

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
N/A	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	Click here to enter text.

Student Name: Saul Benavidez		Unit: NICU	Patient Initials: SB		Date: 3/29/2023	Allergies: Desflurane, Isoflurane	
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.)
Glycopyrrolate	Anticholinergics	Decrease stomach acid and saliva	0.5 mL, G-tube, 3 x per day	Yes Click here to enter text.	N/A	Transient bradycardia, photophobia, upper respiratory infection	1. Overheating due to inhibition of sweating 2. Urinary retention 3. Constipation 4. Allergic Reaction
Poly-Vi-Sol	Vitamin and Mineral combination	Vitamin deficiency	0.5 mL per day	Yes Choose an item. Click here to enter text.	N/A	Aluminum toxicity due to impaired kidney function	1. Upset stomach or throwing up 2. Signs of allergic reaction 3. Constipation 4. Change in color of stool to green
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to	Click here to	Click here to	Click here to enter	Choose an item.	Click here to enter text.	Click here to enter text.	1. Click here to enter text.

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