Adult/Geriatric Medication Worksheet – Current Medications & PRN from 12pm prior day to 12pm current day
Student Name: Gillian Ruiz   **Date: 11/1**
Patient Allergies: Ibuprofen
Primary IV fluid and rate: 0.9% Sodium Chloride (NS)

Patient specific reasoning for IV fluids (including type isotonic, hypotonic, hypertonic): Isotonic solution, it was compatible with all medications, only ran with piggy backs medications

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
Duloxetine / Cymbalta	60 mg capsule PO once daily	This is a capsule so it does not require a diluent solution or rate	For depression	Do not crush or chew tablets, take whole with fluids to get full effect and prevent headaches Report worsening depression or suicidal ideation Do not take with MAOI medications Report changes in vision
Enoxaparin / Lovenox	40mg / 0.4 mL Sub Q injection	Given as injection and does not require diluent solution	To prevent blood clots while in the hospital	Do not rub or itch the injection site to prevent bleeding Report any unusual bleeding such as blood in stool, urine, nosebleeds, etc.
Fluconazole / Diflucan	IVPB 200mg once daily	100ml/hr. in normal saline	Antifungal	Teach common side effects as antifungal medications can interreact with a variety of different medications
Gabapentin / Neurontin	100mg tab three times daily	This tab does not require a diluent solution or rate	To help with his nerve pain	Teach patient to report suicidal thoughts or behavior as this can worsen especially in individuals with depression already Teach if taking this at home not to

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				drive until pt. knows how it affects them
Pantoprazole / Protonix	40mg IVP Twice daily	Sterile water, 10ml, pushed over 3 minutes	To help prevent ulcers caused by GI stress	Teach patient to report any type of chest pain Teach patient to watch for s/s of dehydration / dry mucosa
Meropenem / Merrem	1g IVP q 8 hours	Sterile water, 20mL, pushed over 5 minutes	Used to treat infections	Teach patient to report side effects that do not go away as in diarrhea, headaches, rash, and swelling of face
Vancomycin	1,250 mg IVPB once	166ml/hr. Primary is 250ml 0.9% sodium chloride	To help treat infection	Teach patient to report hearing loss Teach patient to report feeling warm, red, hot, and rashes as this is a common reaction to vancomycin
Furosemide /Lasix	20mg Tab given ONCE – completed within 24 hours	Tab does not require diluent solution or rate	Diuretic	Teach patient s/s of hypokalemia as this medication can cause low potassium Teach patient to call before getting up as it can cause orthostatic hypotension

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Potassium Chloride	10mg IVPB	Primary 0.9% sodium chloride RATE 100mL VTBI 30ml	To help potassium levels stay above 3.5	Teach signs and symptoms of hyperkalemia Teach to report heart palpitations and / or muscle cramps

Medication reference: Medscape App on iPhone