

**Adult/Geriatric Medication Worksheet – Current Medications & PRN from 12pm prior day to 12pm current day**

**Student Name: Shallas Taylor**

**Date: 09/05/2023**

**Patient Allergies: NKDA**

**Primary IV fluid and rate: INT no continuous fluid.**

**Patient specific reasoning for IV fluids (including type isotonic, hypotonic, hypertonic):**

Generic Name	Dosage with route and schedule	IVP-List diluent solution, volume, and rate of administration IVPB- List concentration and rate of administration	Patient specific therapeutic reasoning	Patient specific teaching with reasoning
Bumetanide (Bumex)	1mg/4mL IVP BID	IVP rate: 2-5mins	Edema/anasarca/ascites.	<ol style="list-style-type: none"> <li>1. Black Box Warning: Potent diuretic in excessive amounts can cause profound diuresis w/water/electrolyte depletion.</li> <li>2. Teach your patient s/s of dehydration such as dizziness/lightheadedness, headache, tiredness, dry mouth/lips, urinating less than normal as this could be a potential side effect of diuretics.</li> <li>3. Teach patients to call for help when getting out of bed or when standing as this medication effects fluid volume within the body and could cause the patient to become dizzy easier than normal.</li> </ol>
Enoxaparin (Lovenox)	40mg/0.4mL INJ SubQ		DVT Prophylaxis	1.Black Box Warning: Spinal/Epidural Hematomas- May occur in anticoagulated pts

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				<p>receiving neuraxial anesthesia or spinal puncture;</p> <p>2. Teach patients to avoid activities that may not increase your risk of bleeding or injury. Use extra care to prevent bleeding when shaving or brushing teeth. Recommend soft bristle tooth brush/ an electric no cut razor.</p> <p>3. Teach the patient that feeling weak or tired more often than usual, headaches, problems concentrating or thinking, are s/s of anemia and should they experience any of these symptoms they should reach out to HCP.</p>
Metolazone	10mg Oral- Tablet Daily		Edema/Anasarca/Ascites	<ol style="list-style-type: none"> <li>1. Teach patients to call for help when getting out of bed or when standing as this medication effects fluid volume within the body and could cause the patient to become dizzy easier than normal.</li> <li>2. Teach patient s/s of different electrolytes imbalances. Such as Low</li> </ol>

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				<p>K+ - teach pt to report leg cramps, irregular heartbeat, fluttering in chest, Na+ -- teach patient to report headache, confusion, slurred speech, loss of coordination, Teach patient to also report—dry mouth, n/v, weakness, drowsiness, lack of energy, little to no urination as these symptoms could also indicate other electrolyte imbalance. Due to the MOA of diuretics we are losing fluids along with electrolytes which greatly increases risk of an electrolyte imbalance.</p> <p>3. Teach patient to report nausea, upper stomach pain, itching, tiredness, loss of appetite, dark urine, clay-colored stools and jaundice as this could indicate problems with the liver.</p>
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Potassium Chloride ER	40mEq/L Oral -Tablet Daily		Hypokalemia due to diuretic use	<ol style="list-style-type: none"><li>1. Teach patients to report nausea, weakness, tingly feeling, chest pain, irregular heartbeats as this could indicate that the medication has caused their K+ level to become too high.</li><li>2. Teach the patient that if they forget to take their medication not to take two doses at one time. Skip the missed dose and take the next dose at the scheduled time. Taking the skipped dose with the next scheduled dose could cause the pts k+ level to become too high.</li><li>3. Teach the patient to take this medication with food should GI upset occur. If a patient experiences trouble swallowing pill inform them to contact provider to see if they can dissolve the tablet in water or mix the capsule</li></ol>
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				with soft foods.
Prednisone (Deltason)	80mg Oral- Tablet Daily		Minimal Change Disease	<ol style="list-style-type: none"><li>1. Teach the patient that Prednisone is a steroid medication and can weaken your immune system. Making it easier for the patient to get sick or become even more ill. Teach the patient to notify HCP when they begin to show s/s of a new illness.</li><li>2. Teach the patient that long-term use of this drug can lead to osteoporosis (bone loss). Teach patients to limit/stop smoking and drinking alcohol as this increases the risk of developing osteoporosis. Teach patients to take vitamin d or calcium supplements if approved by HCP to help with the prevention of osteoporosis.</li><li>3. Teach patients that this drug can cause low potassium levels and they</li></ol>

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				should report s/s of low k+ such as leg cramps, constipation, irregular heartbeats, fluttering in chest or muscle weakness. Teach the importance of adhering to HCP orders for regular labs draws.
Albumin 25%	25g Once Given 9/4/23	IVPB—I did not get my rate of administration.	Hypovolemia/edema	<ol style="list-style-type: none"><li>1. Teach the patient the importance of adhering to regular lab draws ordered by the physician as your electrolyte levels and kidney function will be monitored regularly to ensure that no imbalances occur and the kidney continue to work properly.</li><li>2. Teach the patient to report difficulty breathing, chest pain, noticeable edema, as this could indicate fluid overload.</li><li>3. Teach the patient that this drug is derived from human plasma (part of the blood) and may have</li></ol>

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				viruses that can cause disease. However, the drug is thoroughly screened, tested, and treated to lower the chance of infections.
Fentanyl	50mcg IVP Once Given 9/4/23		Pain (abdominal)/Pancreatitis	<ol style="list-style-type: none"><li>1. Black Box Warning: Controlled substance which can cause, addiction, abuse and misuse which may lead to overdose and death. Teach patients to take exactly as prescribed. Reassess pain 30mins after administration.</li><li>2. Black Box Warning: Respiratory depression which is life threatening and possibly fatal. Can occur during/after dose. Teach patient to report difficulty breathing. Reassess frequently taking note of o2 saturation and respiratory rate each time.</li><li>3. Teach patient to call for help before getting out of</li></ol>

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				bed as this medication can cause dizziness and severe drowsiness. Place patient under fall risk precautions and ensure they have non-slip socks on.
Ondansetron (Zofran)	4mg IVP Once Given 9/4/23		Nausea/vomiting prevention	<ol style="list-style-type: none"><li>1. Teach patients to stand up slowly or to call for help before getting out of bed as this medication causes dizziness. Consider placing patients on fall precautions and placing non-skid sleep socks on patient.</li><li>2. Teach patients that this drug can cause constipation. Patients can take OTC stool softeners if okay by HCP. Other alternatives to stool softeners are to promote movement such as walking to help keep the bowels moving.</li><li>3. Teach patients to keep a log of how much, how often and what it looks</li></ol>

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				like If vomiting persists notify HCP with this information. If inpatient— assess patient GI function by looking/listening/and feeling of abdomen.

Medication reference: (n.d.). *Epocrates*. Retrieved September 05, 2023, from <https://www.epocrates.com/>