

Student Name: Aubrey Adams

Unit: \_\_\_\_\_

Pt. Initials: \_\_\_\_\_

Date: \_\_\_\_\_

**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
	Isotonic/ Hypotonic/ Hypertonic			

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?			
Hydroxyurea  Sickle cell	antimetabolites	Decrease frequency of pain crisis and the need for transfusions	520 mg PO once a day	YES	PO	-alopecia -decreased fertility -erythema -leukopenia -hyperuricemia -interstitial lung disease	1. Contraindicated for patients with severe bone marrow depression 2. Long-term use increases the risk for secondary cancer 3. Frequently assess the oral mucosa for ulcerations 4. Educate the family on only touching the medication with a gloved hand and cleaning afterwards
Morphine  Sickle Cell	Opioid agonists	Decrease severe pain	5.2 mg PO Q4	Yes	PO	-hypotension -bradycardia -blurred vision -constipation -nausea -vomiting -confusion -sedation	1. Assess pain prior to administering the medication to establish a baseline 2. Assess the patients respirations prior to admin. due to risk of resp. depression 3. Educate the patient and family to expect constipation and to increase fluids to mitigate it. 4. Let the patient know to call before getting out of bed
Acetazolamide  Hydrocephalus	carbonic anhydrase inhibitors	-lowering intraocular pressure -diuresis of excess fluids -prevent uric acid or cystine renal calculi	40 mg PO Q6	YES	PO	-depression -fatigue -weakness -hyperglycemia -Stevens-johnson Syndrome -aplastic anemia	1. -Monitor intake and output while on medication 2. -Administer to patient with a feeding to reduce the likelihood of GI irritation -Educate the parents to expect their baby to be more drowsy than normal 3. -Protect the child from sunlight to avoid a photosensitivity reaction 4.
Promethazine  Hydrocephalus	Phenothiazines	-preoperative sedation -reduce nausea and vomiting -motion sickness	25 mg PO TID	Yes	PO	-confusion -sedation -dizziness -neuroleptic malignant syndrome	1. -Monitor respirations and blood pressure before admin. 2. -Assess patients level of sedation before and after therapy due to the risk of over-sedation 3. -This medication can be very irritating to the GI tract, recommend administering with a feeding 4. -If baby can walk, place baby on fall precautions due to the risk of injury
							1. 2. 3. 4.

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

**Allergies:** \_\_\_\_\_

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	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.)
				Is med in therapeutic range?			
				If not, why ?			
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.