

Medication Work Sheet – Page 1

Allergies: _____

Student Name: _____

Primary IV Fluid and Infusion Rate	Circle Primary IVF Type	Rationale for IVF choice	Lab Values to Assess	Contraindications/Complications
	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Dose, Route & Schedule	Correct Dose? If no, what is correct?	If IVPB, list rate & appropriate infusion time frame	Therapeutic Reason	Adverse Reactions	Appropriate nursing assessment, teaching, & interventions (Precautions/ Contraindications, Etc.)
			Y N				1. 2. 3. 4.
			Y N				1. 2. 3. 4.
			Y N				1. 2. 3. 4.
			Y N				1. 2. 3. 4.
			Y N				1. 2. 3. 4.

Medication Work Sheet – Page 2

Allergies: _____

Student Name: _____

Generic Name	Pharmacologic Classification	Dose, Route & Schedule	Correct Dose? If no, what is correct?	If IVPB, list rate & appropriate infusion time frame	Therapeutic Reason	Adverse Reactions	Appropriate nursing assessment, teaching, & interventions (Precautions/ Contraindications, Etc.)
			Y N				1. 2. 3. 4.
			Y N				1. 2. 3. 4.
			Y N				1. 2. 3. 4.
			Y N				1. 2. 3. 4.
							1. 2. 3. 4.