HFS 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
0.9% Sodium Chloride (Normal Saline) (NS)	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.)
Levofloxacin	Fluoroquinolone	500mg Daily	Yes	IVPB, give over 60 min. *Compatible w/ NS*	Anti-infective	Nausea, diarrhea, rash, tendon rupture	1. Call if develop N/V or diarrhea 2. Increases sensitivity to sunlight, use sunscreen, etc. 3. Call if develop pain, esp in back of the lower leg 4. Keep well hydrated, notify if urine becomes darker
Rapid Acting insulin Lispro	Anti-diabetic	Per Sliding Scale Insulin (SSI)	yes	N/A	Hyper-glycemia		1. 2. 3. 4.
Fluticasone & Salmeterol *(This is Advair inhaler NOT the diskus)*	Corticosteroid & bronchodilator	115 mcg/ 21 mcg 2 puffs twice a day	Yes	N/A	asthma		1. 2. 3. 4.
Ondansetron	Antiemetic	4 mg Q 4hr prn n/v	yes	IV push over 2-3 min *Compatible w/ NS*	N/V		1. 2. 3. 4

HSF 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.)
Acetaminophen		PO		N/A			1. 2. 3. 4.
Dextrose 50%	Carbohydrate	PRN if BG <70	Yes	12.5 – 25 Gm IV push Compatible with NS	Hypoglycemia		1. 2. 3. 4.
Cephtriaxone	3rd generation cephalosporine	1 gram IVPB daily	Yes				1. 2. 3. 4.
			Y N				1. 2. 3. 4.