

## 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
Click here to enter text.	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	Click here to enter text.

<b>Student Name:</b> Click here to enter text.	<b>Unit:</b> Click here to enter text.	<b>Patient Initials:</b> Click here to enter text.	<b>Date:</b> Click here to enter a date.	<b>Allergies:</b> Click here to enter text.
---	---	---	---	--

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.)
Methadone	opioid	pain	1mg/ml 0.4mg every 8 hours PO G tube	Yes Click here to enter text.	Click here to enter text.	Constipation, dizziness, resp depression.	<ol style="list-style-type: none"> <li>1. Respiratory assessment</li> <li>2. Use FLACC scale to find pain level</li> <li>3. High Fiber and Hydrate to prevent constipation</li> <li>4. Take with food or milk to minimize nausea</li> </ol>
Piperacillin	Beta-Lactam Antibiotic	Pneumonia	300mg every 8 hours IV	Yes Click here to enter text.	Click here to enter text.	Diarrhea, n/v, abdominal pain, pruritus	<ol style="list-style-type: none"> <li>1. Monitor signs of allergic reaction (rash, itching, difficulty breathing)</li> <li>2. Hydrate and watch out for diarrhea</li> <li>3. Complete full course</li> <li>4. Monitor BUN output regularly to check renal function.</li> </ol>
Ofirmev	Acetaminophen	Pain and fever	82.5mg IV every 6 hours	Yes Click here to enter text.	Click here to enter text.	N/V, HA, Insomnia	<ol style="list-style-type: none"> <li>1. monitor liver function by checking ALT, AST, Bilirubin</li> <li>2. Use pain scale to check effectiveness of pain meds</li> <li>3. Keep trashcan near or bag for any throw up caused from nausea</li> </ol>

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

<b>Student Name:</b> Click here to enter text.		<b>Unit:</b> Click here to enter text.	<b>Patient Initials:</b> Click here to enter text.		<b>Date:</b> Click here to enter a date.	<b>Allergies:</b> Click here to enter text.	
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.)
							4. Low stimulation environment for headaches
	Click here to enter text.	Click here to enter text.	Click here to enter text.	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. 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. 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. 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

<b>Student Name:</b> Click here to enter text.		<b>Unit:</b> Click here to enter text.	<b>Patient Initials:</b> Click here to enter text.		<b>Date:</b> Click here to enter a date.	<b>Allergies:</b> Click here to enter text.	
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. 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. 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. 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. 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. 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. 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

<b>Student Name:</b> Click here to enter text.		<b>Unit:</b> Click here to enter text.	<b>Patient Initials:</b> Click here to enter text.		<b>Date:</b> Click here to enter a date.	<b>Allergies:</b> Click here to enter text.	
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. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>