

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: Mary Juarez		Unit:	Patient Initials:	Date:	PAGE 5		
		Click here to enter text.	Click here to enter text.	Click here to enter a date.	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.)
baclofen	GABA chlorophenyl derivative	muscle relaxant	PO/IT	Choose an item. Click here to enter text.	Click here to enter text.	dizziness, drowsiness, hypotension, dry mouth, dyspnea	<ol style="list-style-type: none"> 1. Assess MS status improvement 2. Monitor BP, weight, blood glucose 3. Monitor for allergic reactions 4. Teach pt not to take with alcohol
methyl-prednisone	glucocorticoid	corticosteroid	IM/IV/PO	Choose an item. Click here to enter text.	Click here to enter text.	flushing, tachy, abd distention, n/v, increased appetite, poor wound healing	<ol style="list-style-type: none"> 1. Assess mental status 2. Monitor blood studies 3. Assess joint mobility 4. Teach to take with food to prevent upset stomach
alteplase	TPA	thrombolytic	IV	Choose an item. Click here to enter text.	Click here to enter text.	urticaria, rash, GI, GU, intracranial, retroperitoneal bleeding, anaphylaxis, fever	<ol style="list-style-type: none"> 1. Do not give in pts whose symptoms of ischemic stroke are >3 hours 2. Monitor v/s atleast q4h 3. Monitor blood studies, ECG 4. Monitor for therapeutic response

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

propofol	phenol derivative	sedation	IV	Choose an item. Click here to enter text.	Click here to enter text.	involuntary movement, bradycardia, dry mouth, apnea, cough	<ol style="list-style-type: none"> 1. Monitor ECG for any changes 2. Monitor for neurologic excitatory symptoms 3. Monitor for allergic reactions 4. Monitor for resp depression
Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 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.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 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.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 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.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 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.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 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.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text. 			

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

Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 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.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 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.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 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.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 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.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text. 			