

Student Name: _____

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
NA	Isotonic/ Hypotonic/ Hypertonic	NA	NA	NA

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?			
Ibuprofen	Analgesic	Pain	120mg PO Q6hrs	Yes		Internal hemorrhaging	1. notify provider of any bright red or coffee ground looking stools this may be a sign of internal hemorrhaging 2. take with food to lessen stomach upset 3. notify provider of decreased urine output because this could be a sign of kidney issues 4. bruise more easily
Acetaminophen	Analgesic	pain	176mg PO Q6hrs	Yes		Nausea vomiting	1. notify provider yellowing of skin or eyes because of possible liver issue 2. no more than 5 doses of children's formula in 24hrs 3. notify provider of hives or difficulty breathing possible allergic reaction 4.
Oxybutynin	anticholinergic	Bladder spasms	1.75mg PO PRN	Yes		Constipation stomach pain	1. notify provider if pt has stopped voiding this could lead to a UTI 2. possible insomnia ask provider for sleep medication 3. can cause dry mouth, eyes, mucous membranes make sure to stay hydrated

bedside evaluation, Notify attending physician, Discuss treatment plan with team, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications

Pediatric Floor Patient #2

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GENERAL APPEARANCE	CARDIOVASCULAR	PSYCHOSOCIAL
Appearance: <input checked="" type="checkbox"/> Healthy/Well Nourished <input checked="" type="checkbox"/> Meat/Clean <input type="checkbox"/> Emaciated <input type="checkbox"/> Unkept	Pulse: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Weak <input type="checkbox"/> Thready <input type="checkbox"/> Murmur <input type="checkbox"/> Other	Social Status: <input type="checkbox"/> Calm/Relaxed <input checked="" type="checkbox"/> Quiet <input checked="" type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Crying