

Adult/Geriatric Medication Worksheet – Current Medications & PRN for Last 24 Hour

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"/> Hypertonic <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	Click here to enter text.

Student Name: Madison Lopez		Unit: S6	Patient Initials: Click here to enter text.		Date: 5/31/22	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.)
Ascorbic Acid	Antioxidant	help wounds Heal and support the immune system	500mg PO 2x a day	Yes		N/V Heartburn Stomach cramps	1. Caution when taking aluminum medications- can lead to toxicity. 2. Caution with renal patients- build up of vitamin C in body 3. Ask patient if they have a history of kidney stones- build up of vitamin C in body 4. Drug interaction- caution with Amygdalin- increase metabolism of the med
Calcium Carbonate	Antacid	Neutralize stomach acid	1,250mg PO 2x a day	Yes		Constipation Bloating Belching Dry mouth	1. Take with or without food. 2. Chew thoroughly- do not swallow 3. Caution with history of kidney stone patients 4. Caution with renal failure patients-excess Ca in body.
Docusate Sodium	Laxative	Stool Softener	200mg PO 2x a day	Yes		Nausea Vomiting Stomach Pain Diarrhea	1. Advise against overuse of laxatives- increase fiber, increase fluid intake, and regular exercise instead. 2. Drink plenty of water with administration. 3. Teach pt to avoid straining during bowel movements. 4. If pt experiences diarrhea, watch for skin breakdown and clean pt as soon as possible.

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Enoxaparin	Anticoagulant	helps prevent blood clots	40mg SubQ Daily	Yes		diarrhea Anemia Fever Bleeding	1.Administer with meals to relieve GI upset 2.Promote safety- no electric razors, soft toothbrush 3. Assess contraindications- acute liver disease and pregnancy 4. Obtain platelet count before admin- >100
Famotidine	Histamine H2-receptor Antagonist	decrease stomach acid	20mg IVP 2x a day	Yes	IVP- dilute with NS. 20mg/10mL Rate- over 2 minutes	constipation Diarrhea Hallucinations Dizziness	1.Fall precaution- dizziness affects gait and balance 2.CNS symptoms- confusion and disorientation may require a decrease in dose 3. VS- HR and heart sounds- during exercise for rhythm disturbances 4.Use with caution- renal impairment
Gabapentin	anti convulsant	treats neuropathic pain	300mg PO 3x a day	Yes		HA, double vision, edema, tremors, dizziness	1.Stay alert to mood changes- can lead to suicidal thoughts 2.Avoid taking an antacid within 2hrs before admin- makes absorption harder 3.Avoid driving or hazardous activity until you know your reaction to the med. 4. Monitor O2 and RR- for respiratory depression
hydrocodon e- acetaminophen	Opioid Analgesic	Used to relieve pain	7.5-325 mg PO Q4hrs	Yes		dizziness drowsiness N/V urinary	1. Monitor RR and HR- respiratory depression 2. Fall precautions- dizziness 3.Use pain scale to document drug's success 4. Be alert of excessive sedation or changes in

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						retention	mood
Hydromorphone	Narcotic	Pain reliever-moderate to severe	0.5mg IVP Q4hrs	Yes	No diluent needed Rate- 2 to 3 minutes	confusion, hypotension, urinary retention, respiratory depression	1.VS- RR and O2 sat- cyanosis and dyspnea 2. Use appropriate pain scale to document if the med was successful 3. Fall precautions- dizziness affects gait and balance 4. Teach relaxation techniques- exercises to further treat pain
Methocarbamol	muscle relaxant	muscle relaxer and treat muscle pain	750mg PO Q6hrs	Yes		dizziness HA lightheadedness	1. Take before driving to see how the drug affects you 2. Avoid alcohol- increases the risk for adverse reactions 3. Avoid pregnancy- get on birth control to avoid fetal harm 4. Fall precautions- dizziness can affect gait and balance
Senna	laxative	treat constipation	8.6mg PO 2x a day	Yes		N/V diarrhea yellow stools	1. must take with full glass of water 2. hold the med if pt presents with loose stools 3.to prepare pt for bowel examination, give 12 to 14 hrs before procedure, followed by a clear liquid diet 4. Watch for skin breakdown if pt presents with diarrhea
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Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

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Madison Lopez

Diagnostic Worksheet

Mark high / low values with (↑ or ↓)	Covenant Normal Values <small>*Diagnostic values vary from laboratory to laboratory.</small>	Dates				Mark high / low values with (↑ or ↓)	Covenant Normal Values <small>*Diagnostic values vary from laboratory to laboratory.</small>	Dates			
		Admit day	Most Recent	AD	ML			Admit day	Most Recent		
CBC	WBC	3.6-10.8 k/uL	13.3	14.7	↑	↑	UA	Sp Gravity			
	HGB	14-18 g/dL	14.6	9.9	↓	↓		Protein			
	HCT	42% - 52%	40.4	29.3	↓	↓		Glucose			
	RBC	4.7-6.1 m/uL	4.9	3.46	↓	↓		Ketone			
	PLT	150 - 400 k/uL	321	493		↑		Nitrite			
CMP	Glucose	70-110 mg/dL	164	108	↑			Leukocytes			
	Sodium	134 - 145 mmol/L	141	138				Bilirubin			
	Potassium	3.5 - 5.3 mmol/L	3.4	3.7	↓			Blood			
	BUN	9-21 mg/dL	16	14				pH			
	Creatinine	0.8-1.5 mg/dL	1.3	0.9				Other Labs			
	Chloride	98 - 108 mmol/L	110	108	↑		Date	Culture	Site	Result	
	Calcium	8.4 - 11.0 mg/dL	9.1	8.6				Blood			
	Mg++	1.6 - 2.3 mg/dL						Urine			
	Total Protein	5.5 - 7.8 g/dL	8.0	6.5	↑			Wound			
	Albumin	3.4 - 5 g/dL	3.8	2.6		↓		Wound			
	Total Bilirubin	0.1 - 1.3	0.5	0.3			Other Diagnostic / Procedures <small>Examples: CT/Xray/MRI/Paracentesis</small>				
	AST (SGOT)	5 - 45 u/L	25	44			Date	Type	Result		
ALT (SGPT)	7-72 u/L	26	30			5/20	CT - left knee w/contrast	tibial plateau fracture			
Alk Phos (ALP)	38 - 126 u/L	69	80			Point of Care Glucose Results					
Lipid Panel	Cholesterol	200mg/dL				Date	Time	Result	Date	Time	Result
	TRIG	0-150 mb/dL									
	HDL	>60mg/dL									
	LDL	0-100 mg/dL									
Common	GFR	Refer to lab specific data	>60	>60							
	TSH	0.35 - 5.5 ULU/L									
	Digoxin	0.8 - 2 ng/dL									
	PT	10.0 - 12.9 secs									
	INR	Therapeutic 2 - 3									
	PTT	25.3 - 36.9 secs									
	BNP	5 - 100 pg/dL									
CKMB	0 - 5 ng/dL										
Troponin	neg = < 0.07 ng/mL										

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NEUROLOGY/PSYCH

divide Y N
Oriented Confused
Cough Reflex
Commands: Y N
Strong, W-Weak, N
Pushes: Rt. S

Readily Slowly
Withdrawn
Hostile/Angry
Concerned
Responsive Gait
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Student Name: _____ Date: _____

Patient Physical Assessment Narrative

Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) Subjective - pt. states Bm yesterday 5/30.
Abdomen soft w/ no tenderness. Bowel sound
active X4 quadrants. Pt. reports stool type 4
& brown in color. Last BM 5/30/22

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) Voided 2x this shift, bathroom privileges
& continent. color light amber & clear. No odor
present. No frequency or urgency present. No
penile discharge. vaginal bleeding - male pt.
2x Urine output (last 24 hrs) B/RP LMP (if applicable) male pt.

Musculoskeletal (alignment, posture, mobility, gait, movement in extremities, deformities) Alignment & symmetrical & upright. Partially
mobile - assistance needed. Gait steady w/
walker. Movement voluntary & no deformities
present.

Skin (skin color, temp, texture, turgor, integrity) Appropriate to race. Temp - warm. Texture -
soft & smooth. Turgor elastic. Skin integrity -
2 incisions for external fixator. 2 burns on

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Adult/Geriatric Critical Thinking Worksheet

Student Name: Madison Lopez

Unit: 56

Pt. Initials:

Date: Click here to enter a date.

1. Disease Process & Brief Pathophysiology

Open fracture - fracture from an open wound or break in the skin near the site of the broken bone. Once the skin is open, bacteria and foreign pathogens can enter the wound & cause infection

2. Factors for the Development of the Disease/Acute Illness

risky physical activity - P
car accidents
motorcycle accident - P

3. Signs and Symptoms

Severe sharp pain - P
tenderness - P
swelling - P
bruising - P
bleeding - P
nerve damage - P

4. Diagnostic Tests pertinent or confirming of diagnosis

Initial evaluation - physical examination - P
History - what happened? - P
Xrays - P
CT - P

5. Lab Values that may be affected

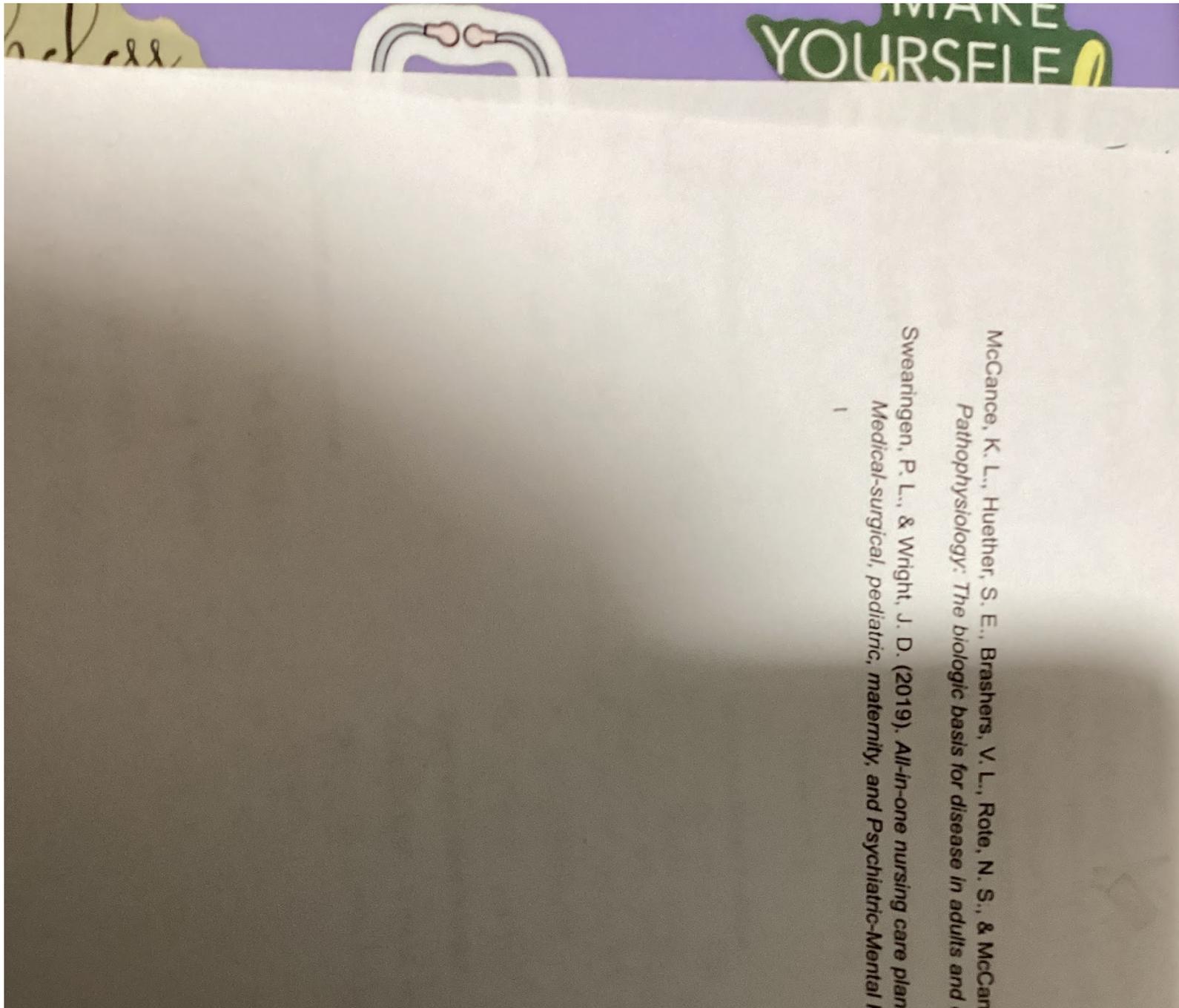
CBC - P
CMP - P
calcium levels - P
Vitamin D

6. Current Treatment

Antibiotics
I & D
Internal Fixation
External Fixation

Adopted: August 2016

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7. Focused Nursing Diagnosis:
Impaired mobility

8. Related to (r/t):
leg trauma

9. As evidenced by (aeb):
non weight bearing
on left leg w/
use of walker.

10. Desired patient outcome:
My pt. will be able
to walk safely from
bed to bathroom
w/ minimal assistance
by 6/3/22.

11. Nursing Interventions related to the Nursing Diagnosis in #7:
1. Encourage mobility with proper techniques of OT treatments.
Evidenced Based Practice:
Patient needs to understand what they can & can't do, and to know their limits.
2. Pre-medicating before mobility
Evidenced Based Practice:
manage pain for better activity tolerance. Patient will be able to perform more activities if they are in less pain.
3. Implement other therapies for pain relief
Evidenced Based Practice:
Elevation while in rest after exercise can help decrease pain.

12. Patient Teaching:
1. Proper nutrition to promote healing & regain strength
2. Teach how to properly use walker & w/o weight bearing.
3. Prevent fall risk & implement call don't fall.

13. Discharge Planning/Community Resources:
1. Schedule follow up appointments with orthopedics.
2. Organize @ home medications & implement schedule for drug adherence.
3. Contact case management, for rehab centers.

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