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

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

Student Name: Click here to enter text.	Unit: Click here to enter text.	Patient Initials: Click here to enter text.	Date: Click here to enter a date.	Allergies: Eggs		
Generic Name	**Pharmacologic Classification**	**Therapeutic Reason**	**Dose, Route & Schedule**	**Is med in therapeutic range? If not, why?**	**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.)**
Precedex	Sedative	ICU/Ventilator Sedation	0.5 mcg/kg/hr	Choose an item. Click here to enter text.	Click here to enter text.	-bradycardia -hypotention -respiratory -N/V	1. monitor heart rate and blood pressure 2. assess level of sedation 3. assess pain level to see if extra pain medications are needed 4. expecy sleepiness, slow heart rate, and low blood pressure
Fentanyl	Analgesics-Opiods	Pain Management	2 mcg/kg/hr	Choose an item. Choose an item.Click here to enter text.	Click here to enter text.	-respiratory -bradycardia -droswiness	1. monitor respiratory rate, depth and O2 sat. 2. LOC 3. urinary output (watch for retention) 4. encourgae fluids, fiber, and stool softners
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Choose an item.Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

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