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

Allergies: NKA

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?			
Chlorothiazide	Thiazide Diuretic	Treat HTN	250mg / 5mL IVP q12hrs	yes	Was already diluted Push over 5 mins	• Diarrhea • muscle spasms • Hypotension • Hypokalemia	1. Monitor for loose stools 2. Monitor for muscle spasms, notify doctor if present 3. Monitor lab values, especially K ⁺ 4. Monitor for hypotension
Pedi multi vitamin with Iron	Vitamin/ Iron product	Maintain vitamins and minerals	IVP BID		Was already diluted Push over 5 mins	• Diarrhea • Constipation • Iron overdose • Vomiting	1. assess nutritional status 2. monitor for constipation 3. monitor Iron levels 4. monitor & document vomiting
Potassium	minerals and electrolytes	Treats hypokalemia c/ + diuretic	0.6667 mEq IVP q12hrs		Was already diluted Push over 5 mins	• Dysrhythmias • Hyperkalemia • Diarrhea • Vomiting	1. Monitor for dysrhythmias 2. monitor K ⁺ lab values 3. monitor & document diarrhea 4. monitor & document vomiting
							1. 2. 3. 4.
							1. 2. 3. 4.

NICU Disease Process Map

D.O.B. 1-13-25

APGAR at birth: 7@1min, 8@5mins

Gestational Age 26 weeks 6 days Adjusted Gestational Age 33 weeks (44 days)

Birthweight 1 lbs. 10.1 oz./ 740 grams

Current weight 2 lbs. 11 oz./ 1200 grams

Disease Name: Ileal Atresia

What is happening in the body?

The ileum, which is at the end of the small intestine, is either absent or narrow



What am I going to see during my assessment?

- Abdominal distension
- constipation
- diarrhea
- Inability to pass meconium
- Vomiting



What tests and labs will be ordered?

- Ultrasound,
- abdominal X-ray
- Fetal MRI (Pre-natal)
- CBC/Blood cultures
- Electrolyte panel



What trends and findings are expected?

- Prenatal ultrasound: Excess amniotic fluid, enlarged bowels, indicating obstruction
- abdominal X-ray: Distended bowels, ~~absence of~~ presence of intestinal gas
- CBC/Blood culture: Identify infections and/or anemia
- Electrolyte Panel: Monitor for imbalances r/t vomiting and diminished intestinal absorption



What medications and nursing interventions/treatments will you anticipate?

Antibiotics: If infection is ~~is~~ found, also prophylactically before surgery
Pain management: Manage pain post-op with acetaminophen and opioids
TPN: When oral feeding not possible



How will you know your patient is improving?

- Effective pain control
- Stable VS
- Able to tolerate feeding
- Increased activity levels
- Weight gain
- Balanced hydration & electrolyte levels
- Bowel sounds increase/return
- Bowel movements
- Surgical site clean, dry, no infection, heals well



What are risk factors for the diagnosis?

- Genetic predisposition
- Disruption in blood supply to intestines during development
- Maternal drug use, smoking, or certain meds during pregnancy
- Down syndrome
- Excess amniotic fluid



What are the long-term complications?

- Short Bowel Syndrome: Leads to malabsorption & delays in growth & development
- Bowel obstruction
- Infections
- Liver disease (prolonged use of TPN)



What patient teaching for management and/or prevention can the nurse do?

- Keep incision clean & dry
- Explain signs & symptoms of bowel obstruction
- Explain signs & symptoms of infection
- Manage pain using prescribed meds & non-pharmacologic methods
- Stress importance of follow-up doctor appointments
- Provide emotional support if needed