

## Pediatric 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
D5 1/2 NS 20mEq @87	Isotonic <input type="checkbox"/> Hypotonic <input checked="" type="checkbox"/> Hypertonic <input checked="" type="checkbox"/>	Fluid & Electrolyte replacement	K+, weight	SOB, swelling, Ha

Student Name: Bert Anaya		Unit: Pedi	Patient Initials: Pt 1		Date: 9/7/2022	Allergies: NKDA	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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	fever	500mg Q6hs PO	<input type="text"/> Click here to enter text.		N/V, rash, anemia	1. monitor for hepatotoxicity (long term) 2. anaphylaxis 3. Monitor for excessive bleeding 4. report GI irritation
Famotidine	H2 blocker	nausea	20mg PO	<input type="text"/> Click here to enter text.		Dizziness, constipation, diarrhea	1. call before getting up 2. report weird heart beat 3. monitor for seizures 4. watch for any unusual swelling
Pt 2 Acetaminophen	Analgesic	fever	73.6mg PO Q4 hrs PRN	<input type="text"/> Click here to enter text.		N/V, rash, anemia	1. report excessive vomiting 2. double check dose (wt based) 3. report any sudden rash 4. report loss of appetite
Amoxicillin	PCN antibiotic	infection	200mg Q12hrs	<input type="text"/> Click here to enter text.		N/V/D, rash, candidiasis	1. monitor for foul smelling stool (Cdif) 2. anaphylaxis 3. report seizures 4. give small amounts at a time

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

Student Name: Bert Anaya		Unit: Pedi	Patient Initials: Pt 1	Date: 9/7/2022	Allergies: NKDA		
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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.)
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> 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.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> 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.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> 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.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> 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.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> 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.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> 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.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> 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.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> here to enter text. Click here to enter text.		Click here to enter text.	1. Click here to enter text.

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

Student Name: Bert Anaya		Unit: Pedi	Patient Initials: Pt 1		Date: 9/7/2022	Allergies: NKDA	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Is med in therapeutic range? If not, why?	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.)
enter text.	enter text.	enter text.	to enter text.	Click here to enter text.		enter text.	2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> 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.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> 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.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> 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.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> 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.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="text"/> 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.