

Adult/Geriatric Medication Worksheet - Current Medications & PRN from 12pm prior day to 12pm current day

Allergies:

Primary IV fluid and rate:

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

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
Gabapentin	300 mg PO TID	N/A	Neuropathy	<p>1. Until you know how this medication affects you, avoid driving and/or operating heavy machinery; this medication can cause issues like ataxia, dizziness, and somnolence</p> <p>2. Avoid any alcohol consumption; and avoid opioid use in conjunction with this medication unless authorized by HCP; CNS and serious respiratory depression may occur; report any alterations to LOC or breathing immediately</p> <p>3. Changes to mental health can occur while taking this; depression, anxiety and suicidal thoughts may be experienced; any alterations such as these are serious and need to be reported to HCP</p>

Adult/Geriatric Medication Worksheet - Current Medications & PRN from 12pm prior day to 12pm current day

Allergies:

Primary IV fluid and rate:

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

Hydrochlorothiazide	12.5 mg (0.5 tablet) PO Daily	N/A	Hypertension	<p>1. While on this medication it is important to avoid exposure to sunlight/ artificial sunlight as photosensitivity is common; wear protective clothing that covers the skin</p> <p>2. Due to the excretion and shift of fluids because of the diuretic properties, orthostatic hypotension is a common side effect; you should change positions slowly, especially when trying to stand</p> <p>3. The best way you can monitor fluid shifts while on this medication (diuretic) is to do perform a daily weight check (same clothing, scale time); This will ensure there is no fluid excess or losing too much fluid leading to a hypervolemia/hypovolemia crisis</p>
Pantoprazole	40 mg PO Daily	N/A	GERD/Decrease acid to reduce nausea symptoms	<p>1. Headaches can be frequent and painful on this medication; notify HCP and take OTC for relief like Tylenol</p>

Adult/Geriatric Medication Worksheet – Current Medications & PRN from 12pm prior day to 12pm current day

Allergies:

Primary IV fluid and rate:

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

				<p>2. Monitor for changes to bowel movements as diarrhea is a common side effect(drink fluids to prevent fluid deficits); If diarrhea increases accompanied by blood in stool and a distinct odor change there is an increased risk for C. diff, report immediately</p> <p>3. Skin changes or irritation like itching, lesions, swelling needed to be reported immediately as this may be early signs if a hypersensitivity reaction</p>
Senna	8.6 mg PO BID	N/A	Constipation	<p>1. An adverse effect of this medication can be constipation/GI perforation instead the intended effect (laxative); abdominal pain and distention be early signs of an emergent health issue</p> <p>2. Changes in the GU may appear i.e. yellow-brown urine due to the excretion of the metabolites from the senna; this is common</p>

Adult/Geriatric Medication Worksheet - Current Medications & PRN from 12pm prior day to 12pm current day

Allergies:

Primary IV fluid and rate:

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

				<p>and harmless; will go away once the medication is stopped</p> <p>3. Take this medication as prescribed by the HCP; do NOT use longer than a week unless the HCP authorizes you to do so</p>
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
Rosuvastatin	5 mg PO Daily	N/A	Hyperlipidemia	<p>1. Any muscle pain or aches that persist may be indicative of a serious condition like rhabdomyolysis; linked side effect to this medication, report ASAP</p> <p>2. Dark urine, yellow skin and sclera, widespread pruritus and abdominal distention should be reported immediately; Acute liver failure is suspected, and can be an effect of this medication</p> <p>3. Since you have T2DM, it is pertinent to regularly check</p>

Adult/Geriatric Medication Worksheet - Current Medications & PRN from 12pm prior day to 12pm current day

Allergies:

Primary IV fluid and rate:

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

				blood glucose levels as this drug can caused increased/sustained hyperglycemia (polyuria, polydipsia, polyphagia); Regular communication with your HCP is important
Morphine	1-2 mg IVP PRN (Q 2hr for severe pain)	IVP, 1-2 mg / mL, pushed over 2-3 minutes	Severe Pain Management	<p>1. Take this medication as prescribed by the physician; Opiate addiction and dependency may develop with inappropriate regiment or abuse of this medication</p> <p>2. Do not consume alcohol or take medications that affect the CNS like benzodiazepines (Lorazepam); Can lead to life-threatening respiratory depression; report any alterations to mentation, breathing patterns, or impaired mobility</p> <p>3. Avoid driving, operating heavy machinery or activities that demand mental acuity/reactive motor function until you know how the medication affects you;</p>

Adult/Geriatric Medication Worksheet - Current Medications & PRN from 12pm prior day to 12pm current day

Allergies:

Primary IV fluid and rate:

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

				can lead to serious or fatal injuries
Hydralazine	10 mg / 0.5mL IVP PRN (Q 4hr for sys BP 160+)	IVP, 10 mg / 0.5mL, pushed over 3-5 minutes	Hypertension	<p>1. This medication can work too effectively and cause severe hypotension (fatigue, confusion, weakness); needs to be reported ASAP</p> <p>2. This medication requires a weening period when discontinued as it may lead to a rapid rise in blood pressure; HCP should be involved heavily and should be aware of spikes in blood pressure</p> <p>3. Tingling, paresthesia, peripheral neuritis may be a sign of overmedication; numbness, burning pain, and weakness have to be reported immediately as these can cause debilitation</p>
Methocarbamol	500 mg PO PRN (Q 6hr for muscle spasms)	N/A	Muscle Spasms	1. LOC alterations such as drowsiness, dizziness, and fatigue are common; avoid engaging in activities requiring mental acuity and motor

Adult/Geriatric Medication Worksheet – Current Medications & PRN from 12pm prior day to 12pm current day

Allergies:

Primary IV fluid and rate:

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

				<p>function until you know how you tolerate this medication; report these s/s to HCP</p> <p>2. This medication can cause GI upset, so you should plan on taking this with a meal if possible</p> <p>3. Do NOT take any other muscle relaxers, opioids, or consume alcohol while on this; may lead to a dangerous depression CNS and respiratory failure</p>
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
Fluticasone	50 mcg / spray (1 spray per nostril; 2 total) Intranasal PRN (Daily for allergies)	N/A	Allergies	<p>1. This medication may mask an acute infection; report any s/s (chills, fever, etc) immediately or sudden changes to physical health; immunosuppressed patients should AVOID this medication</p> <p>2. Use this drug cautiously and under supervision of a HCP as it</p>

Adult/Geriatric Medication Worksheet - Current Medications & PRN from 12pm prior day to 12pm current day

Allergies:

Primary IV fluid and rate:

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

				<p>may delay wound healing after an acute injury or surgery; delayed healing or further deterioration of a wound needs to be reported ASAP</p> <p>3. Mucosal membranes, especially those in the nose, should be monitored closely; epistaxis, ulceration, erythema, and edema are common s/s when using this medication and should be reported at once</p>
Phenol	1 spray Oropharyngea l PRN (Q 3hr for sore throat)	N/A	Sore throat	<p>1. After the medication is sprayed into the throat wait 15 seconds and then expectorate any residual liquid from the throat</p> <p>2. If the sore throat and other oropharyngeal symptoms persist for longer than 7 days, stop taking the medication and contact your HCP</p> <p>3. Do NOT take this medication with MAOIs (Phenelzine, Selegiline, etc) as this may inhibit</p>

Adult/Geriatric Medication Worksheet - Current Medications & PRN from 12pm prior day to 12pm current day

Allergies:

Primary IV fluid and rate:

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

				the effects of the drug rendering them ineffective
--	--	--	--	--

Medication reference: Medscape