

Student Name: Jarrett Evans

Unit: NICU

Pt. Initials: MC

Date: 2/6/24

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

Allergies: NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D10-.2NS ÷ KCL 5mEq, Heparin .25 units/mL @ 2mL/hr	Isotonic/ Hypotonic / Hypertonic	Hydration	K+, Blood sugars, PTT, Anti Xa	Hyperkalemia, bleeding risk

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?			
Dexmedetomidine	Alpha2-adrenergic Agonist	Sedation for intubation	1mcg/kg/hr IV infusion Continuous	.2-.7 mcg/kg/hr No, below range	Diluted with NS 25mL/hr	Sinus Arrest	1. Monitor HR- make sure not too low 2. Monitor LFTs- may need to adjust dose 3. Avoid abruptly stopping meds-withdrawals 4. Monitor BP-make sure not too low
Fentanyl	Opioid	Analgesic Helps with sedation	1mcg/kg/hr IV infusion Continuous	.5-2 mcg/kg/hr Yes	Diluted with NS 25mL/hr	Respiratory Arrest	1. Encourage fluids-constipation 2. Monitor HR- make sure not too low 3. Monitor BP-make sure not too low 4. Monitor RR- Respiratory distress
Glycerin Enema	Laxative	Helps with Constipation	.2mL PR Q24hrs		/	Rectal Bleeding	1. Don't use more than 1wk -issues with constipation 2. May cause burning sensation 3. Do not use if having abd. pain, N/V 4. Monitor LFTS/BUN- can cause impairment
Hydrocortisone	Steroid	Helps with swelling	1.7mg IVP Q12 hrs	.56-8mg/kg/day Yes	IVP NS-3.37 mL Push over 5 mins	Decrease immune system	1. Monitor WBC-monitor infections 2. Hand Hygiene-prevent infection 3. Check BS- steroids increase BS 4. Steroids can cause irritability
Methadone	Opioid	Medically controlled withdrawal	.24mg/kg PO Q6hrs	0.05-0.2 mg/kg No, its above	/	Respiratory Depression	1. Encourage fluids-constipation 2. Monitor HR- make sure not too low 3. Monitor BP-make sure not too low 4. Monitor RR- Respiratory distress

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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 ?			
Midazolam	Benzodiazepines	To help with sedation	.1mg/kg/hr IV Continuous	.05-.1mg/kg/hr Yes	Diluted with D5 20ml/hr	Respiratory and cardiac arrest	1. Never bolus- will drop BP 2. Monitor BP- make sure not too low 3. Monitor HR-make sure not too low 4. Monitor RR- Make sure not too low
sildenafil	Phosphodiesterase Type 5 Inhibitors	Help with pulmonary hypertension	1 mg/kg PO Q6Hra		/	Hypotension	1. Monitor BP- make sure its not low 2. Listen to lungs- can use pulm. Edema 3. Use cautiously with other antihypertensives 4. Stop meds if having vision changes
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.