

Student Name: Megan Rice

Unit: MCU

Pt. Initials: RA

Date: 2/8/23

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

Allergies: NKMA

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 (Precautions/Contraindications,
				Is med in therapeutic range? If not, why?				
Dwell Ceftriaxone Amoxicillin	Triazide diuretic	Heart fluid retention	250mg/ 5ml PO q12hr 0092u	250mg/5ml yes		N/A	SEVERE SKIN REACTION	1. PT WILL BE ON STRICT PRN 2. MONITOR FOR SEVERE DIARRHEA 3. CHECK BLOOD PRESSURE OFTEN 4. SEEK EMERGENCY HELP w/ allergic 1. YES ON ON
								1. 2. 3. 4.
								1. 2. 3. 4.

