

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

| Primary IV Fluid and Infusion Rate (ml/hr) | Circle IVF Type | Rationale for IVF | Lab Values to Assess Related to IVF | Contraindications/Complications |
|--|---|-------------------|-------------------------------------|---------------------------------|
| None | Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/> | none | none | none |

| Student Name: | | Unit: | Patient Initials: | | Date: | Allergies: | |
|---------------|------------------------------|------------------------------|----------------------------|--|---|--|--|
| Lauren Dane | | PEDI | JA/Pt #1 | | 4/10/2024 | NKDA | |
| Generic Name | Pharmacologic Classification | Therapeutic Reason | Dose, Route & Schedule | Is med in therapeutic range? If not, why? | 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.) |
| Albuterol | Bronchodilator | Wheezing/asthma exacerbation | 6 ml, nebulized, Q4 | No Pt requiring stronger dose of medication due to exacerbation | N/a | Tachycardia, palpitations, nervousness | 1. Respiratory assessment prior and post breathing tx. 2. This medication may cause pt to become hyperactive or anxious. 3. Assess vital signs that are affected by this drug (HR, BP) 4. Breathe through your mouth during breathing tx. |
| Acetaminophen | Antipyretic | Fever | 249.6 mg, PO, Q6 for fever | Yes Choose an item. Click here to enter text. | N/a | Stevens-Johnson Syndrome, Hepatotoxicity | 1. Notify immediately if rash occurs. 2. Assess fever, and presence of associated signs (diaphoresis, tachycardia) 3. This medication can be taken with or without food. 4. Do not exceed 5 doses in 24 hour period. |
| Montelukast | Bronchodilator | Ashtma | 4mg, PO, Daily | Yes Choose an item. Click here to | N/A | Stevens-Johnson Syndrome, | 1. Respiratory Assessment 2. Take this medication at the same time each day, even if pt is not experiencing |

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| | | | | enter text. | | Anxiety | symptoms of asthma. 3. Notify HCP if rash occurs at all during treatment. 4. This medication is not used to treat acute asthma attacks, but use of this med can be continued during an acute exacerbation. |
| Amoxicillin | Anti-infective | Infection in lungs | 752 mg (9.4 ml), PO, BID | Yes Choose an item. Click here to enter text. | N/A | Anaphylaxis, diarrhea | 1. Notify HCP immediately if rash, trouble breathing or facial swelling occurs 2. Skin assessment to monitor for rashes 3. Notify if experiencing watery, foul-smelling or bloody stools. This could be a sign of C. Diff. 4. Respiratory assessment to monitor effectiveness of treatment. |
| Fluticasone | Corticosteroid | Asthma | 44 mcg, 2 puffs (INH), daily | Yes Choose an item. Click here to enter text. | N/A | Anaphylaxis, HA | 1. Keep taking this medication, even if child not experiencing s/s of asthma. 2. Resp assessment 3. Rinse mouth out each time after use to prevent yeast overgrowth in the mouth (oral thrush) 4. Monitor for s/s of allergic reaction. |

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