Student Name: _____ Unit: _____ Pt. Initials: _____ Date: _____

## Pediatric 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 | Therapeutic Range? Is med in therapeutic range? If not, why? | IVP – List diluent solution, volume, and rate of administration<br>IVPB – List concentration and rate of administration | Adverse Effects | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.) |
|---|---|---|---|---|---|---|---|
| none | | | | | | | 1.<br>2.<br>3.<br>4. |
| | | | | | | | 1.<br>2.<br>3.<br>4. |
| | | | | | | | 1.<br>2.<br>3.<br>4. |
| | | | | | | | 1.<br>2.<br>3.<br>4. |
| | | | | | | | 1.<br>2.<br>3.<br>4. |