

Student Name: _____

Unit: _____

Pt. Initials: _____

Date: _____

Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: _____

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			

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 give	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
busPIRone HCL	Antianxiety, sedative	Severe Anxiety	5MG (2.5mg tid) TOTAL OF 12.5MG	Y N	N/A	DIZZINES, TACHYCARDIA, HYPOTENSION, DRY MOUTH, EDEMA,	<ol style="list-style-type: none"> 1. TAKE W/FOOD, MILK FOR GI SYMPTOMS (NAUSEA, VOMITTING) (AVOID GRAPEFRUIT JUICE) 2. CAN CAUSE FAINTING DUE TO A DROP IN BP SO RISE SLOWLY. 3. SUGARLESS GUM, HARD CANDY, FREQUENT SIPS OF WATER FOR DRY MOUTH 4. THERAPUTIC EFFECTS MAY TAKE 2-4 WEEKS DO NO INCREASE OR DECREASE DOSE WITHOUT PROVIDER APPROVAL AND DO NOT STOP ABRUPTLY.
Oxcarbazepine	Anticonvulsant	Mood Changes	150mg (1 tab bid)	Y N	N/A	HEADACHE, SUICIDAL THOUGHTS/BEHAVIORS, HYPOTENSION, NAUSEA, BLURRED VISION	<ol style="list-style-type: none"> 1. CAN CAUSE HYPONATREMIA/WILL MONITOR SODIUM LEVELS 2. AVOID ALCOHOL-DELERIUM AND COGNITIVE IMPAIRMENT MAY OCCUR 3. CNS/MENTAL STATUS: MOOD, BEHAVIORAL CHANGES, CONFUSION, SUICIDAL THOUGHTS BEHAVIORS– REPORT TO PHYSICIAN 4. WATCH FOR SKIN REACTIONS-REPORT ANY SKIN REACTIONS IMMEDIATELY
				Y N			<ol style="list-style-type: none"> 1. 2. 3. 4.

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				Y N			1. 2. 3. 4.
				Y N			1. 2. 3. 4.