMONARY TOXICITY, HF, WORSENING OF ARRHYTHMIAS, QT INTERVAL PROLONGATION, bradycardia, hypotension, anorexia, constipation, nausea, vomiting, TOXIC EPIDERMAL NECROLYSIS (RARE),	1. Monitor ECG continuously during IV therapy or initiation of oral therapy. Monitor heart rate and rhythm throughout therapy; PR prolongation, slight QRS widening, and T-wave amplitude reduction with T-wave widening and bifurcation may occur. QT prolongation may be associated with worsening of arrhythmias; monitor closely during IV therapy. Report bradycardia or increase in arrhythmias promptly; patients receiving IV therapy may require slowing rate, discontinuing infusion, or inserting a temporary pacemaker. 2. Assess for signs of pulmonary toxicity (rales/crackles, decreased breath sounds, pleuritic friction rub, fatigue, dyspnea, cough, wheezing, pleuritic pain, fever, hemoptysis, hypoxia). Chest x-ray and pulmonary function tests are recommended before therapy. Monitor chest x-ray every 3–6 mo during therapy to detect diffuse interstitial changes or alveolar infiltrates. Bronchoscopy or

			mg/day for 1 wk or until desired response occurs or side effects develop, then ↓ to 400 mg/day for 3 wk, then maintenance dose of 200–400 mg/day.		mg/day. ACLS guidelines for pulseless VF/VT– 300 mg IV push, may repeat once after 3–5 min with 150 mg IV push (maximum cumulative dose 2.2 g/24 hr; unlabeled).	photosensitivity, hypothyroidism, hyperthyroidism ataxia, involuntary movement, paresthesia, peripheral neuropathy, poor coordination, tremor, dizziness, fatigue, malaise, headache,	gallium radionuclide scan may also be used for diagnosis. Usually reversible after withdrawal, but fatalities have occurred 3. Instruct patient to take amiodarone as directed. If a dose is missed, do not take at all. Consult health care professional if more than two doses are missed. Advise patient to read the Medication Guide prior to first dose and with each Rx refill in case of changes. 4. Teach patients to monitor pulse daily and report abnormalities.
epinephrine	Antiasthmatics bronchodilators vasopressor adrenergics	Bronchodilation.Maintenance of heart rate and BP.Localization/prolongation of local/spinal anesthetic.	SC IM (Adults and Children ≥30 kg): Severe anaphylaxis– 0.3–0.5 mg (single dose not to exceed 0.5 mg); may repeat every 10–15 min as needed,	Choose an item. Click here to enter text.	IV (Adults): Severe anaphylaxis– 0.1–0.25 mg every 5–15 min; may be followed by 1–4 mcg/min continuous infusion; Cardiopulmonary resuscitation (ACLS guidelines)– 1 mg every 3–5 min; Bradycardia (ACLS guidelines)– 2–10 mcg/min continuous infusion; Hypotension associated with septic shock– 0.05–2 mcg/kg/min continuous infusion; titrate every 10–15 min by 0.05–0.2 mcg/kg/min to achieve	angina, arrhythmias, hypertension, tachycardia, nervousness, restlessness, tremor, headache, insomnia PARADOXICAL BRONCHOSPASM (EXCESSIVE USE OF INHALERS), pulmonary edema	1. Observe for paradoxical bronchospasm (wheezing). If condition occurs, withhold medication and notify health care professional immediately. 2. Monitor BP, pulse, ECG, and respiratory rate frequently during IV administration. Continuous ECG, hemodynamic parameters, and urine output should be monitored continuously during IV administration. 3. Instruct patient to take medication exactly as directed. If on a scheduled dosing regimen, take a missed dose as soon as possible; space remaining doses at regular intervals. Do not double doses. Caution patient not to exceed recommended dose; may cause adverse

			Inhaln (Adults): Inhalation solution– 1 inhalation of 1% solution; may be repeated after 1–2 min; additional doses may be given every 3 hr; Racepinephrine– Via hand nebulizer, 2–3 inhalations of 2.25% solution; may repeat in 5 min with 2–3 more inhalations, up to 4–6 times daily. Inhaln (Adults and Children		desired mean arterial pressure.		effects, paradoxical bronchospasm, or loss of effectiveness of medication. 4. Advise patients to use bronchodilator first if using other inhalation medications, and allow 5 min to elapse before administering other inhalant medications, unless otherwise directed.

			≥12 yr): Over-the-counter inhaler– 1–2 inhalations every 4 hr as needed (max = 8 inhalations/day). Intracardiac (Adults): 0.3–0.5 mg. Endotracheal: (Adults): Cardiopulmonary resuscitation (ACLS guidelines)– 2–2.5 mg.Topical (Adults and Children ≥6 yr): Nasal decongestant– Apply 1% solution as drops,				

			spray, or with a swab. Intraspinal: (Adults and Children): 0.2–0.4 mL of 1:1000 solution. With Local Anesthetics: (Adults and Children): Use 1:200,000 solution with local anesthetic				
lidocaine	anesthetics (topical/local)antiarrhythmics (class IB)	Control of ventricular arrhythmias.Local anesthesia.	Click here to enter text.	Choose an item. 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.
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Adult/Geriatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

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Adopted: August 2016