

Student Name: Avian Togle Unit: _____ Pt. Initials: BD Date: _____
 Allergies: NKDA Pediatric Medication Worksheet - Current Medications & PRN for Last 24 Hours 55.4 #1

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
DS NS KCL 20	Isotonic/Hypotonic/Hypertonic	replace fluids	glucose	hyperglycemia

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		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.)
				Is med in therapeutic range? If not, why?				
Cefazolin	Anti biotic	Fight infection	IVPB 1000mg TID	1385-2770 ues		IVPB sterile water 1000mg 100ml 32ml/hr - 30min	CAIF, NIV, HA, anemia	1. report loose stools 2. report NIV 3. report HA 4. report bleeding gums
Famotidine	H ₂ blocker ulcer drug	Antacid	IVP 20mg BID	13.85-55.4 ues		IVP 20mg 2ml NS, 8ml NS 2mg/ml 2mins	HA, constipation, CNS toxicity	1. call before feed 2. report HA 3. report stomach cramps 4. increase water intake
METRO - miconazole	Anti Parasitic Anti biotic	Fight infection	IVP 500mg TID	1.5mg/1kg - 415.5-831 ues		IVPB 500mg 100ml NS	carcinogenic, NSF, HA, candidiasis, metabolic failure	1. increase water intake 2. eat more protein-food 3. report rash 4. metabolic failure is normal
NEO - nystatin bacitracin	Anti biotic	reduce infection	topical TID				burning, dryness, folliculitis, irritation	1. burning is normal / last a few seconds 2. apply lotion daily 3. call for constant irritation 4. call for change of skin condition
ACETAMINOPHEN	analgesic	Pain	ORAL 828.8mg Q4				liver toxicity, NIV, rash, insomnia	1. report yellow skin/eyes 2. report yellow stools 3. report upset stomach 4. report orange in sleep

Evidenced Based Practice:
 This allows pt. to express
 survey journaling

16. Patient/Caregiver Teaching:
1. Teach pt. band family story
 2. care
 3. Teach good health diet

Student Name: _____

Allergies: _____

HC

Pediatric Medication Worksheet - Current Medications & PRN for Last 24 Hours

Unit: _____

Pt. Initials: _____

Date: _____

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?		Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range? If not, why?	IVP - List solution to dilute and IVPB - concentration and rate of administration		
Morphine	opioid	severe pain	IVP 2.78mg Q4	0.05mg/kg	NS	resp depression, constipation, drowsy, dry mouth	1. monitor RR & 30 2. report change in BM 3. call before fall 4. oral care