

Pediatric 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
N/A	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>			

Student Name: Kristen Parker		Unit: NICU	Patient Initials:		Date: 3/8/2022	Allergies: NKDA	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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.)
Ampicillin	Antibiotic	Prophylaxis	68mg/2.27mL IV (8 doses, on 8th dose)	Yes	50mg/Kg/day Volume: 68mg/2.27kg/day Rate:15 minutes	Anaphylaxis Nausea Diarrhea Glossitis Rash	1. Report any bloody, watery stools 2. Report any allergic reaction, like rash, hives, fever, edema 3. Report any easy bruising, or bleeding 4. Take medication on an empty stomach
Poly-Vi-Sol	Multi-vitamin	Prevent vitamin deficiency	0.5	No Child is too small for the 1mL dosage	N/A	Constipation Upset stomach Diarrhea Rash Itching	1. Take with food 2. Keep locked up away from other children 3. Do not exceed dosage information 4. Report any fevers in the child
Poly-Vi-Sol with Iron	Multi-vitamin	Prevent Vitamin deficiency	0.25	No Child is too small for the 1mL dosage	N/A	Constipation Upset stomach Diarrhea Rash Itching Change in color of stool	1. Take with food 2. Keep locked up away from other children 3. Report any allergic reaction like rash, hives 4. Educate importance of black, tarry stools are normal with iron

IM5 (Pediatrics) Critical Thinking Worksheet

Patient Age: 5 days

Patient Weight: 2.6kg

Student Name: Kristen Parker	Unit: NICU Pt. Initials:	Date: 3/8/2022
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Hyperbilirubinemia refers to an excessive level of accumulated bilirubin in the blood and is characterized by jaundice, or icterus, a yellowish discoloration of the skin, sclera, nails. Hyperbilirubinemia may result from increased unconjugated or conjugated bilirubin. Bilirubin is the breakdown products of the hemaglobin that results from RBC destruction. Normally the body can maintain a balance between destruction of RBC's and excretion. However when this occurs, bilirubin accumulates in the tissues.	2. Factors for the Development of the Disease/Acute Illness: Preterm Baby (P) Race Blood type Bruising during birth Breast-feeding	3. Signs and Symptoms: Yellowing of the sclera (P) Yellowing of the skin (P) Restless No weight gain (P) Highpitch cries Irritability (P)
4. Diagnostic Tests Pertinent or Confirming of Diagnosis: Bilirubin Levels (P) Transcutaneous bilirubinometer (P) Urine Analysis CBC	5. Lab Values That May Be Affected: Bilirubin (14 down to 8) Direct/Indirect Bilirubin (0.5/7.5)	6. Current Treatment (Include Procedures): Phototherapy X3

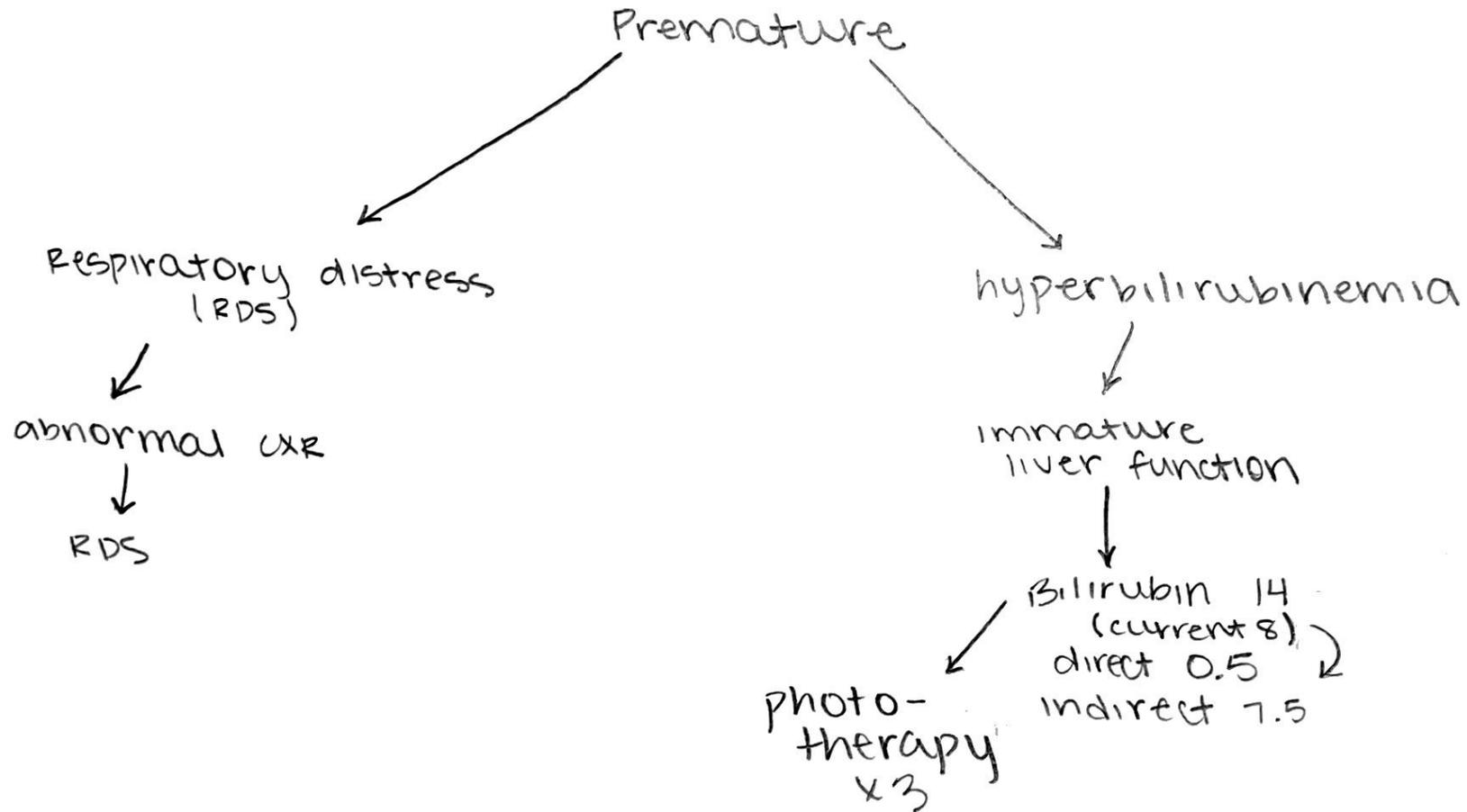
DOB: 03/03/2022

Gestational age: 36¹ Adjusted age: 36⁴

Birth weight: 5 lbs 7 oz 2598g

Current weight: 5 lbs 7 oz 2618g

APGAR at birth: 8



References

- Childrenshospital.org. 2022. *Hyperbilirubinemia and Jaundice | Diagnosis & Treatments | Boston Children's Hospital*. [online] Available at: <<https://www.childrenshospital.org/conditions-and-treatments/conditions/h/hyperbilirubinemia-and-jaundice/diagnosis-and-treatments>> [Accessed 8 March 2022].
- Hockenberry, M., Rodgers, C., Wilson, D. and Wong, D., 2019. *Wong's essentials of pediatric nursing*. 11th ed.
- Mayoclinic.org. 2022. *Infant jaundice - Diagnosis and treatment - Mayo Clinic*. [online] Available at: <<https://www.mayoclinic.org/diseases-conditions/infant-jaundice/diagnosis-treatment/drc-20373870>> [Accessed 8 March 2022].