

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

Student Name: Meredith Edwards		Unit: S8	Patient Initials:	Date: 5/17/2022	Allergies: NKA		
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.)
Morphine	Opioid	Moderate to severe pain	2 mg PRN IVP	<input type="checkbox"/>	Diluent: NS 1 mg/mL Volume: 1-2 mg Rate of administration: push over 4 to 5 minutes	Addiction, Abuse, Misuse Withdrawal Respiratory Depression Overdose	<ol style="list-style-type: none"> 1. Teach pt. to use call light when getting out of bed due to dizziness, lightheadedness, and drowsiness. 2. Monitor RR, O2 sat, and HR due to severe side effect of respiratory depression and bradycardia. 3. Teach pt. about bowel changes due to constipation, N/V; pt. to report any abdominal discomfort. 4. Teach pt. to never take this medication longer than prescribed or more than prescribed due to overdose and addictive nature.
Docosate Sodium	Stool Softner	Constipation	100 mg PO	<input type="checkbox"/>		Anaphylaxis Hypomagnesemia	<ol style="list-style-type: none"> 1. Do not use this medication if you are pregnant/breastfeeding due to possible effects to infants. 2. Encourage patient to drink 8 to 10 glasses of water a day to aid constipation. 3. Auscultate bowel sounds to listen for

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							hyperactive bowels that could result in diarrhea and severe stomach cramps. 4. Monitor magnesium levels due to possible effect of hypomagnesium which can cause N/V, muscle spasms and weakness.
Enoxparin (Lovenox)	Anticoagulant	Prevention of Blood Clots	40 mg/0.4mL Sub Q daily	<input type="text"/>		Hemorrhage Renal Failure Caution with GI bleeds and ulcers	<ol style="list-style-type: none"> 1. Ensure that pt. is not taking other anticoagulants or NSAIDS. 2. Teach pt. to look for tarry stools due to possible GI bleed. 3. Check Platelet count prior to administering in ensure platelets are within normal range; not too low. 4. Monitor Bruising and Bleeding due to possible hemorrhage.
Glargine	Long acting Insulin	Control of hyperglycemia	24 units ac & hs	<input type="text"/> Yes		Hypoglycemia Anaphylaxis	<ol style="list-style-type: none"> 1. Teach patient proper injection sites of upper arm, thigh and abdomen to prevent injection error into the vein or muscle. 2. Assess blood glucose before administration of insulin to prevent hypoglycemia. 3. Ensure injection sites are rotated and avoid sites with bruising or scarring.

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							4. Ensure patient eats within 15 minutes of administration to prevent hypoglycemia.
Lactulose	Laxative	Chronic Constipation and Liver Failure	30 mL PO BID			Anaphylaxis	<ol style="list-style-type: none"> 1. Teach patient that this medication may take 2 to 3 days to be effective for the bowels. 2. Encourage patient to drink 8 to 10 glasses of water a day to aid constipation and possible dehydration effects. 3. Auscultate bowel sounds to monitor for stomach cramping, increased gas/flatulents, and diarrhea. 4. Monitor electrolyte imbalances due to overactive bowel and diarrhea.
Naproxen Sodium	NSAID	Pain and inflammation	500 mg PO BID			Myocardial Infarction GI bleeding	<ol style="list-style-type: none"> 1. Patient should not take this medication if they have peptic ulcers or a history of peptic ulcers due to a greater risk of bleeding and fatal GI event. 2. Teach patient to remain sitting upright for 10 minutes after ingesting this medication to prevent stomach upset. 3. Monitor patient blood pressure due to possible effect of high blood pressure, MI and stroke.

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							4. Ensure patient is not pregnant due to unknown effects to the fetus from this medication.
Lispro	Insulin	Control of hyperglycemia	2 units QID			Hypoglycemia Insulin Resistance Insulin Allergy	<ol style="list-style-type: none"> 1. Assess blood glucose before administration of insulin to prevent hypoglycemia. 2. Ensure the patient eats within 15 of administration of insulin to avoid hypoglycemia. 3. Teach patient to rotate injection sites and to avoid sites on the skin with lipodystrophy. 4. Teach the patient that importance of eating a balance diet of carbs, proteins and fats.
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