

# Intro to Pharmacology Paperwork

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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 |
|------------------------------------|---------------------------------|--------------------------|----------------------|---------------------------------|
|                                    | Isotonic/ Hypotonic/ Hypertonic |                          |                      |                                 |

| Generic Name | Pharmacologic Classification | Therapeutic Reason | Dose, Route & Schedule | Correct Dose? If no, what is correct? | If IVPB, list rate & appropriate infusion time frame | Adverse Effects | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/ Contraindications, Etc.) |
|--------------|------------------------------|--------------------|------------------------|---------------------------------------|------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------|
|              |                              |                    |                        | Y N                                   |                                                      |                 | 1.<br>2.<br>3.<br>4.                                                                           |
|              |                              |                    |                        | Y N                                   |                                                      |                 | 1.<br>2.<br>3.<br>4.                                                                           |
|              |                              |                    |                        | Y N                                   |                                                      |                 | 1.<br>2.<br>3.<br>4.                                                                           |
|              |                              |                    |                        | Y N                                   |                                                      |                 | 1.<br>2.<br>3.<br>4.                                                                           |
|              |                              |                    |                        | Y N                                   |                                                      |                 | 1.<br>2.<br>3.<br>4.                                                                           |

# Let's Do One Together

## Medication Work Sheet - Page 1

Allergies: \_\_\_\_\_

Student

Joe Schmoe

Name: \_\_\_\_\_

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

| Generic Name | Pharmacologic Classification | Therapeutic Reason | Dose, Route & Schedule | Correct Dose?<br>If no, what is correct? | If IVPB, list rate & appropriate infusion time frame | Adverse Effects | Appropriate Nursing Assessment, Teaching, Interventions<br>(Precautions/ Contraindications, Etc.) |
|--------------|------------------------------|--------------------|------------------------|------------------------------------------|------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------|
|              |                              |                    |                        | Y    N                                   |                                                      |                 | 1.<br>2.<br>3.<br>4.                                                                              |



| Generic Name                                                                                                   | Pharmacologic Classification                                                                                             |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <p data-bbox="423 711 668 765">Ibuprofen</p> <p data-bbox="170 805 672 911">Brand Names: Advil,<br/>Motrin</p> | <p data-bbox="1344 719 1512 765">NSAID</p> <p data-bbox="1062 799 1692 885">Non-Steroidal Anti-Inflammatory<br/>Drug</p> |

| Therapeutic Reason                                                                                           | Dose, Route & Schedule                                                        | Correct Dose?<br>If no, what is correct?    | If IVPB, list rate & appropriate infusion time frame |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------|
| Mild-Moderate pain, fever, dysmenorrhea, osteoarthritis<br>OTC Label: Reduction of fever, management of pain | Pain/antipyretic: 400mg PO Q4-6H PRN<br><br>Arthritis: 400-800mg PO Q6-8H PRN | <div data-bbox="1072 621 1130 671"></div> N | N/A                                                  |

| Adverse Effects                                                                                                   | Appropriate Nursing Assessment, Teaching, Interventions<br>(Precautions/ Contraindications, Etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Heartburn, Nausea, GI bleed,<br>GI inflammation, Tinnitus<br>Cardiovascular Edema (Rare),<br>Dizziness, Skin Rash | <ol style="list-style-type: none"> <li>1. Increased risk of cardiovascular thrombotic events (MI, Stroke), Contraindicated in patients with coronary artery bypass graft (CABG) because of increased risk of bleeding, so caution in patients with extensive cardiac history, monitor cardiac function closely.</li> <li>2. Caution: 65 years old and greater/Pts with HX of peptic ulcer Disease &amp;/or GI bleed because they are at greater risk for serious GI bleed, irritation, ulceration, and perforation (Beers Criteria)</li> <li>3. Administer with food or milk to decrease GI distress</li> <li>4. Caution in patients with Renal failure – nephrotoxicity can happen. Patients with Liver failure need to monitor liver function tests while on ibuprofen – hepatotoxicity can occur</li> </ol> |

# Pertinent Information

- Make the information on the medication sheet make sense to you
  - You want to be able to use these sheets to talk and teach these medications to your patients.
- If you don't know the “what” or “why” behind the patient receiving this medication, there is no way the 7 rights of administration can be delivered.
- Study guide and Learning tool
- Don't pick “easy” patients
  - You are in charge of your learning experience on each floor

# Appropriate References



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