

## 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"/><br>Hypertonic <input type="checkbox"/> | Dehydration       | Na, K,                              | None                            |

| Student Name:<br>Zandria Farris |                                 | Unit:<br>S6        | Patient Initials:<br>Click here to enter text. | Date:<br>3/29/2022                          | Allergies:<br>NKDA  |  |   |
|---------------------------------|---------------------------------|--------------------|--|---|---|--|---|
| 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<br><br>IVPB - List concentration and rate of administration | Adverse Effects  | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)   |
| Ceftriaxone                     | Third generation cephalosporins | Anti-infective     | 2 G<br>IVP<br>Q24 hrs<br>0900                  | Click here to enter text.                   | 20ML of sterile H2O<br>Pust at 3-5 mintues.   | Seizures<br>headache D/N/V<br>rashes   | <ol style="list-style-type: none"> <li>1. Assess for infection prior and during treatment.</li> <li>2. Encourage patient to avoid alcohol use while taking medication.</li> <li>3. Educate patient to contact HCP prior to using anything for treatment of diarrhea.</li> <li>4. Educate patient to report signs of super infection, such as furry overgrowth on tongue, vaginal itching or discharge, and loose of foul smelling stool.</li> </ol> |
| Enoxaprin                       | Anti-thrombotics                | Anticoagulant      | 40 mg<br>SQ<br>Q24hrs<br>0900                  | Click here to enter text.                   |   | Anemia,<br>headache,<br>insomnia, edema,<br>bleeding,<br>consitpation,<br>increase liver enzymes | <ol style="list-style-type: none"> <li>1. Educate patient to report any signs of unusual bleeding to health care provider.</li> <li>2. Educate patient not to take asprin, and NSAIDS with consulting health care professional prior.</li> <li>3. Monitor neurological status for neurological impairment.</li> <li>4. Caution patient to avoid IM injections, and to use a soft tooth brush.</li> </ol>  |

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| Escitalopram (Lexapro)          | SSRI's                             | Anti-depressant              | 20mg<br>PO<br>Daily<br>0900                    | <input type="text"/><br><br>Click here to enter text. |   | Suicidal thoughts, insomnia, diarrhea, nausea, drowsiness, fatigue | <ol style="list-style-type: none"> <li>1. Nurse should monitor mood changes and level of anxiety during therapy.</li> <li>2. Advise patient, family, and caregivers to look for suicidal ideation, especially at the being of treatment or the beginning of a dose change.</li> <li>3. Caution patient to avoid activities that require alertness until response to the medication is known.</li> <li>4. Educate patient to take medication as prescribed.</li> </ol> |
| Famotide (Pepcid)               | Histamine (H2) receptor antagonist | Prevention of gastric ulcers | 20mg<br>PO<br>Daily<br>0900                    | <input type="text"/><br><br>Yes                       | N/A   | Constipation, dizziness, drowsiness                                | <ol style="list-style-type: none"> <li>1. Educate the patient to take the medication with a glass of water.</li> <li>2. Educate patient to take medication 15-60 prior to eating.</li> <li>3. Nurse should assess heart rate prior to administration. Heart rate should be within the normal limits of 60-100.</li> <li>4. With long term use lab work should be monitored closely for gastric PH and bleeding.</li> </ol>  |
| Gabapentin                      | Anti-convulsant                    | Analgesics                   | 100mg<br>3x daily                              | <input type="text"/>                                  |   | Suicidal thoughts,   | <ol style="list-style-type: none"> <li>1. Monitor patient closely for changes in behavior that could indicate emergence or</li> </ol>   |

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|                                 |                              |                      | PO 0900  | Click here to enter text.                      |   | confusion, depression, drowsiness, sedation, anxiety            | worsening of suicidal thoughts, behaviors, or depression.<br><br>2. Assess for pain prior to treatment and during treatment.<br><br>3. Encourage patient to take medication as prescribed; and not to abruptly stop taking medication.<br><br>4. Advise patient to avoid activities that require alertness until response to medication is known. |
| Lisinopril                      | ACE inhibitor                | Anti-hypertensive    | 10mg<br>PO<br>Daily<br>0900                    | Click here to enter text.                      |   | Orthostatic hypotension, cough, hypotension, taste disturbances | 1. Monitor blood pressure and heart rate prior to administration.<br>2. Assess patient for signs of angioedema (dyspnea, facial swelling.)<br>3. Monitor BUN, Creatine, and electrolyte levels periodically.<br>4. Advise patient to take medication as directed and to avoid abruptly stopping the medication.                                   |
| Meloxicam                       | NSAID                        | Non opiod Analgesics | 15mg<br>PO<br>Daily<br>0900                    | Click here to enter text.                      |   | GI Bleeding, dyspepsia, nausea, diarrhea,                       | 1. Educate patient to take medication with a full glass of water.<br>2. Advise patient to stay sitting up for 15 minutes after administration.  |

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|                                 |                              |                     |  |  |   | anemia, steven-johnson syndrome   | 3. Caution patient to not drink alcohol while on treatment.<br>4. Assess pain prior and after treatment.  |
| Ropinirole (Requip)             | Dopamine Agonist             | Antiparkinson Agent | 0.25mg<br>PO<br>2X daily<br>0900               | Click here to enter text.                      |   | Sleep attacks, dizziness, syncope, confusion, Orthostatic hypotension     | 1. Assess blood pressure regularly during treatment.<br>2. Assess patient for edema.<br>3. Assess patient for lactic acidosis.<br>4. Monitor AST and ALT prior to initiating drug therapy.                                    |
| Tramadol                        | Opiate                       | Analgesics          | 50mg<br>PO<br>2X Daily<br>0900                 | Click here to enter text.                      |   | Seizures<br>dizziness<br>headache<br>somnolence<br>constipation<br>nausea | 1. Monitor patients for seizures.<br>2. Assess pain prior to administration.<br>3. Assess blood pressure and respiratory rate prior to administration.<br>4. Assess bowel function regularly during treatment.                |
| Vancomycin                      | Glyco-peptide antibiotic     | Anti-infective      | 1G<br>IVPB<br>Q18hrs<br>0900                   | Click here to enter text.                      | : 200ml/hr with primary LR  | Ototoxicity, hypotension, nephrotoxicity                                  | 1. Assess patient for infection prior, during, and after treatment.<br>2. Monitor IV site closely for necrosis, and severe pain.<br>3. Monitor Blood pressure throughout infusion.<br>4. Monitor intake and output ratios and |

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|                                 |                              |                           |  |   |   |  | daily weight.  |
| Insulin Lispro                  | Pancreatics                  | Antidiabetic              | Sliding Scale<br>SQ<br>ACHS                    | <input type="text"/><br><br>Click here to enter text. | <input type="text"/><br><br>Click here to enter text.   | Hypoglycemia, Anaphylaxes, redness at injection site | <ol style="list-style-type: none"> <li>1. Assess blood glucose level prior to administration of insulin.</li> <li>2. Teach patient signs of hyperglycemia such as: Dry mouth, weakness, and feeling hot.</li> <li>3. Teach patient signs and symptoms of hypoglycemia such as: cold to touch, sweaty, shakiness, N/V.</li> <li>4. Monitor body weight periodically. Changes in body weight may lead to changes in prescribed doses.</li> </ol> |
| Click here to enter text.       | Click here to enter text.    | Click here to enter text. | Click here to enter text.                      | <input type="text"/><br><br>Click here to enter text. | <input type="text"/><br><br>Click here to enter text.   | Click here to enter text.                            | <ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>   |
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|  | enter text.                  | enter text.        | text.   | Click here to enter text.                      |   | enter text.               | 3. Click here to enter text.<br>4. Click here to enter text.                                  |