

Student Name: _____

Unit: _____

Pt. Initials: _____

Date: _____

Allergies: _____

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

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?			
hibivimab allip	Immunization	prevent RSV	50mg / .5ml po	yes		—	'pain + swell at injection site - mild fever or irritability	1. Explain why they need it 2. Give before start of 5th 3. single dose 4. cool compress at inj. site
Poly vi sol		liquid multivitamin	1 .5ml qday 12hr	yes		—	mild stomach pain dark stools	1. monitor wt gain 2. confirm feeding status 3. monitor GI SE 4. Intake + Output monitor
glycerin 50%	hypertonic laxative	laxative no pabs stool	Rectal 1ml	yes		—	Diarrhea bloating cramping	1. Proper dosage woid overuse 2. Dehydration I + O 3. take proper steps for hydration 4. monitor for skin irritation