

Student Name: Jalyn Colglazier

Unit: \_\_\_\_\_

Pt. Initials: \_\_\_\_\_

Date: \_\_\_\_\_

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

Allergies: \_\_\_\_\_

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?	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.)
				Is med in therapeutic range?			
				If not, why?			
Piperacillin-tazobactam	Beta-lactamase inhibitors	Antibiotic- skin infection	1840 mg	Yes	1840 NaCl 0.9% IV 46 ml/hr  Q6	Diarrhea, low potassium, constipation, nausea, headache	1. Finish all of your antibiotic. 2. Do not take if you are allergic to any penicillins. 3. Tell your doctor if you have any bleeding disorders. 4.
Vancomycin	Glycopeptide antibiotic	Antibiotic- C-Diff	350mg	Yes	350mg in Na Cl 0.9% 100mL IVPB  103.5 ml/hr  Q6	Diarrhea, hearing loss, nausea, stomach pain	1. Finish all of your dose. 2. Do not take if you have an intestinal disorder. 3. Tell your doctor if you have had previous hearing loss. 4. Tell your doctor if you are taking any other medications.
							1. 2. 3. 4.
Acetaminophen suspension	Analgesics	Pain reliever/ fever reducer	150.4 mg	Yes	150 mg PO  Q6	Stomach pain, loss of appetite, dark urine	1. Stop taking if you develop a skin rash. 2. Take exactly as prescribed, do not exceed the dose. 3. Do not take if you have liver disease. 4. Do not exceed 5 doses in 24 hours.
Ibuprofen	Nonsteroidal anti-inflammatory	Reduce inflammation/ pain	100mg	Yes	100mg PO  Q6	Nausea, vomiting, gas, headache, dizziness	1. Let your doctor know if you are on any blood thinners. 2. Let your doctor know if you are on any blood pressure medication. 3. Take as prescribed, do not exceed the dose. 4.

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**Allergies:** \_\_\_\_\_

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, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?			
				If not, why ?			
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.