

Adult/Geriatric Medication Worksheet – Current Medications & PRN from 0700-1400 current day

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
Ondansetron (antiemetics)	<ul style="list-style-type: none"> Po (adults) 24mg 30 mins prior to chemotherapy Iv (adults) max dose 16mg prior to chemotherapy, given every 4-8 hrs. IM 4mg injected 	<ul style="list-style-type: none"> IV Push: Administer undiluted (2 mg/mL) immediately before induction of anesthesia or postoperatively. Rate: Administer over at least 30 sec and preferably over 2–5 min. <ul style="list-style-type: none"> Intermittent Infusion: Dilute doses for prevention of nausea and vomiting associated with chemotherapy in 50 mL of D5W, 0.9% NaCl, D5/0.9% NaCl, D5/0.45% NaCl. 	<ul style="list-style-type: none"> Prevent nausea and vomiting 	<ul style="list-style-type: none"> Take as directed. Notify HCP immediately if pt. is having an irregular heartbeat, serotonin syndrome, or involuntary movement of eyes, face, or limbs occur.
Metoprolol (antianginals) Beta Blocker	<ul style="list-style-type: none"> PO (Adults): Hypertension/angina– 25–100 mg/day as a single dose, ↑ every 7 days as needed up to 450 mg/day ~ Heart failure– 12.5–25 mg once daily, can be doubled every 2 wk up to 200 mg/day. ~Migraine prevention– 50–100 mg 2–4 times daily (unlabeled). 	<ul style="list-style-type: none"> IV (Adults): MI– 5 mg every 2 min for 3 doses, followed by oral dosing. IVP: Dilution: Administer undiluted. Concentration: 1 mg/mL. - Rate: Administer over 1 min. 	<ul style="list-style-type: none"> Decrease BP and heart rate. Decrease frequency of attacks of angina pectoris Decrease rate of cardiovascular mortality and hospitalization in pts. with heart failure Prevention of MI 	<ul style="list-style-type: none"> Take medication as directed, at the same time each day, do not skip or double up a dose. Check pulse daily and BP biweekly and report any significant changes. Change positions slowly to minimize orthostatic hypotension

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<p>Levofloxacin (anti-infectives)</p>	<ul style="list-style-type: none"> • PO IV (adults) 750mg once daily for 7-14 days (nosocomial pneumonia) • PO May be administered without meals. Products or foods containing calcium, magnesium, aluminum, iron, zinc should <u>not</u> be ingested for 4 hr before and 2 hr after administration. 	<ul style="list-style-type: none"> • Rate: Administer by infusion over at least 60 min for 250–mg or 500–mg doses and over 90 min for 750–mg dose. 	<ul style="list-style-type: none"> • Treats bacterial infections (UTI, pneumonia, prostatitis, bronchitis, sinusitis, skin-skin) • Post-exposure tx of inhalational anthrax • Tx and prophylaxis of plague 	<ul style="list-style-type: none"> • Take medication as directed and complete it even if feeling better. • Intake 1500-2000 to prevent crystalluria. • Notify HCP if fever, diarrhea, or blood stool occur
<p>Vancomycin (anti-infectives)</p>	<ul style="list-style-type: none"> • Serious Systemic Infections IV (Adults): 500 mg every 6 hr or 1 g every 12 hr (up to 4 g/day). • Diarrhea Due to C. difficile PO (Adults): 125 mg every 6 hr for 10 days. 	<ul style="list-style-type: none"> • Intermittent Infusion: Dilution: To reconstitute, add 10 mL of sterile water for injection to 500-mg vial or 20 mL of sterile water • Rate: Infuse over at least 60 min. May need to slow infusion further to 1.5–2 hr if vancomycin flushing syndrome occurs. 	<ul style="list-style-type: none"> • Tx infections • Bactericidal action against susceptible organisms 	<ul style="list-style-type: none"> • Report to HCP if signs of hypersensitivity, tinnitus, vertigo, or hearing loss occurs. • Flushing syndrome
<p>Prednisone (corticosteroids)</p>	<ul style="list-style-type: none"> • PO (Adults): Most uses– 5–60 mg/day as a single dose. 	<p>**Only PO form</p>	<ul style="list-style-type: none"> • Suppression of inflammation and modification of the normal immune response 	<ul style="list-style-type: none"> • Contact HCP if pt. has severe abdominal pain or tarry stool occurs • Avoid being around people with contagious illnesses.

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Allergies:

Primary IV fluid and rate:

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

Medication reference: David Drug Guide