

Medication Work Sheet - Page 1

Allergies: _____

Student Name: _____

Primary IV Fluid and Infusion Rate	Circle Primary IVF Type	Rationale for IVF choice	Lab Values to Assess	Contraindications/Complications
IM2	Isotonic/ Hypotonic/ Hypertonic	IM2	IM2	IM2

Generic Name	Pharmacologic Classification	Dose, Route & Schedule	Correct Dose? If no, what is correct?	If IVPB, list rate & appropriate infusion time frame	Therapeutic Reason	Adverse Reactions	Appropriate nursing assessment, teaching, & interventions (Precautions/ Contraindications, Etc.)
Docusate sodium	Stool softener	100mg PO daily	Y N	IM2	Promote bowel movement	Abdominal cramping, bloating, rectal bleeding	<ol style="list-style-type: none"> 1. Do not take for longer than 10 days consecutively 2. Stop taking if experiencing loose stool 3. Monitor for/report any blood in stool 4. Take with full glass of water
Metoprolol succinate	Beta blocker	25mg PO BID	Y N	IM2	Reduce blood pressure, treat dysrhythmia, angina and heart failure	Hypotension, bradycardia, dizziness, light headedness	<ol style="list-style-type: none"> 1. Do not stop abruptly - rebound hypertension 2. Call before getting up after taking - lightheadedness 3. Monitor for/report significant weight gain 4. Interacts with MAOIs - hypotension, bradycardia
			Y N				<ol style="list-style-type: none"> 1. 2. 3. 4.
			Y N				<ol style="list-style-type: none"> 1. 2. 3. 4.
							<ol style="list-style-type: none"> 1. 2.

							3.
							4.

Medication Work Sheet - Page 2

Allergies: _____

Student Name: _____

Generic Name	Pharmacologic Classification	Dose, Route & Schedule	Correct Dose? If no, what is correct?	If IVPB, list rate & appropriate infusion time frame	Therapeutic Reason	Adverse Reactions	Appropriate nursing assessment, teaching, & interventions (Precautions/ Contraindications, Etc.)
			Y N				1. 2. 3. 4.
			Y N				1. 2. 3. 4.
			Y N				1. 2. 3. 4.
			Y N				1. 2. 3. 4.
			Y N				1. 2. 3. 4.