

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
Lactated ringers	Isotonic <input checked="" type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	Electrolyte replacement & increase circulating volume	Rare but calcium levels	CHF, Renal failure

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.)
Pantoprazole	Proton pump inhibitors	Peptic ulcers Gastroesophageal	40 mg PO Daily	Click here to enter text.	Click here to enter text.	Headache/ Diarrhea Pneumonia, Fractures, Rebound Acid Hypersecretion, Hypomagnesemia, Clostridium difficile, Thrombocytopenia	1. Monitor for bleeding, Assess platelet count - though rare 2. Monitor for diarrhea 3. Report liquid stools/diarrhea, muscle cramps seizures, tremors. 4.
Enoxaparin	Anti-coagulant	Prevent DVT: Stroke prevention	40 mg SQ route site Daily	Click here to enter text.	Click here to enter text.	Hemorrhage/ Major hemorrhage Fever Injection site reactions	1. Monitor for bleeding and assess platelet count 2. Educate pt causes easy bruising 3. Report bleeding gums, nosebleeds, blood in urine or stool 4.
Amlodipine	Dihydropyridines affect	Angina,	10 mg PO	Click here to enter text.	Click here to enter text.	Click here to	1. Monitor for peripheral edema, bradycardia

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.)
	vascular smooth muscle	Hypertension	Daily	Click here to enter text.		enter text.	2. Monitor HR, - irregular rate/hypotension 3. Notify if swelling of hands or feet 4. Educate no grapefruit juices
Hydrochlorothiazide	Diuretic	HypertensionMild/mod heart failure	25 mg PO Daily	<input style="width: 100px; height: 20px;" type="text"/> Click here to enter text.	Click here to enter text.	HypokalemiaHypertremiaDehydrationHyperglycemia	1. Monitor/assess electrolytes 2. Report changes in LOC 3. Monitor BG, diabetics closely 4. Click here to enter text.
Escitalopram	SSRI	inhibits the reuptake of serotonin in the CNS.	20 mg PO Daily	<input style="width: 100px; height: 20px;" type="text"/> Click here to enter text.	here to enter text.	Severe renal impairment Severe renal impairment May cause potentially fatal reactions when used with MAO inhibitors	1. Monitor mood changes and level of anxiety 2. Assess for serotonin syndrome (mental changes) 3. Educate ↑ risk of bleeding with aspirin 4. May cause GI: diarrhea, nausea, abdominal pain, constipation, dry mouth
ASA	Antipyretic non-opioid analgesic	reduces inflammation and pain	81 mg PO Daily	<input style="width: 100px; height: 20px;" type="text"/> Click here to enter text.	here to enter text.	GI ulcer Bleeding, Hemorrhagic stroke, Tinnitus	1. Monitor kidney function test (BUN, Creatine, GFR) 2. Report ringing in ears or abdominal pain 3. Educate no Alcohol - GI bleeding

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.)
							4. Educate about Escitalopram
Crestor(Rosuvastatin Calcium)	Anti cholesterol	Lowers cholesterol	20 mg PO q evening	<input type="text"/> here to enter text. Click here to enter text.		CNS: headache, depression DERM: rash GI: constipation, abdominal pain, diarrhea	1. Teach do not stop taking, even if you feel better 2. Educate to avoid foods high in cholesterol and fat 3. Report if any unexplained muscle pains 4. Click here to enter text.
Quetiapine	Antipsychotic, Dibenzothiazepine	Dementia and Alzheimer's disease, Mood Stabilizer	265 mg PO BID	<input type="text"/> here to enter text. Click here to enter text.		Hx of arrhythmias, Hypokalemia, Hypomagnesemia, NMS: neuroleptic malignant syndrome, VTE: Venous thromboembolism	1. Assess BP & mental status (mood, behavior, orientation) 2. Monitor labs: Serum prolactin, BG, anemia, & serum cholesterol levels 3. May cause HA & restlessness 4. Call be getting up, may cause Postural hypotension
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> 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.

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.)
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.	<input style="width: 100px; height: 20px;" type="text"/> 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.	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.	<input style="width: 100px; height: 20px;" type="text"/> 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.	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.	<input style="width: 100px; height: 20px;" type="text"/> 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.	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.	<input style="width: 100px; height: 20px;" type="text"/> 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.	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.	<input style="width: 100px; height: 20px;" type="text"/> 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.	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.	<input style="width: 100px; height: 20px;" type="text"/> 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