

Student Name: Josephine

Unit: _____

Pt. Initials: EW

Date: 4/7

Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: Morphine

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
	Isotonic/ Hypotonic/ Hypertonic			

If infant not doing well - d/c oxygen -

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP – List solution to dilute and rate to push. IVPB – List mL/hr and time to	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Lactated Ringers	Isotonic Crystalloid	to replace electrolytes low BP / volume	500 ml Polysol IV	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Fluid volume overload	<ol style="list-style-type: none"> 1. Monitor for respiratory distress 2. Monitor for BP 3. Look for neck vein distention 4. Check labs for Na & K+
Terbudine	adventages	Tachycardia or N/A - reassuring FHR	0.25 mg SQ	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N			<ol style="list-style-type: none"> 1. Assess lung sounds & respiratory pattern 2. Assess for pulmonary edema. Ex: lung crackles 3. Can cause hypoglycemia - report child's name, VAP, pulse 4. Watch for side effects
				<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			<ol style="list-style-type: none"> 1. Hypoalbuminemia report muscle weakness
				<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
				<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			