

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
D5 1/2 NS 30mL/hour	Isotonic <input checked="" type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	Maintain Fluids	Click here to enter text.	Fluid Volume Overload

Student Name: Hanna Garrison		Unit: Pedi Floor	Patient Initials: Click here to enter text.		Date: 2/5/2025	Allergies: 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.)
Acetaminophen	Miscellaneous Analgesics	Mild to moderate management, fever reduction	195.2mg PO q 6 hours	Yes Click here to enter text.	N/A	Sore throat, oliguria, unusual tiredness or weakness	1. Do not take more than recommended by doctor, as this can cause liver problems 2. Monitor BMs, as this can cause constipations 3. If have nausea or vomiting can give PRN Zofran 4. If any itching, can either receive benadryl or other antihistamine PO/topical.
ibuprofen	NSAID	Mild to moderate pain relief, fever reduction	132mg PO q 6 hrs	Yes Choose an item. Click here to enter text.	N/A	Increased bleeding, nausea, vomiting, dizziness, diarrhea	1. Teach parents about increased chance of bleeding in pt when taking med 2. Teach parents about giving pt mild foods/liquids to help reduce nausea/vomiting 3. Advise parents to watch for dizziness in pt, assist with moving to avoid injury 4. Notify parents that diarrhea is possible with med, nurse will monitor fluid levels to ensure dehydration does not occur

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

Student Name: Hanna Garrison		Unit: Pedi Floor	Patient Initials: Click here to enter text.		Date: 2/5/2025	Allergies: 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.)
Cefazolin	First generation cephalosporin	Prophylactic prevention of infection from surgery, and CAUTI	328mg IV bolus q 8 hrs	Yes Choose an item. Click here to enter text.	Diluted by pharmacy, given over 30 minutes	N/V/D, oral candidiasis (thrush)	<ol style="list-style-type: none"> 1. Monitor for N/V/D, implement interventions for each 2. Monitor IV for pain, swelling and irritation due to IV administration 3. Educate parents to have pt finish full treatment (completed in hospital) 4. Instruct parents to monitor pt's BMs to ensure no lasting GI issues
Neosporin	Topical Antibiotic	Infection prevention	Topical application BID while catheter in place	Yes Choose an item. Click here to enter text.	N/A	Loss of hearing	<ol style="list-style-type: none"> 1. Continue to monitor site for signs/symptoms of infection 2. Educate parents to use aseptic technique if applying topical to surgical site 3. Instruct parents to call doctor if pt develops any differences in hearing 4. Educate parents to apply medication per directions of doctor
Ondansetron	5HT3 receptor antagonist	Reduces nausea/vomiting due to meds/procedure	1.32mg (0.66mL) IV bolus q 6 hrs PRN	Yes Choose an item. Click here to enter text.	Diluted in 7mL NS, given over 3-5 minutes	Tachycardia, oliguria, headache	<ol style="list-style-type: none"> 1. Educate parents to monitor pt's urinary output, report any significant reduction in output 2. Educate parents that headache can occur, use PRNs/non-pharmacologic interventions

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

Student Name: Hanna Garrison		Unit: Pedi Floor	Patient Initials: Click here to enter text.		Date: 2/5/2025	Allergies: 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.)
							3. Take only as directed, do not change doses/times 4. While in hospital, monitor for any adverse effects
Oxybutynin	Urinary antispasmodic	Reduces bladder spasms due to catheter/vesicourethral reflux	1.95mg (1.95mL) PO TID PRN for bladder spasms	Yes Choose an item. Click here to enter text.	N/A	Dizziness, drowsiness, headache, trouble sleeping	1. Educate parents to monitor pt for any dizziness until they know how it affects him 2. Inform parents that pt drowsiness is normal but to monitor in case pt is sleeping too much 3. Educate parents that headache can occur, use PRNs/non-pharmacologic interventions 4. If pt has trouble sleeping, parents can establish healthy sleeping habits/routine, and/or discuss with doctor about using melatonin
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

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

Student Name: Hanna Garrison		Unit: Pedi Floor	Patient Initials: Click here to enter text.		Date: 2/5/2025	Allergies: 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.)
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

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

Student Name: Hanna Garrison		Unit: Pedi Floor	Patient Initials: Click here to enter text.		Date: 2/5/2025	Allergies: 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.)
				here to enter text.			
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Choose an item.Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Choose an item.Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Choose an item.Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.