

Adult/Geriatric Medication Worksheet – Current Medications & PRN from 0700-1400 current day

Generic Name	Dosage with route and schedule	IVP-List diluent solution, volume, and rate of administration IVPB- List concentration and rate of administration	Patient specific therapeutic reasoning	Patient specific teaching with reasoning
Carvedilol	12.5mg PO 2x daily	N/A	CHF, CAD, HTN	<ol style="list-style-type: none"> 1. Take with food and change positions slowly. This med taken with food lowers the risk of orthostatic hypotension especially with PVD/neuropathy. 2. Check BP and pulse before each dose & keep a log. If your systolic blood pressure is <100mmHg or HR is <60 bpm, hold medication and call physician. This is to reduce bradycardia and hypotension. 3. Avoid OTC decongestants and NSAIDs unless cleared by your physician. These can raise BP and worsen kidney function. 4. Monitor blood glucose closely and do not skip meals. This med can mask hypoglycemia signs in T2DM. Shakiness, sweating, sudden fatigue, nausea, dizziness and lightheadedness are all signs of hypoglycemia to look out for.
Finasteride	5mg PO daily	N/A	BPH management to reduce prostate size and improve urinary symptoms	<ol style="list-style-type: none"> 1. Expect gradual improvement in urinary symptoms. This med for BPH takes 3-6 months to become effective and improve urine flow. Knowing this helps set realistic expectations so that you don't stop taking the med too soon. 2. Do not donate blood while taking this medication and for 6 months after stopping. If this med is in your bloodstream and the blood is given to a pregnant woman, finasteride can cause male fetal abnormalities. 3. Be aware of sexual side effects like decreased libido or erectile dysfunction. This is important especially with your history of depression since sexual changes could worsen mood.

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				<p>4. Continue routine labs. This med can lower PSA(prostate-specific antigen) levels by 50% which is important for your physician to know for prostate cancer screenings.</p>
Furosemide	IVP 40mg daily	IVP- no diluent solution, 4mL over 2 minutes	CHF, CKD, HTN, COPD	<p>1. Take this med as prescribed and monitor your daily weight. This med is used to reduce fluid overload in CHF and CKD patients. Rapid weight gain can indicate fluid retention, which would require a dose adjustment.</p> <p>2. Monitor for low potassium symptoms like constipation, heart palpitations, extreme fatigue, muscle cramps, muscle spasms and tingling or numbness. This is especially concerning with your CAD/MI history. You may need a potassium supplement or a diet high in potassium like bananas, oranges, avocados, raisins and cantaloupe.</p> <p>3. Take this medication early in the day to maintain hydration. Proper hydration is important to protect your remaining kidney function, especially since you've had a total nephrectomy.</p> <p>4. Watch out for dizziness, lightheadedness or low BP. Invest in an electronic BP cuff or use the free ones at pharmacies, Walmart, CVS. It's important to look out for these signs of low BP because this med lowers blood volume and can cause orthostatic hypotension. With your history of PVD/neuropathy, you are at an increased risk for falls. Rise from a sitting/laying position very slowly and carefully.</p>
Glipizide	10mg PO 2x daily	N/A	T2DM	<p>1. Take this med 30 minutes before meals. This med stimulates insulin release when eating. Taking it before eating maximizes your blood sugar control and will help reduce post-meal hyperglycemia.</p> <p>2. Glipizide can cause low blood sugar so you</p>

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				<p>should watch for signs of hypoglycemia such as shakiness, sweating, confusion or dizziness.</p> <p>3. Check your blood glucose regularly. This will help you track effectiveness of this drug and prevent dangerous highs and lows of blood sugar. This is especially important in CKD patients as yourself since impaired kidney function affects this med clearance (how long your body removes med from system)</p> <p>4. Report any new or worsening symptoms promptly. Persistent nausea, vomiting, unusual fatigue or confusion may mean your blood sugar is too low or other complications. Early reporting of these symptoms can help prevent hospitalization especially since you are on many cardiac and renal medications.</p>
Sitagliptin	50mg PO daily	N/A	T2DM, CKD, CAD, MI, CHF	<p>1. Take sitagliptin once daily at the same time each day. Taking this med consistently will help maintain stable blood sugar levels, especially in patients with T2DM.</p> <p>2. Monitor blood glucose regularly. This med by itself has a low risk of hypoglycemia, but combining it with glipizide increases this risk. Watch out for those signs/symptoms of low blood sugar and report them immediately.</p> <p>3. Report signs of pancreatitis immediately. Though rare, some serious side effects of this med are persistent severe abdominal pain, nausea, and vomiting and these require urgent evaluation. This is most true since you also have diabetes and cardiac comorbidities as well, which can cause these complications to escalate quickly.</p> <p>4. Maintain routine kidney function monitoring and</p>

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				adjust dosing as recommended by your physician. This med is cleared by the kidneys. With your total nephrectomy and your history of CKD, proper dosing is important in order to prevent drug accumulation and toxicity. Since your kidneys aren't functioning as well as they should be, it is possible that this med can stay in your system for longer than intended, causing drug toxicity.
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Allergies: Enalapril

Primary IV fluid and rate: NS @ 70mL/hr

Patient specific reasoning for IV fluids (including type isotonic, hypotonic, hypertonic):

Medication reference: Drugs.com