

Student Name: Jamie Livesay

Unit: Pedi Floor

Pt. Initials: 358

Date: 9/27/22

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

Allergies: NKDA

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 + 20 KCl 100 ml/hr	Isotonic/ Hypotonic/ <u>Hypertonic</u>	replenish fluid, electrolytes, & calories	K ⁺ , Na ⁺	renal insufficiency, fluid overload/edema, diabetes

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?			
<i>acetaminophen</i>	non- opioid analgesic ; anti pyretic	relieve pain, reduce fever	500mg tab PO q6h	10-15 mg/kg q4-6h yes		N/V, HA, insomnia, muscle pain in head/neck	1. Black box warning : dosing & hepatotoxicity 2. Do NOT exceed 4000 mg/day 3. may need to reduce dose in pts w/ renal impairment 4. reassess pain/fever after admin
<i>Ceftriaxone</i>	anti- infective	tx of inf. (UTI, URL, skin inf.)	2000mg/ 20ml IV q24h	yes (max = 2g/day)	IVP- 2000mg/20ml NS rate = 3-5min	seizures, C.diff, allergic rxn, bleeding	1. assess skin freq. to monitor for rash / breakdown 2. report any signs of bleeding 3. ↑ fluid intake while taking this med 4. follow rate of admin to prevent seizures/ phlebitis
<i>folic acid</i>	water soluble vitamin	tx of folic acid deficiency & anemia	1mg tab PO qd	0.4 - 1mg/day yes		SOB, rash, flatulence, allergic rxn, seizure	1. monitor pt for seizures (toxicity) 2. anticonvulsants can ↓ folic acid conc. in blood 3. monitor B12 (folic acid can mask B12 defici) 4. take folic acid 2hr separate from antibiotics
<i>gabapentin</i>	analgesic adjunct ; anti- epileptic	partial Seizures; nerve pain	400mg cap PO TID	1200 mg/day yes		vertigo, mood changes, confusion, drowsiness	1. monitor pt food mood changes (anxiety) 2. use fall precautions d/t vertigo/ drowsiness 3. assess for suicidal thoughts ; do NOT stop abruptly 4. monitor BP & assess for paresthesia
<i>hydroxyurea</i>	anti- neoplastic	reduce sickle cell crises & need for blood transfusions	1000mg cap PO qd	NTE 35 mg/kg/day yes		anorexia, N/V/D, ↑ BUN, HA, drowsiness, nausea	1. prevent inf (good Htt, avoid sick people) 2. have pt report any urinary probs 3. pt ed on ↑ risk to cancer 4. Hold admin if WBC count < 2500

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				Is med in therapeutic range?			
				If not, why?			
lorazepam	anti-anxiety	↓ anxiety, help treat insomnia	1mg IV QID	0.05mg/kg/dose (max 2g/dose) yes		resp depression, drowsiness, hypotension, HA	1. assess BP/RR prior to admin 2. monitor for cardiac arrest 3. fall precautions d/t drowsiness 4. avoid use in pts w/renal probs
losartan	anti-hypertensive	manage HTN	25mg tab PO qd	yes		dizziness, fatigue, hypotension, impaired renal function	1. assess BP/HR prior to admin to prevent hypotension 2. monitor for edema 3. assess pt for ↓ renal function 4. use fall precautions d/t dizziness
morphine	Opioid analgesic	alleviate severe pain	5mg/mL in 30mL NS 2mg PCA q10min 3mg/hr	0.3mg/kg q3-4hr no, for tx of his crises (↑)	IVP - 5mg/mL in 30mL NS rate = 1mL/min	hypotension, resp. depression, constipation, confusion, nausea	1. assess BP/HR/RR prior to admin & monitor after 2. avoid giving w/benzodiazepines 3. give Narcan in event of an overdose 4. prevent constipation d/t ↑ risk
setraline	anti-depressant (SSRI)	tx of anxiety/depressive order	50mg tab PO HS	yes		dizziness, dry mouth, fatigue, ↑ sweating	1. monitor for S/S of serotonin syndrome 2. have pt report any suicidal thoughts 3. assess pt for paresthesias 4. ↑ risk of bleeding when taken w/NSAIDS
vancomycin	anti-infective	treat inf.	1000mg/250mL IVPB q8h	yes	IVPB - 1000mg/250mg NS rate = over 1-2 hrs	Phlebitis, "red man syndrome", N/V, hypotension, nephrotoxicity	1. monitor pt for S/S of ototoxicity 2. infuse slowly to prevent red man syndrome (S/S = rash, tachcar., hypote.) 3. caution in renal prob pts (toxicity) 4. monitor BP/HR & assess IV site freq.

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D5 1/2 NS + 20 KCl 50ml/hr	Isotonic/Hypotonic/ <u>Hypertonic</u>	replenish fluids, electrolytes, & calories	K ⁺ , Na ⁺	renal insufficiency, fluid overload/edema, diabetes

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?			
albuterol	bronchodilator	tx of bronchospasm	2.5mg/3ml q2h via Neb	yes		nervousness, tremor, palpitations, Chest pain	1. monitor for CNS toxicity 2. assess pt for hyperglycemia 3. monitor BP for hypertension 4. assess for CNS toxicity (nervous)
azithromycin	anti-infective	tx/prevention of inf.	156mg PO HS (200mg/5ml)	10mg/kg yes		hepatotoxicity, allergic rxn, C.diff	1. don't take w/antacids (↓ effect) 2. have pt report chest pain/palpitations 3. monitor pt for diarrhea 4. pt ed to finish all of med
Ceftriaxone	anti-infective	tx of inf. (UTI, URI, skin inf.)	1160mg IV q24h (40mg/ml)	yes (max = 2g/day)	IVP- 40mg/ml NS rate = 3-5min	seizures, C.diff, allergic rxn, bleeding	1. assess skin freq. to monitor for rash/breakdown 2. report any signs of bleeding 3. ↑ fluid intake while taking this med 4. follow rate of admin to prevent seizures/phlebitis
prednisolone	corticosteroid	tx of inflammatory diseases	15.6mg PO q12h (5mg/5ml)	yes		↓ wound healing, wt. gain, ↑ICP, adrenal Suppr.	1. monitor S/S of peptic ulcer 2. monitor for hypokalemia 3. assess for edema development 4. monitor BP/HR freq
							1. 2. 3. 4.