

Student Name: Monica Terese Pauda

Unit: PICU

Pt. Initials: M.J.

Date: 9/10/2024

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
D5NS+KCl 20	Isotonic/ Hypotonic/ <u>Hypertonic</u>			

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?			
Ceftriaxone	Third generation ceflasporin	Anti-infective	2g IVP Every 8 hours	Yes	IVP 19ml sterile water Infused at 3-5 minutes	Anaphylaxis GI dysfunction	1. Signs of superinfection 2. Report fever and diarrhea to PCP 3. Keep follow up appointments 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
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Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

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.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.
							1. 2. 3. 4.