Sickle Cell Anemia

Signs & Symptoms
~~The~~
- Anemia
- Jaundice
- Dysrhythmias
- Enlargement of bones

Pathophysiology
The Hbs gene causes the hemoglobin molecule to be defective. The sick hemoglobin acquires a crystal like formation when exposed to low oxygen tension. These long, rigid erythrocytes can adhere to the endothelium of small vessels, once adhered there, blood flow to a region or organ is reduced.

Diagnostics/Labs
CBC
- Stained RBC examination
- Sickle-turbidity tube test (Sickledex)
- Hemoglobin electrophoresis
- ESR
- Erythrocyte fragility
- ABGi's
- Genetic Tests

Treatment/Medication
- Peripheral blood stem cell transplant
- Transfusion therapy
- Supportive therapy
- Monitoring Pulmonary function
- Hydroxyurea
- Arginine

Nursing Interventions
- Factors causing previous crisis
- Pain levels (Manage)
- characteristics of pain
- Infection (Prevent and manage)
- Promoting Coping skills
- Increasing knowledge
- Promoting Home and community care
- Monitoring and Managing Potential Complications.

Patient Teaching
- Get enough oxygen
- Drink plenty of fluids
- Avoid getting over-heated or getting very cold
- Avoid getting infections and quickly treat them when you do get them.
- Communication is key between all health care providers and family

Other

Priority Nursing Diagnosis
Acute pain related to tissue hypoxia due to agglutination of sickled cells within blood vessels

Acute Lymphocytic Leukemia

Signs & Symptoms
- High fever
- Bruising
- Dyspnea
- Anemia
- Fatigue
- Tachycardia
- Pain
- No appetite

Pathophysiology
Due to precipitating factors, immature, non-functioning WBC's appear to accumulate first in the tissue where they originate. These immature WBC's then spill into the bloodstream and from there infiltrate other tissues. Eventually, this infiltration results in organ malfunction because of encroachment and hemorrhage.

Diagnostics/Labs
- Bone Marrow aspiration
- Bone Marrow biopsy
- Blood counts
- Differential leukocyte count
- Lumbar puncture
- Uric acid levels

Treatment/Medication
- Systemic chemotherapy
- Radiation therapy
- Platelet
- Vincristine
- Allopurinol
- Cefepime
- Ondansetron
- Polyethylene glycol
- Dexamethasone
- Acetaminophen
- Famotidine

Nursing Interventions
- Assess clotting parameters
- Assess pain
- Monitor signs of infection
- Maintain normothermia
- Encourage nutrition
- Monitor intake and output
- Educate family
- Promote good nutrition

Patient Teaching
- Education (on the disease, it's treatment, risks of infection and bleeding.)
- Vascular access device
- Home care services

Other
- Skin care
- Constipation
- Mouth ulcers
- Psychological support
- Manage stress

Priority Nursing Diagnosis
Risk for infection related to overproduction of immature WBC's.

Student Name Daisy Armendariz

7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

1. Playing with play-dough
2. Games on ipad

***List All Pain/Discomfort Medication on the Medication Worksheet**

- Ondansetron
- Polyethylene glycol
- Acetaminophen
- Famotidine

8. Calculate the Maintenance Fluid Requirement (Show Your Work):

Patient Wt: 28.3 **kg**

10 Kg x 100 = 1000
10 Kg x 50 = 500 +
8.3 Kg x 20 = 166 +
1,666 mL/24 hrs. = 69 mL/hr

Calculated Fluid Requirement: 69 **ml/hr**

Actual Pt MIVF Rate: 125 **ml/hr**

Is There a Significant Discrepancy? Yes

Why? It is higher than calculated fluid requirement based on her weight.

9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):

0.5 (28.3 kg) = 14.15 mL/hr
339.6 mL/24 hrs.

Calculated Min. Urine Output: 14.15 **ml/hr**

Actual Pt Urine Output: 75 **ml/hr**

10. Growth & Development: List the Developmental Stage of Your Patient For Each Theorist Below and Document 2 OBSERVED Developmental Behaviors for Each Theorist. If Developmentally Delayed, Identify the Stage You Would Classify the Patient:

Patient age: 8 yrs

Erickson Stage: Industry VS Inferiority

1. She was determined to go to the restroom on her own.
2. Patient was making all kinds of different food types using play-dough. Hamburgers, Fries, pizza, using detail and was proud of he work.

Piaget Stage: Concrete operational

1. Patient chose to share play-dough with younger sister since sister was upset she didn't have any to play with.
2. Patient lined up the color markers from lightest to darkest shade of color.

Student Name Daisy Armendariz

11. Focused Nursing Diagnosis:

Risk of infection

12. Related to (r/t):

Increased number of immature lymphocytes

13. As evidenced by (aeb):

Chemotherapy

14. Desired patient outcome:

Identify actions to prevent/ reduce risk of infection by 2/8/23 at 1800.

15. Nursing Interventions related to the Nursing Diagnosis in #11:

1. Limit visitors as indicated

Evidenced Based Practice:

To protect the patient from potential sources of pathogens or infection.

2. Require good handwashing protocol for all personnel and visitors

Evidenced Based Practice:

Prevents cross-Contamination and reduces risk of infection

3. Coordination procedures and tests to allow for uninterrupted rest periods.

Evidenced Based Practice:

Conserves energy for healing, Cellular regeneration.

16. Patient/Caregiver Teaching:

1. Good hand hygiene!
2. Avoid family/friends who are not feeling well and ask them to stay
3. home or away until they are better.

Concentrate on good nutrition and fluid intake.
(start with small meals)

17. Discharge Planning/Community Resources:

1. Follow up with future appointments
2. Resources on support groups that are local for the family to meet
3. others who also deal with the same disease.

Financial resources to help navigate through the new diagnosis.

Student Name: Daisy Armendariz Unit: PF 2 Pt. Initials: A.G. Date: 2/7/23

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

Allergies: NKDA

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? / Is med in therapeutic range? / If not, why ?	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.)
Allopurinol (Zyloprim)	~~Gout~~ Antigout Agents	Gout, uric acid, Kidney stones	150 mg PO BID	300 mg/day Yes		drowsiness, fever, chills, abnormal liver function tests, joint pain, nausea, vomitting diarrhea	1. An increase in gout attacks when you first start taking allopurinol oral. 2. If upsets stomach, take after meal 3. Take with a full glass of water, to reduce risk of Forming Kidney stones 4. Call don't Fall! May cause drowsiness.
Cefepime (Maxipime)	Cephalosporins	Antibiotic	66mL/hr IV 48hrs.	66mL – 2g/dose Yes	IVP- Sodium chloride 0.9% 66 mL/hr over 30 mins	Nausea, Diarrhea, vomiting, Fever, Headache, abnormal blood tests.	1. Cefepime must be given slow 2 Cefepime treats bacterial infections, not viral infections 3. Report if patient has trouble with speaking reading, or understanding words of other people 4. Speak with the physician before taking any anti-diarrheal medicine.
Ondansetron (Zofran)	Antiemetics ~~Analgesics antipyretic~~ 5HT3 receptor antagonists	Nausea / Vomiting	4mg IV 48hrs.	4mg – Yes	IVPB 5 mins	Headache with Chest pain, dizziness, Faint, fast or pounding heartbeats, jaundice, tired feeling	1. Be slow with Changing positions 2. May cause constipation 3. May feel tired and sleepy 4. Report any sudden irritability
Polyethylene glycol (Miralax)	Laxatives	Constipation	17g Po Daily	17g/daily Yes		Stomach pain, stomach cramps, gas, bloating, upset stomach, Loose, watery, Frequent Stools	1. Should produce a bowel movement within 1-3 days. 2. Drink plenty of water 3. Dissolve in 4-8 oz of water, Juice, tea 4. Can only be taken once per day.
Dexamethasone (Decadron)	Glucocorticoid	Inflammation	3mg PO BID	3mg/~~daily~~ dose Yes		Fluid retention, mood changes, increased appetite, trouble sleeping, bruising, discoloration, dizziness	1. Take with Breakfast & Dinner 2. Monitoring I+O's, due to possible Fluid retention 3. "Live" vaccines will not be administered while on decadron. 4. Steriod prevents the release of substances in the body that causes inflammation.

Student Name: Daisy Armendariz Unit: PF2 Pt. Initials: A.G. Date: 2/7/23

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
D5 1/2 NS 125 mL/hr	Isotonic/ Hypotonic/ (Hypertonic)	Expand extra cellular volume.	BP, Hyponatremia, urine output	Can cause intravascular volume overload and pulmonary edema. Do not use with DKA, impaired heart or kidney function

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range? / 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.)
Acetaminophen (Tylenol)	Analgesic/ antipyretic	Fever	412.5 mg PO Once	160 – 400 mg? 2 1/2 tablets yes		Disorientation, Dizziness, low levels of red blood cells, white blood cells, shortness of breath	1. Hypersensitivity 2. Can cause kidney toxicity 3. Slowly change positions 4. Do not exceed 4,000 mg of acetaminophen
Vincristine (Oncovin)	Mitotic inhibitors	Treat Leukemia	1.5 mg IV Once 20mL/hr	15 – 56.6 mg Yes	IVPB – Sodium chloride 0.9% 50 mL infusion 200 mL/hr over 15 mins	Hair loss, decreased weight with loss of muscle tissue, nausea, vomiting, diarrhea, weight loss	1. Report any fever of 100.4°F or greater 2. It is important to report any tingling numbness in fingers and toes. 3. Apply warm compress if you have any pain, redness, or swelling at IV site 4. Unless restricted on fluid intake, drink 2-3 qts of fluid/24 hrs.
Famotidine (Pepcid)	Ulcer Drugs H_2 Antagonists	Ulcer Drug	7 mg IV BID	Yes	IVPB – 8 mL of NS over 2 mins	Agitation, Confusion, Confusion disorientation, hallucinations, lethargy, and seizures	1. May be taken with or without food. 2. Should only be taken for short periods of time. 3. Has potential for addiction, abuse, and misuse 4. Call for help if dizzy or passing out.
							1. 2. 3. 4.
							1. 2. 3. 4.

A.G.

Student Name: Daisy Armendariz Unit: PF 2 Date: 2/7/23

GENERAL APPEARANCE

Appearance: X Healthy/Well Nourished
X Neat/Clean ☐ Emaciated ☐ Unkept
Developmental age:
X Normal ☐ Delayed

NEUROLOGICAL

LOC: X Alert ☐ Confused ☐ Restless
☐ Sedated ☐ Unresponsive
Oriented to:
X Person X Place X Time/Event
X Appropriate for Age
Pupil Response: X Equal ☐ Unequal
X Reactive to Light ☐ Size 4
Fontanel: (Pt < 2 years) ☐ Soft ☐ Flat
☐ Bulging ☐ Sunken ☐ Closed
Extremities:
X Able to move all extremities
X Symmetrically ☐ Asymmetrically
Grips: Right 5 Left 5
Pushes: Right 5 Left 5
S=Strong W=Weak N=None
EVD Drain: ☐ Yes ☐ No Level _____
Seizure Precautions: ☐ Yes X No

RESPIRATORY

Respirations: X Regular ☐ Irregular
☐ Retractions (type) _____
☐ Labored
Breath Sounds:
Clear X Right X Left
Crackles ☐ Right ☐ Left
Wheezes ☐ Right ☐ Left
Diminished ☐ Right ☐ Left
Absent ☐ Right ☐ Left
X **Room Air** ☐ **Oxygen**
Oxygen Delivery:
☐ Nasal Cannula: ____L/min
☐ BiPap/CPAP: _____
☐ Vent: ETT size____@____cm
☐ Other: _____
Trach: ☐ Yes X No
Size _____ Type _____
Obturator at Bedside ☐ Yes ☐ No
Cough: ☐ Yes X No
☐ Productive ☐ Nonproductive
Secretions: Color _____
Consistency _____
Suction: ☐ Yes X No Type _____
Pulse Ox Site (R) Pointing Finger
Oxygen Saturation: _____

CARDIOVASCULAR

Pulse: X Regular ☐ Irregular
☐ Strong ☐ Weak ☐ Thready
☐ Murmur ☐ Other _____
Edema: ☐ Yes X No Location _____
☐ 1+ ☐ 2+ ☐ 3+ ☐ 4+
Capillary Refill: X < 2 sec ☐ > 2 sec
Pulses:
Upper R 3+ L 3+
Lower R 3+ L 3+
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: Clear yellow
Stool Appearance: LBM 2/4
☐ Diarrhea ☐ Constipation
☐ Bloody ☐ Colostomy

GASTROINTESTINAL

Abdomen: ☐ Soft X Firm ☐ Flat
☐ Distended ☐ Guarded
Bowel Sounds: X Present X 4 quads
X Active ☐ Hypo ☐ Hyper ☐ Absent
Nausea: ☐ Yes X No
Vomiting: ☐ Yes X No
Passing Flatus: X Yes ☐ No
Tube: ☐ Yes ☐ No Type _____
Location _____ Inserted to _____cm
☐ Suction Type: _____

NUTRITIONAL

Diet/Formula: Regular
Amount/Schedule: _____
Chewing/Swallowing difficulties:
☐ Yes X No

MUSCULOSKELETAL

☐ Pain ☐ Joint Stiffness ☐ Swelling
☐ Contracted ☐ Weakness ☐ Cramping
☐ Spasms ☐ Tremors
Movement:
☐ RA ☐ LA ☐ RL ☐ LL X All
Brace/Appliances: ☐ None
Type _____

MOBILITY

X Ambulatory ☐ Crawl ☐ In Arms
☐ Ambulatory with assist _____
Assistive Device: ☐ Crutch ☐ Walker
☐ Brace ☐ Wheelchair ☐ Bedridden

PSYCHOSOCIAL

Social Status: X Calm/Relaxed ☐ Quiet
X Friendly X Cooperative ☐ Crying
☐ Uncooperative ☐ Restless
☐ Withdrawn ☐ Hostile/Anxious
Social/emotional bonding with family:
X Present ☐ Absent

IV ACCESS

Site: (R) Chest ☐ INT ☐ None
X Central Line
Type/Location: Center Port
Appearance: X No Redness/Swelling
☐ Red ☐ Swollen
☐ Patent ☐ Blood return
Dressing Intact: X Yes ☐ No
Fluids: D5 1/2 NS

SKIN

Color: ☐ Pink ☐ Flushed ☐ Jaundiced
☐ Cyanotic ☐ Pale X Natural for Pt
Condition: X Warm ☐ Cool ☐ Dry
☐ Diaphoretic
Turgor: X < 5 seconds ☐ > 5 seconds
Skin: ☐ Intact X Bruises ☐ Lacerations
☐ Tears ☐ Rash ☐ Skin Breakdown
Location/Description: Upper inside (R) Arm
Mucous Membranes: Color: Pink
X Moist ☐ Dry ☐ Ulceration

PAIN

Scale Used: X Numeric ☐ FLACC ☐ Faces
Location: _____
Type: _____
Pain Score:
0800 ____ 1200 0 1600 0

WOUND/INCISION

☐ None
Type: Bone Marrow Aspiration
Location: Coccyx
Description: _____
Dressing: Gauze

Pressure Dressing

TUBES/DRAINS

☐ None
☐ **Drain/Tube**
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount: _____
Drainage color: _____

Student Name: Daisy Armendariz Unit: PF2 Date: 2/7/23

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake													
Intake – PO Meds													
Enteral Tube Feeding													
Enteral Flush													
Free Water													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid					125	125	125	125	125				625
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine					450		300						750
# of immeasurable													
Stool													
Urine/Stool mix													
Emesis													
Other													

Children's Hospital Early Warning Score (CHEWS) (See CHEWS Scoring and Escalation Algorithm to score each category)	
Behavior/Neuro	Circle the appropriate score for this category: (0) 1 2 3
Cardiovascular	Circle the appropriate score for this category: (0) 1 2 3
Respiratory	Circle the appropriate score for this category (0) 1 2 3
Staff Concern	1 pt - Concerned
Family Concern	(1 pt – Concerned or absent)
CHEWS Total Score	
CHEWS Total Score	Total Score (points) 1
	Score 0-2 (Green) – Continue routine assessments
	Score 3-4 (Yellow) – Notify charge nurse or LIP, Discuss treatment plan with team, Consider higher level of care, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications
	Score 5-11 (Red) – Activate Rapid Response Team or appropriate personnel per unit standard for bedside evaluation, Notify attending physician, Discuss treatment plan with team, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications

E.M.

Student Name: Daisy Armendariz Unit: PF2 Date: 2/7/23

GENERAL APPEARANCE

Appearance: □Healthy/Well Nourished
X Neat/Clean □Emaciated □ Unkept
Developmental age:
XNormal □ Delayed

NEUROLOGICAL

LOC: XAlert □ Confused □ Restless
□ Sedated □ Unresponsive
Oriented to:
□ Person □ Place □ Time/Event
□ Appropriate for Age
Pupil Response: □ Equal □ Unequal
□ Reactive to Light □ Size _____
Fontanel: (Pt < 2 years) XSoft □ Flat
□ Bulging □ Sunken □ Closed
Extremities:
X Able to move all extremities
□ Symmetrically □ Asymmetrically
Grips: Right _____ Left _____
Pushes: Right _____ Left _____
S=Strong W=Weak N=None
EVD Drain: □ Yes □ No Level _____
Seizure Precautions: □ Yes X No
Has hx of seizures

RESPIRATORY

Respirations: □ Regular X Irregular
□ Retractions (type) _____
□ Labored
Breath Sounds: Rubbing sound
Clear □ Right □ Left (L) (R)
Crackles □ Right □ Left
Wheezes □ Right □ Left
Diminished □ Right □ Left
Absent □ Right □ Left
X **Room Air** □ **Oxygen**
Oxygen Delivery:
□ Nasal Cannula: ____L/min
□ BiPap/CPAP: _____
□ Vent: ETT size_____@_____cm
□ Other: _____
Trach: □ Yes XNo
Size _____ Type _____
Obturator at Bedside □ Yes □ No
Cough: □ Yes XNo
□ Productive □ Nonproductive
Secretions: Color_____
Consistency_____
Suction: □ Yes □ No Type _____
Pulse Ox Site (R) foot
Oxygen Saturation: 100%

CARDIOVASCULAR

Pulse: X Regular □ Irregular
X Strong □ Weak □ Thready
□ Murmur □ Other _____
Edema: □ Yes X No Location _____
□ 1+ □ 2+ □ 3+ □ 4+
Capillary Refill: X< 2 sec □ > 2 sec
Pulses:
Upper R 3+ L 3+
Lower R 3+ L 3+
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: _____
Stool Appearance: 2/7/23 Dark brown
XDiarrhea □ Constipation
□ Bloody □ Colostomy

GASTROINTESTINAL

Abdomen: XSoft □ Firm □ Flat
□ Distended □ Guarded
Bowel Sounds: □ Present X 4 quads
XActive □ Hypo □ Hyper □ Absent
Nausea: □ Yes XNo
Vomiting: □ Yes XNo
Passing Flatus: XYes □ No
Tube: □ Yes XNo Type _____
Location _____ Inserted to _____cm
□ Suction Type: _____

NUTRITIONAL

Diet/Formula: Alimentin
Amount/Schedule: 50mL/2hrs
Chewing/Swallowing difficulties:
□ Yes XNo

MUSCULOSKELETAL

□ Pain □ Joint Stiffness □ Swelling
□ Contracted □ Weakness □ Cramping
□Spasms □ Tremors
Movement:
□ RA □ LA □ RL □ LL XAll
Brace/Appliances: □ None
Type: _____

MOBILITY

□ Ambulatory □ Crawl X In Arms
□ Ambulatory with assist _____
Assistive Device: □ Crutch □ Walker
□ Brace □ Wheelchair □Bedridden

PSYCHOSOCIAL

Social Status: X Calm/Relaxed □ Quiet
□ Friendly □ Cooperative X Crying
□ Uncooperative □ Restless
□ Withdrawn □ Hostile/Anxious
Social/emotional bonding with family:
X Present □ Absent

IV ACCESS

Site: (L) Forearm XINT □ None
□ Central Line
Type/Location: _____
Appearance: X No Redness/Swelling
□ Red □ Swollen
□ Patent □ Blood return
Dressing Intact: XYes □ No
Fluids: _____

SKIN

Color: □ Pink □ Flushed □ Jaundiced
□ Cyanotic X Pale X Natural for Pt
Condition: □ Warm □ Cool □ Dry
□ Diaphoretic
Turgor: X< 5 seconds □ > 5 seconds
Skin: XIntact □ Bruises □ Lacerations
□ Tears □ Rash □ Skin Breakdown
Location/Description: _____
Mucous Membranes: Color: _____
□ Moist □ Dry □ Ulceration

PAIN

Scale Used: □ Numeric XFLACC □ Faces
Location: _____
Type: _____
Pain Score:
0800____ 1200____ 1600____

WOUND/INCISION

□ None
Type: Pressure injury
Location: (L) anterior ankle
Description: _____
Dressing: _____

TUBES/DRAINS

X None
□ Drain/Tube
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount: _____
Drainage color: _____

Student Name: Daisy Armendariz Unit: PF2 Date: 2/7/23

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake			60			60			55				175 mL
Intake – PO Meds													
Enteral Tube Feeding													
Enteral Flush													
Free Water													
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid													
IV Meds/Flush													
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine			200	62		55							317 mL
# of immeasurable													
Stool							1			1			2
Urine/Stool mix													
Emesis													
Other													

Children's Hospital Early Warning Score (CHEWS) (See CHEWS Scoring and Escalation Algorithm to score each category)	
Behavior/Neuro	Circle the appropriate score for this category: 0 ~~1~~ ~~2~~ ~~3~~
Cardiovascular	Circle the appropriate score for this category: 0 1 ~~2~~ ~~3~~
Respiratory	Circle the appropriate score for this category: 0 ~~1~~ ~~2~~ ~~3~~
Staff Concern	1 pt - Concerned
Family Concern	1 pt – Concerned or absent
CHEWS Total Score	
CHEWS Total Score	Total Score (points) [redacted]2 Score 0-2 (Green) – Continue routine assessments Score 3-4 (Yellow) – Notify charge nurse or LIP, Discuss treatment plan with team, Consider higher level of care, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications Score 5-11 (Red) – Activate Rapid Response Team or appropriate personnel per unit standard for bedside evaluation, Notify attending physician, Discuss treatment plan with team, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications

Student Name: Daisy Amendariz Unit: PF2 Pt. Initials: E. M. Date: 2/7/23

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? 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.)
Cholecalciferol (Vitman D-3)	Vitamins	Vitamin D deficiency	10mcg PO Daily	1mL Daily Yes		Nausea, anorexia, weight loss, polyuria, Polydipsia, hypertension, weakness, & muscle aches or stiffness	1. Report any symptoms of hypercalcemia 2. Adequate intake of calcium with drug 3. Avoid additional vit D. supplements 4.
Levocarnitine (Carnitor)	Misc. Endocrine	Carnitine deficiency	100mg PO BID	225mg – 1,350mg YES		Diarrhea, nausea, stomach cramps, vomiting, High blood pressure,	1. Preferably take during or following meals 2. Consume oral solution slowly to maximize tolerance 3. May need frequent blood tests. 4. Report if stomach upset or not tolerated well.
Pantoprazole (Protonix)	Ulcer Drugs PPI	Decreases amount of acid produced	4mg IV BID	Yes	IV - over 15 mins	Abdominal pain, Diarrhea, Headache, Flatulence, dizziness, joint pain, Cold symptoms	1. Delayed-release 2. Long-term use could risk of osteoporosis 3. ~~Feeds~~ Administer approximately 30 mins before a meal or Feeding 4. Caution with Fall risk
							1. 2. 3. 4.
							1. 2. 3. 4.