

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
LR	Isotonic <input checked="" type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	Rehydrate and replace electrolytes, especially sodium.	K, Na, Mg, Ca (electrolytes)	CHF, renal insufficiency, hyperkalemia, sodium retention, edema.

Student Name: Grace Perreira		Unit: S8	Patient Initials: 85	Date: 2/22/1930	Allergies: 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.)
Acetaminophen	Analgesic	Pain management post-op	1000 mg PO Q8	<input type="checkbox"/> YES		Anaphylaxis, skin reaction, hepatotoxicity, neuropathy, acute renal tubular necrosis, anemia.	1. BLACK BOX WARNING: hepatotoxicity. Educate the patient on their specific dosage and how much they can take in 24 hours in order to avoid overdosing. 2. Educate the patient to stay away from drinking alcohol while using this medication due to impaired liver function. 3. Cr baseline is recommended to ensure renal function does not change through the course of the drug. 4. Educate patient on the drug classification. This medication will only work for pain and fever, not for inflammation.
Pregabalin	Anticonvulsant	Pain and tremor management	25mg PO BID	<input type="checkbox"/> YES		Anaphylactic reaction, angioedema, exfoliative	1. Educate the patient on the possibility of dizziness and to call for help before getting up. 2. Educate the patient on never abruptly

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						dermatitis, thrombocytopenia, suicidality, respiratory depression, withdrawal seizures, blurred vision, dizziness, constipation.	discontinuing this medication due to the risk of rebound seizures. 3. Make sure the patient plans their day around this medication since it can cause dizziness and blurry vision. This includes drinking, working, playing with the grandkids, etc. 4. Educate the patient on possible mental health changes and to report any behavioral changes/signs or symptoms of depression.
Polyethylene glycol	Laxative	Get bowels moving again post-op	17g powder in 8oz water PO ONCE DAILY	<input type="checkbox"/> YES		Laxative dependence, electrolyte disorders, nausea, abdominal distension, cramping, flatulence, diarrhea.	1. Educate the patient on laxative dependence and how to avoid it. 2. Educate the patient on proper nutrition to supplement fluid and electrolyte loss. 3. Educate the patient on the classification of the drug and make sure they know what to expect (abdominal cramping, flatulence, etc.) 4. Assess frequently for skin breakdown if patient is incontinent. Risk for diarrhea increases risk for skin breakdown in the sacral region.

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Levofloxacin in dextrose	Fluoroquinolones (antibiotic)	Post-op infection prevention	500 mg/100mL IVPB over 1 hr ONCE DAILY	YES	IVPB- 500mg in 100mL dose running for 60 minutes at a rate of 100mL/hr. Compatible with LR.	Anaphylaxis, seizures, depression, suicidality, nephrotoxicity, hepatotoxicity, myelosuppression, QT prolongation, C. diff, n/v/d, disorientation.	<ol style="list-style-type: none"> 1. BLACK BOX WARNING- Disabling, potentially irreversible serious reactions. 2. Tendon rupture associated with this drug. Educate patient on reporting tendon pain. 3. Educate patient and family on possibility of psychological effects, including disorientation. Provide reorientation techniques. 4. Educate the patient on taking a probiotic with this treatment in order to restore gut flora.
Acetaminophen	Analgesic	Pain management post-op	650mg suppository Q8hrs	YES		Anaphylaxis, peeling/blistering rash, neuropathy, loss of appetite, itching, clay-colored stools, yellowing of skin and eyes (jaundice).	<ol style="list-style-type: none"> 1. BLACK BOX WARNING: hepatotoxicity. Educate the patient on their specific dosage and how much they can take in 24 hours in order to avoid overdosing. 2. Acetaminophen is very hard directly on soft tissues, so educate the patient on reporting any discomfort after administration so that it can be handled in a timely manner. 3. Caution is advised with clotting disorders or pts. on blood thinners. This

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							medication can also affect the blood, so it is important to limit the risks of bleeding excessively. 4. Educate the pt. on the nature of this drug and how it helps (aka targetting the problem area). Make sure the patient knows these are rectal suppositories, not PO medications.
Ondansetron	Antiemetic	Nausea management post-op	4 mg disintegrating tab PO Q6hrs	<input type="checkbox"/> YES		Anaphylaxis, myocardial ischemia, QT prolongation, bronchospasm, transient blindness, headache, urinary retention, agitation, hypoxia.	<ol style="list-style-type: none"> 1. Obtain baseline EKG to compare to and frequently reassess for QT prolongation throughout duration of treatment. 2. Caution is advised for asthmatic patients or patients freshly post-op and less mobile due to potential risk for bronchospasm. 3. Full cardiac assessment is necessary before administration due to the many cardiac adverse reactions this drug could interact with/potentiate. 4. Caution is advised in cases of electrolyte imbalances due to mechanism of medication.
Opium-belladonna suppositories	Narcotic analgesic	PRN for bladder spasm	30-16.2 mg suppositor	<input type="checkbox"/>		Dependency, abuse, respiratory	1. BLACK BOX WARNING: Opioid Schedule II controlled substance. Educate the patient that this can lead to addiction,

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			y Q6hrs	YES		depression, seizures, increased ICP, glaucoma, hypotension, adrenal insufficiency, dizziness, drowsiness, blurred vision and light sensitivity.	abuse, and misuse if caution is not used. 2. BLACK BOX WARNING: Respiratory depression. It is necessary to assess respirations before and 30 minutes after administering this medication in order to monitor for changes in respiratory status. 3. Educate the patient on the dizzy, drowsy side effects of this medication and to call for help before getting up. 4. Educate the pt. on the nature of this drug and how it helps (aka targeting the problem area). Make sure the patient knows these are rectal suppositories, not PO medications.
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