

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 +20 mEq KCL	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input checked="" type="checkbox"/>	Dehydration and Electrolyte Imbalance	Electrolyte Values: Na, K, Ca	Hypovolemia

Student Name:		Unit:	Patient Initials:	Date:	Allergies:		
Meredith Edwards		PF (1)	JA	9/28/2022	NKA		
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 (Tylenol)	NSAID	Pain relief and fever reducer	300mg/30mL IV Push QID		Diluent: Normal Saline IV push: 300mg/30mL Rate: 2-5 minutes	Liver Damage Hemorrhage Anaphylaxis	<ol style="list-style-type: none"> Do not exceed more the 4000 mg a day of Acetaminophen due to liver damage. Monitor patient for upset stomach N/V/D, and loss of appetite; auscultate bowel sounds. Teach patient to report to report any signs of unusual bruising or bleeding Monitor intake and output of patient due to effects on urine output; decrease in urine.
Aminocaproic Acid (Amicar)	Clotting promoter	Treats conditions that cause excessive bleeding	2g Liquid Oral BID			Hallucinations Anaphylaxis	<ol style="list-style-type: none"> Use call light when getting out of bed due to side effect of dizziness and confusion. Monitor patient for LOC; orientation, person and place due to adverse reaction of hallucinations, anxiety and mental confusion. Monitor urine output due to possible dark urine, or decreased frequency of

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							urination. 4. Educate/teach patient to report SOB; monitor RR, lack of coordination for possible CVA due to clotting factor.
Antihemolytic Factor VIII	Antihemolytic factor Recombinant	Treatment of missing Factor VIII	Reconstituted: 277 units with 2 mL to 5 mL IV push BID		277 units with 2 to 5 mL of sterile water Rate: 5 to 10 minutes	Hematoma Anaphylaxis	1. Never self administer this medication unless you have been instructed by a medical professional. 2. Teach patient/caregiver about the need for follow up labs to test for the development of inhibitors to factor VIII. 3. Perform the 6P's to evaluate the condition of the skin, joints, muscles and bleeding. 4. Teach Patient and caregiver RICE to help with treatment of Hemophilia.
Antihemolytic Factor VIII	Antihemolytic factor Recombinant	Treatment of missing factor VIII	Reconstituted: 688 units with 2mL to 5mL IV push BID		688 units with 2 to 5 mL of sterile water Rate: 5 to 10 minutes	Hematoma Anaphylaxis	1. Never self administer this medication unless you have been instructed by a medical professional. 2. Perform the 6P's to evaluate the condition of the skin, joints, muscles and bleeding. 3. Teach patient about the need for follow up labs to test for the development of

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							inhibitors to factor VIII. 4. Teach Patient and caregiver RICE to help with treatment of Hemophilia.
Morphine Sulfate	Opioid	Severe pain	1 mg IV push PRN		IVP: Normal Saline IVP: 1mg/10mL Rate: 3-5 minutes	Respiratory Depression	1. Encourage patient and caregiver about intake of fluids to help reduce the side effect of constipation. 2. Use call light when rising out of bed due to dizziness and lightheadness. 3. Raise the HOB to aid and assist with possible SOB or respiratory depression side effect. 4. Monitor patient and teach patient/caregiver to report N/V/D.
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