

## 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 |
| INT  | Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/><br>Hypertonic <input type="checkbox"/> | N/A               | N/A                                 | N/A                             |

| <b>Student Name:</b><br>Chelsie Callesen |                              | <b>Unit:</b><br>S8  | <b>Patient Initials:</b><br>N/A             |   | <b>Date:</b><br>3/29/2022   | <b>Allergies:</b><br>Atorvastatin  |   |
|--|------------------------------|---|---|---|---|--|---|
| 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.)   |
| Albuterol (Nebulizer Solution)           | Bronchodilator               | Used as a bronchodilator to control and prevent reversible airway obstruction caused by asthma or COPD. | 2.5 mg / 3 mL Nebulization, two times daily |   |   | Nervousness, restlessness, tremor, chest pain, palpitations, hypertension, hyperglycemia, nausea, tremor, arrhythmias. | 1. Monitor pulmonary function tests before initiating therapy and periodically during therapy.<br>2. Observe for paradoxical bronchospasm (wheezing). If condition occurs, withhold medication and notify health care provider immediately.<br>3. Monitor potassium levels - May cause a transient decrease in serum potassium concentrations with nebulization or higher than recommended doses.<br>4. Instruct patient to call immediately if shortness of breath is not relieved or is accompanied by diaphoresis, dizziness, palpitations, or chest pain. |
| Apixaban (Eliquis)                       | Factor Xa Inhibitors         | Used to lower the risk of stroke or a blood clot in people with   | 5 mg - 1 tablet PO Daily                    |   |   | Nausea, easy bruising, dizziness, weakness, headache, prol-  | 1. BBW due to increased risk for stroke in individuals suffering with AFib.<br>2. Monitor kidney function closely.<br>3. Educate patient on the importance of   |

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|                                   |                              | atrial fibrillation                          |   |  |   | onged bleeding from cuts or gums   | using caution when brushing teeth and or shaving.<br><br>4. Use extreme caution when ambulating, we want to prevent falls as much as possible, especially on this medication.  |
| Furosemide (Lasix)                | Loop Diuretics               | Used to treat fluid retention.               | 4 mL / 40 mg - Twice Daily, 0800 and 1600 |  |   | Blurred vision, dizziness, headache, hearing loss, tinnitus, hypotension, dehydration, hypokalemia, aplastic anemia. | 1. BBW due to the increased risk for dehydration with this medication.<br>2. Monitor blood pressure and pulse before and after administration.<br>3. Assess fluid status. Monitor daily weight, intake and output ratios.<br>4. Advise patient to contact you if they start to feel cramps, nausea, dizziness, numbness or tingling. |
| Levothyroxine (Synthroid)         | Thyroid Hormone              | Treats hypothyroidism (low thyroid hormone). | 88 mcg - 1 Tablet PO Daily, AC Breakfast  |  | N/A   | Headache, weight gain or loss, vomiting, diarrhea, fever, changes in appetite.                                       | 1. Take on an empty stomach, with water, at least 1 hour before eating.<br>2. Monitor TSH (thyroid-stimulating hormone) levels, to ensure the thyroid gland is working properly.<br>3. Assess pulse and monitor for tachyarrhythmias and chest pain.<br>4. Monitor for any signs of  |

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|                                   |                              |   |                             |  |   |  | hyperthyroidism.   |
| Rosuvastatin (Crestor)            | HMG-CoA Reductase Inhibitors | Prevention of cardiovascular disease (decrease risk of MI or stroke) in patients with risk factors for CAD. | 20 mg - 1 Tablet PO Nightly |  |   | Chest pain, peripheral edema, weakness, blurred vision, abdominal cramps, constipation, diarrhea, flatus, heartburn, rashes. | <ol style="list-style-type: none"> <li>1. If patient develops muscle tenderness during therapy, monitor CK levels. If CK levels are &gt; 10 times the upper limit of normal or myopathy occurs, discontinue therapy.</li> <li>2. Educate patient that this medication should be used in conjunction with diet restrictions (fat, cholesterol, carbohydrates, alcohol), exercise, and cessation of smoking.</li> <li>3. Instruct patient to notify health care providers if unexplained muscle pain, tenderness, or weakness occurs especially if accompanied by fever or malaise.</li> <li>4. Emphasize importance of follow-up exams to determine effectiveness and to monitor for side effects.</li> </ol> |
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