

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
Normal Saline 0.9% at 80ml/hr	Isotonic <input checked="" type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	Short term fluid replacement	Sodium and Chloride	Contraindicated on patients with renal disease, heart failure or edema.

Student Name:		Unit:	Patient Initials:		Date:	Allergies:	
Marquyne Ola		S7	EW		3/29/2022	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 IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Enoxaparin	Low-molecular weight heparins	Anticoagulants	40 mg/0.4 mL syr SubQ daily	Yes Click here to enter text.	N/A	Confusion Peripheral edema Thrombocytopenia Hemorrhage Ecchymoses Bleeding complications Angioedema	<ol style="list-style-type: none"> 1. Tell patient to immediately report signs and symptoms of spinal or epidural hematoma, such as numbness (especially of the lower limbs) and muscle weakness. 2. Tell patient to avoid OTC drugs containing Aspirin or other salicylates unless ordered by prescriber. 3. Regularly inspect patient for bleeding gums, bruises on arms or legs, petechiae, nosebleeds, melena, tarry stools, hematuria, and hemetamesis. 4. Instruct patient not to rub or massage the injection site.
Pantoprazole	PPIs	Antiulcer drugs	40 mg Injection every 24 hours	Yes Click here to enter text.	10 mL of 0.9% Sodium Chloride, final concentration of 4mg/1mL, administered at a rate of 5mL/minute (over 2 minutes)	Anxiety Blurred Vision Leukopenia Thrombocytopenia Elevated liver	<ol style="list-style-type: none"> 1. Monitor patient for signs and symptoms of low magnesium level, such as abnormal HR or rhythm, palpitations, muscle spasms, tremor, or seizures as prolonged use of PPIs may cause low magnesium levels.

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						enzymes Flulike syndrome Injection-site reaction	2. Instruct patient to take exactly as prescribed and at about the same time every day. 3. Advise patient that drug can be taken with or without food. 4. Instruct patient to report immediately a severe diarrhea that does not resolve in days.
Hydromorphone (Dilaudid)	Opioid	Opioid analgesics	0.2 - 0.6 mg Injection every 2 hours PRN	Yes Click here to enter text.	No diluent solution, administered over 2 minutes.	Sedation Syncope Cardiac arrest chest discomfort Bradycardia Constipation Apnea Bronchospasm Respiratory depression	1. Contraindicated with benzodiazepines, CNS depressants as it can result to slow or difficulty breathing, sedation and death. 2. Instruct patient to request or take drug before pain becomes intense and to report all adverse reactions. 3. Monitor patient for respiratory depression, especially within first 24 to 72 hours of administration as fatal respiratory depression may occur. 4. Keep opioid antagonist (Naloxone) always available.

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Prochlorperazine	Dopamine antagonists	Antiemetics	10 mg (2mL) injection every 6 hrs PRN	Yes Click here to enter text.	No diluent solution, administered over 2 minutes (5mg/mL/min)	Dizziness EEG changes Orthostatic hypotension Tachycardia Agranulocytosis Transient Leukopenia Blurred vision Allergic reactions	<ol style="list-style-type: none"> Contraindicated on elderly patients with dementia-related psychosis due to an increased risk of death. Instruct patient to immediately report signs and symptoms of tardive dyskinesia (involuntary rhythmic movements of the face, tongue, or jaw) as drug may need to be discontinued. Instruct patient to lay still in bed after drug administration as drug can cause orthostatic hypotension. Tell patient to immediately report signs and symptoms of NMS (high fever, confusion, muscle rigidity, unstable vital signs) as drug should be discontinued and supportive therapy begun.
Potassium Chloride	Potassium salts	Potassium supplements	20-40 mEq PO PRN every 4 hours	Yes Click here to enter text.	N/A	Paresthesia of limbs Confusion Arrhythmias Heart block Cardiac arrest Hyperkalemia	<ol style="list-style-type: none"> Monitor renal function as drug can cause renal problems. Teach patient signs and symptoms of hyperkalemia (chest pain, muscle weakness or numbness in limbs, nausea and vomiting, heart palpitations or

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						Respiratory paralysis	arrythmias) and to report immediately if these occur. 3. Warn patient not to take salt substitutes concurrently, except with prescriber's permission. 4. Monitor continuous ECG and electrolyte levels during therapy as drug can cause hyperkalemia and heart problems.
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