

Nora Castilleja

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
Aspirin Aspirin (buffered)	81mg oral tablet daily		Calcium blocker high BP	<ol style="list-style-type: none"> 1. Take with food to reduce GI upset 2. Avoid water-soluble activities while taking 3. Notify if sudden chest pain appears 4. Take this drug at the same time every day
Atorvastatin (lipitor)	20mg oral tablet daily		Anti-hyperlipidemic cholesterol	<ol style="list-style-type: none"> 1. Increase risk of rhabdomyolysis while taking 2. Take at the same time every day 3. Avoid alcohol consumption while taking 4. Advise patients with diabetes to monitor blood glucose levels closely
Enoxaparin (Lovenox)	30mg/0.5ml Inj. Subq Daily-x2hrs		Anti-coagulant Blood clots	<ol style="list-style-type: none"> 1. Taking with aspirin or NSAIDs increase risk for bleeding 2. Rotate sites to avoid lipodystrophy 3. Caution not to rub the site after giving injection 4. Inform patient may increase or bleed more easily and take longer to stop bleeding
Famotidine (Pepcid)	20mg Inj. IV every 48 hrs.	Dilute 2ml of famotidine with 8ml of NS to a final concentration of 2mg/ml over 2 minutes	Ulcer drugs	<ol style="list-style-type: none"> 1. Avoid beverages activities 2. Take exactly same time each day 3. Avoid using persium-containing salt substitutes 4. Inform female patient of cardiovascular drugs to use female birth control pills
Valproic Acid (Divalpro)	325mg oral tablet Daily		Anti-hypertensive	<ol style="list-style-type: none"> 1. Avoid beverages activities 2. Take exactly same time each day 3. Avoid using persium-containing salt substitutes 4. Inform female patient of cardiovascular drugs to use female birth control pills

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				1. 2. 3. 4.

Allergies: No known Allergies

Primary IV fluid and rate: Lactated Ringers 100mL/hr continuous

Patient specific reasoning for IV fluids (including type isotonic, hypotonic, hypertonic):
 100mL/hr is minimal and electrolytes

Medication reference: Lehman, nurse's drug handbook

McCasas Cast Meyer

Diagnostic Worksheet

Mark high / low values with (↑ or ↓)	Covenant Normal Values	Dates		Admit day	Most Recent		
CBC							
WBC	3.6-10.8 K/uL	5.67	4.66	-	-	-	-
HGB	14-18 g/dL	10.3	9.1	↓	↓	↓	↓
HCT	42% - 52%	30	26.2	↓	↓	↓	↓
RBC	4.7-6.1 m/uL	3.25	2.9	↓	↓	↓	↓
PLT	150 - 400 K/uL	163	175	-	-	-	-
CMP							
Glucose	70-110 mg/dL	197	154	↑	↑	↑	↑
Sodium	134 - 145 mmol/L	139	133	-	-	-	-
Potassium	3.5 - 5.3 mmol/L	4.6	3.9	-	-	-	-
BUN	9-21 mg/dL	30	26	↑	↑	↑	↑
Creatinine	0.8-1.5 mg/dL	2.5	1.90	↑	↑	↑	↑
Chloride	98 - 108 mmol/L	112	107	↑	↑	↑	↑
Calcium	8.4 - 11.0 mg/dL	7.9	8.4	↓	↓	↓	↓
Mg++	1.6 - 2.3 mg/dL	2.1	2.1	↑	↑	↑	↑
Total Protein	5.5 - 7.8 g/dL	7.1	6.1	-	-	-	-
Albumin	3.4 - 5 g/dL	2.3	1.7	↓	↓	↓	↓
Total Bilirubin	0.1 - 1.3	8.9	10.7	↑	↑	↑	↑
AST (SGOT)	5 - 45 U/L	755	354	↑	↑	↑	↑
ALT (SGPT)	7-72 U/L	143	174	↑	↑	↑	↑
Alk Phos (ALP)	38 - 126 U/L	741	794	↑	↑	↑	↑
Lipid Panel							
Cholesterol	200mg/dL		155	↓	↓	↓	↓
TRIG	0-150 mb/dL		179	↑	↑	↑	↑
HDL	>60mg/dL		46	↓	↓	↓	↓
LDL	0-100 mg/dL		85	↑	↑	↑	↑
Common							
GFR	Refer to lab specific data						
TSH	0.35 - 5.5 U/L						
Digoxin	0.8 - 2 ng/dL						
PT	10.0 - 12.9 secs	11.7	12.4	-	-	-	-
INR	Therapeutic 2 - 3	1.2	1.2	↓	↓	↓	↓
PTT	25.3 - 36.9 secs	36	33	-	-	-	-
BNP	5 - 100 pg/dL						
CKMB	0 - 5 ng/dL						
Troponin	neg = < 0.07 ng/mL						

Mark high / low values with (↑ or ↓)	Covenant Normal Values	Dates		Admit day	Most Recent		
SA							
Sp Gravity	1.005 - 1.030	1.012					
Protein	neg, trace	100mg/dL					
Glucose	neg.	Sample					
Ketone	neg - trace	negative					
Nitrite	neg.	negative					
Leukocytes	neg.	negative					
Bilirubin	neg.	moderate					
Blood	neg.	large					
pH	5.0 - 7.0	5.0					
Other Labs							
	Culture	Site	Result				
	Blood						
	Urine	Urine color	Dark yellow, Turbid				
	Wound	Wound	Apparent purulent drainage				
	Wound						
Other Diagnostic / Procedures							
Examples: CT/Xray/MRI/Paracentesis							
Date	Type	Result	Date	Time	Result	Date	Time
11/22	XR Chest AP Portable	Bi acute thoracic abnormalities					
11/22	Mel MEL Liver - Contrast	Some rounded filling defect with dots					
11/22	US abdomen contrast pt	CSD suspicious for obstructive stone					
11/22	US abdomen initial	Dilatation of common bile duct assoc w gallstones and wall thickening of gallbladder					
Point of Care Glucose Results							
Date	Time	Result	Date	Time	Result	Date	Time
11/22	20:29	294	11/23	20:57	175		
11/23	06:22	178	11/24	05:33	181		
11/23	15:58	214	11/24	11:17	185		

Student Name: Nicholas Castilleja

Date: _____

Patient Physical Assessment Narrative

PHYSICAL ASSESSMENT NARRATIVE BY SYSTEMS: (Complete using assessment check list and reminders below).

GENERAL INFORMATION (Time of assessment, admit diagnosis, general appearance)

0748, patient arrives to 97 with chief complaint of worsening abdominal pain associated with nausea, vomiting, and decreased appetite over the past 2 weeks. Patient appeared clean, comfortable, and responsive.

Neurological-sensory (LOC, sensation, strength, coordination, speech, pupil assessment)

A&Ox4, full sensation x6, strong hand grasp/tee wiggle, bilateral coordinated movement. PERRLA. 4MM in size. Speech is clear and coherent

Comfort level: Pain rates at 0 (0-10 scale) **Location:** No pain at this time

Psychological/Social (affect, interaction with family, friends, staff)

Patient outward expression appeared with broad affects, interacts and responds appropriately to family/staff.

EENT (symmetry, drainage of eyes, ears, nose, throat, mouth, including dentition, nodes, and swallowing)

EENT symmetrical with no drainage noted, mucous membranes in nose and mouth appear pink and moist with teeth intact, no palpable nodes, no dysphagia noted.

Respiratory (chest configuration, breath sounds, rate, rhythm, depth, pattern)

Chest symmetrical, with equal rise and fall of chest. Breath sounds clear bilaterally in all quadrants, deep, even, and non-labored breathing respirations at 18 breaths per minute on Room air.

Cardiovascular (heart sounds, apical and radial rate, rhythm, radial and pedal pulse, pattern)

S₁, S₂ auscultated, no murmur, crack, or rub noted. Apical rate 92, Radial rate 74. Heart Rhythm equal, radial and pedal pulse +2, strong and able to occlude with cap refill < 3 seconds.

Student Name: _____

Date: _____

Patient Physical Assessment Narrative

Gastrointestinal (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) Abdomen firm, tender to palpation, with hyperactive bowel sounds present in all 4 quadrants. Patient has not had bowel movement in 4 days.

_____ Last BM 11/24/2025

Genitourinary-Reproductive (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) Urine clear and amber, voids spontaneously without difficulty, 5-6 times daily and continent. No foul odor or bleeding noted. No discharges.

2x Urine output (last 24 hrs) _____ LMP (if applicable) MA Post men

Musculoskeletal (alignment, posture, mobility, gait, movement in extremities, deformities) Patient alignment symmetrical, upright posture, able to walk, move with assistance of ^{MC}walker, with little difficulty. Gait unsteady. BUE and BLE able to move, with no amputation, deformities noted.

Skin (skin color, temp, texture, turgor, integrity)

Skin color yellow, warm to touch x4, dry, skin elastic, not intact due to IV site

Wounds/Dressings

Peripheral IV in Right Antecubital wrapped with tegaderm and Kerlix, closed to air. No foul odor, redness, or drainage noted.

Other