

Student Name: Shayla Brown

Unit: _____

Pt. Initials: _____

Date: _____

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

no meds

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.
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