

Adult/Geriatric Medication Worksheet - Current Medications & PRN from 0700-1400 current day

Generic Name	Dosage with route and schedule	IVP-List diluent solution, volume, and rate of administration IVPB- List concentration and rate of administration	Patient specific therapeutic reasoning	Patient specific teaching with reasoning
Vancomycin/ Vancocin (antibiotic)	PO, IV		<ul style="list-style-type: none"> <input type="checkbox"/> Tx for MRSA <input type="checkbox"/> Tx for septicemia/ infections of lower respiratory tract <input type="checkbox"/> Tx of streptococcal endocarditis <input type="checkbox"/> Tx enterococcal endocarditis 	<ul style="list-style-type: none"> <input type="checkbox"/> Ototoxicity <input type="checkbox"/> Nausea <input type="checkbox"/> Dyspnea <input type="checkbox"/> Chest/back spasm/pain
Prednisone/Rayos (Hormone and synthetic substitutes)	PO		<ul style="list-style-type: none"> <input type="checkbox"/> Tx of primary/secondary adrenocortical insufficiency <input type="checkbox"/> Congenital adrenal hyperplasia <input type="checkbox"/> Hypercalcemia associated with cancer <input type="checkbox"/> Nonsuppurative thyroiditis 	<ul style="list-style-type: none"> <input type="checkbox"/> Convulsions, Headache, increased cranial pressure <input type="checkbox"/> Mood swings, insomnia <input type="checkbox"/> CHF, edema, hypertension <input type="checkbox"/> Muscle weakness
Levofloxacin/ Levaquin (antibiotic)	IV, PO		<ul style="list-style-type: none"> <input type="checkbox"/> Nosocomial pneumonia and community acquired <input type="checkbox"/> UTI <input type="checkbox"/> Acute bacterial sinusitis <input type="checkbox"/> Chronic bronchitis 	<ul style="list-style-type: none"> <input type="checkbox"/> Pain, burning, numbness, weakness <input type="checkbox"/> Rash/hives <input type="checkbox"/> Headache, dizziness, cough <input type="checkbox"/> Diarrhea/constipation <input type="checkbox"/> INCREASED RISK OF TENDINITIS AND TENDON RUPTURE
Metoprolol/ Lopressor (beta-adrenergic blockers)	IV, PO		<ul style="list-style-type: none"> <input type="checkbox"/> Treatment of hemodynamically stable pt with confirmed/suspected acute MI 	<ul style="list-style-type: none"> <input type="checkbox"/> Fatigue, weakness, anxiety <input type="checkbox"/> Blurred vision, runny nose <input type="checkbox"/> Bradycardia, CHF, pulmonary edema

Adult/Geriatric Medication Worksheet - Current Medications & PRN from 0700-1400 current day

				<ul style="list-style-type: none"> o Constipation, diarrhea o SEVERE EXACERBATION OF ANGINA
Ondansetron/Zofran (antiemetics)	IM,IV,PO		<ul style="list-style-type: none"> o Prevention of nausea and vomiting associated with cancer treatment o Prevention of postoperative nausea and or vomiting 	<ul style="list-style-type: none"> o Diarrhea, constipation o Chest pain o Headache, drowsiness o Elevate AST/ALT

Adult/Geriatric Medication Worksheet - Current Medications & PRN from 0700-1400 current day

--	--	--	--	--

Allergies:

Primary IV fluid and rate:

Patient specific reasoning for IV fluids (including type isotonic, hypotonic, hypertonic):

Medication reference: