

Student Name: Katelyn Bowman

Unit: NICU

Pt. Initials: JG

Date: 4/8/25

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

Allergies: No known allergies

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
No primary fluids	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	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.)
				Is med in therapeutic range?			
				If not, why?			
Caffeine Citrate	CNS Stimulant	help keep a premature infant from having periods of apnea.	20mg/ml daily at noon	yes	20mg/kg IV over 30min using a syringe pump	↑HR, feeding intolerance, difficulty sleeping.	<ol style="list-style-type: none"> <li>1. If HR over 170 hold medication.</li> <li>2. Caution in neonates with renal, hepatic or GI issues. could ↑ complications</li> <li>3. Teach that this will help baby to not have apneic episodes.</li> <li>4. monitor IV site for signs of extravasation</li> </ol>
Ampicillin	Penicillin Antibiotic	Given while waiting on a blood culture to r/o sepsis.	30mg/ml 50mg in sterile water Q12	yes	Admin IVP over 5min	diarrhea, stomach pain, monitor for anaphylaxis. May cause rash, hives or fever	<ol style="list-style-type: none"> <li>1. Watch urine output and labs could cause renal damage.</li> <li>2. if blood culture is neg and baby is symptom free stop med.</li> <li>3. Teach parents this is a broad spectrum antibiotic used prophylaxis while we r/o sepsis.</li> <li>4. Teach the importance of completing Rx if symptoms persist or if blood culture is positive.</li> </ol>
							<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>
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