Student Name: Jamie Livesay **Unit:** PF **Pt. Initials:** 384 **Date:** 10/4/22

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
INT	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? 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	non-opioid analgesic; antipyretic	relieve pain, reduce fever	108.8 mg sus. PO q4h PRN	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
hydrocortisone	anti-inflammatory (steroid)	suppress inflammation	Topical app. TID	2.5-5mg/dose TID (use 0.25-0.5mg/dose) yes		HA, ↑ICP, HTN, nausea, restlessness, adrenal suppression	1. monitor for S/S of thrombophlebitis (lower extrem. swelling, warmth, tender) 2. assess for ↑ICP (change in behavior, ↓ consciousness, lethargy, seizure) 3. monitor for development of edema & ↑BP 4. do not apply to face/groin/armpits
ibuprofen	non-opioid analgesic; antipyretic	relieve pain, reduce fever	72mg SUS PO q6h PRN	yes		HA, constipation, dyspepsia, N/V, drowsiness, hepatotoxicity	1. monitor for S/S of hepatitis (abd. pain, N/V, rash, muscle/joint pain) 2. reassess pain/fever after admin 3. monitor for prolonged bleeding (bruising, bleeding gums, nosebleed) 4. assess kidney function (little/no urine, painful urination)
							1. 2. 3. 4.
							1. 2. 3. 4.

Adopted: August 2016

Student Name: Jamie Livesay **Unit:** PF **Pt. Initials:** 387 **Date:** 10/4/22

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

Allergies: Sugar protein starch, peanuts

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/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? 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.)
albuterol	bronchodilator	tx of bronchospasm	2.5mg/3mL q4h 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)
budesonide	anti-inflammatory (cortico-steroid)	maintenance tx/prophylactic therapy of asthma	0.5mg q4h via Neb.	max 1mg/day no, her response to previous lower dose tx could have been inadequate		HA, otitis media, bronchospasm, Oropharyngeal fungal inf.	1. monitor for bronchospasm (cough, wheezing, dyspnea) 2. pt/parent ed on proper use of nebulizer 3. monitor BP for S/S of HTN 4. rinse mouth out after admin to prevent thrush
cannabidiol	anti-convulsant	reduction in freq. of atonic/tonic/tonic-clonic/clonic seizures	400mg BID via G-tube (100mg/mL)	2.5-12.5 mg/kg BID yes		diarrhea, anemia, ↑ serum creat., hepatotoxicity, insomnia, sedation	1. concurrent use w/clobazam may ↑ risk of toxicity/sedative effects 2. monitor for S/S of hepatotoxicity (AST/ALT labs) 3. do not stop taking abruptly (↑ seizure) 4. ↑ sedative effects w/antihistamines, muscle relaxers, hypnotics
cetirizine	anti-histamine	relief of allergic symptoms caused by histamine release	5mg PO qd (1mg/mL)	yes		dizziness, drowsiness, dry mouth	1. avoid taking w/CNS depressants (↑ risk of sedation) 2. assess/have pt report dry mouth symp. 3. monitor renal function (↑ risk of renal impairment) 4. assess pt for relief of allergy symp.
Clobazam	benzodiazepine	adjunct tx of seizures	5mg PO BID (po film)	10-40 mg/day yes		difficulty swallowing/breathing restlessness, tremors	1. can ↑ sedative effects if taken w/other CNS depressants/antihistamines 2. do not stop taking abruptly (↑ seizure) 3. monitor liver function in pts w/hepatic impairment 4. monitor pt for S/S of allergic rxn

Student Name: Jamie Livesay **Unit:** PF **Pt. Initials:** 387 **Date:** 10/4/22

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

Allergies: Sugar protein starch, peanuts

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? Is med in therapeutic range? If not, why ?	IVP – List solution to dilute and rate to push. IVPB – concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
dornase alfa	pulmonary enzymes	↓ inf. rates & improve pulmonary function	2.5mg BID via Neb. (1mg/mL)	2.5mg BID yes		sore throat, chest pain, rhinitis, rash	1. assess sputum to see if it's successful in reducing viscosity of resp. secretions 2. store this med in the refrigerator (DO NOT freeze) 3. do not dilute med or mix w/other meds in nebulizer 4. do not use if solution looks cloudy or discolored (should be clear)
levetiracetam	anti-convulsant	↓ incidence/ severity of seizures	1000 mg BID via G-tube (100mg/mL)	yes		dizziness, fatigue, weakness	1. may need to ↓ dose in pt w/ renal impairment 2. do not discontinue use abruptly (can ↑ seizure activity) 3. avoid use w/ other CNS depressants (can ↑ sedative effects) 4. document seizures to determine effectiveness in reducing seizures
levofloxacin	anti-infective	tx of bacterial inf.	500mg tab PO BID	10-20mg/kg/day yes		seizures, abd. pain, insomnia, hepatotoxicity, d/n/v	1. monitor for seizures, report ↑ seizure activity to HCP 2. monitor for S/S for hepatotoxicity 3. minimize sun exposure while taking 4. monitor pt's blood glucose (can cause hypoglycemia & hyperglycemia)
potassium phosphate	phosphorous replacement	correct hypo-phosphatemia when oral/ enteral insufficient	3.5mmol IV one time	yes	IVPB- 0.05mmol/mL rate = 11.7mL/hr	lightheadedness, numbness/ tingling, chest pain, bradycardia, hyperkalemia	1. only admin to pt if $K^+ < 4.0$ mEq/dL 2. admin at a slow rate (over 1hr) to avoid serious cardiac AE (cardic arrest) 3. monitor labs prior to & after admin (K^+, Ca^+, Ph, Mg) 4. monitor for S/S of vein damage/thrombosis
Sodium bicarbonate	alkalinizing agent	relieve heartburn/ indigestion	1950 mg PO TID	1-1.9 g TID no, it's slightly higher than the recom. maybe because of her formula		↑ thirst, stomach cramps, muscle twitching, bradypnea	1. do not take w/ milk (can ↑ chance of SE) 2. take 1-2 hrs after meals 3. decreases absorption of NSAIDs & other anti-inflammatories 4. too high of a dose can ↓ CSF pressure & ↑ risk of intracranial hemorrhage