

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

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5 1/2 NS (54 mL/hr)	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input checked="" type="checkbox"/>	Restore electrolyte and acid-base balance.	Urea, Creatinine, and Electrolytes.	Not for hypovolemia, burns, patients with edema.

Student Name: Chelsie Callesen		Unit: Pedi 3N	Patient Initials: D.P.	Date: 2/8/2023	Allergies: NKDA		
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	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.)
Clindamycin (Cleocin)	Lincomycin Antibiotics	Treatment of bacterial infections	168 mg, 28 mL/hr IV Q6 hrs	Yes	168 mg in Dextrose 5% - 12 mg/mL, administered over 6 hours.	Nausea, vomiting, unpleasant or metallic taste in the mouth, joint pain, pain when swallowing, heartburn, white patches in the mouth	1. BLACK BOX WARNING: be aware that serious to fatal colitis can occur; reserve use, and monitor patient closely 2. Monitor for changes in bowel frequency 3. Monitor LFTs and renal function tests, and blood counts with prolonged therapy 4. Report any abdominal pain or diarrhea
Ketorolac (Toradol)	NSAIDS	Used to relieve moderate to severe pain	8.55 mg IV Q6 hrs	Yes Choose an item.	Can be given diluted or undiluted. Compatible with NS, 5% dextrose, and LR. 0.57 mL = 8.55 mg of 15 mg/mL.	Headache, dizziness, drowsiness, diarrhea, constipation, gas, sores in the mouth, sweating	1. Can cause peptic ulcers, GI bleeding and/or perforation. Monitor for any signs of bleeding 2. Monitor kidney and liver enzymes over course of treatment 3. Monitor for any signs of swelling of the hands, arms, feet, or lower legs and stop medication immediately if seen 4. Evaluate pain status regularly

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Pantoprazole (Protonix)	Proton-Pump Inhibitor	Treats erosive esophagitis caused by gastroesophageal reflux disease, as well as, aides in decreasing the inflammatory response	17.2 mg IV Syringe of 4 mg/mL	Yes Choose an item.	Diluted in normal saline. 4.3 mL - 17.2 mg of 4 mg/mL. Slow push over a rate of 2-5 minutes	Headache, diarrhea, stomach pain, fruit-like breath odor, nausea, bloating, constipation, decreased vision, dizziness.	<ol style="list-style-type: none"> 1. Assess patient routinely for epigastric or abdominal pain 2. Advise patient/legal gaurdian to report onset of black, tarry stools; diarrhea; or abdominal pain to the health care provider immediately 3. Monito LFTs, due to risk for causing liver abnormalities 4. Monitor for S/S of anaphylaxis
Morphine	Opioid Agonist	Used to relieve severe pain	1 mg IV Q3 hrs PRN for pain	Yes Choose an item.	Diluted with sodium chloride. 0.05-0.1 mg/kg/dose up to initial MAX 10 mg, administered over 5-30 mins	Drowsiness, stomach pain and cramps, dry mouth, headache, nervousness, mood changes	<ol style="list-style-type: none"> 1. Monitor patient's respiratory rate prior to administration 2. Reassess pain 15-30 minutes after administration 3. Monitor for respiratory depression and hypotension frequently up to 24 hours after administration of morphine. 4. Advise patient/caregiver to report any chest pain to provider immediately
				Choose an item.			<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text.

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