

Student Name: Yaya Kabua

Unit: Geriatric Unit

Pt. Initials: BD

Date: 01/20/26

Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: NKA

| 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                     | Correct Dose? If not, what is correct dose? | IVP – List solution to dilute and rate to push.<br>IVPB – List ml/hr and time to give | Adverse Effects   | Appropriate Nursing Assessment, Teaching, Interv (Precautions/Contraindications, Etc.)   |
|----------------------|--|--------------------|--|---|---|---|--|
| Hydroxyzine Pamoate  | Antihistamine (H1 receptor antagonist)<br>Anxiolytic | anxiety            | 50mg<br>1 cap<br>PO Qd<br>PRN anxiety      | Y<br>N                                      | N/A   | Drowsiness, dry mouth, dizziness, blurred vision                                | 1. Assess level of anxiety before or after adm<br>2. Monitor for excessive sedation<br>3. Teach pt to avoid alcohol or CNS depressants<br>4. Use caution w/ activities requiring alertness |
| Lamotrigine          | Anticonvulsant<br>mood stabilizer                    | mood changes       | 200mg<br>2 tabs<br>PO Qday<br>mood changes | Y<br>N                                      | N/A   | Dizziness, HA, Nausea, Rash   | 1. Monitor mood and behavior changes<br>2. Assess for rash – report immediately (risk of Stevens-Johnson Syndrome)<br>3. Do not stop abruptly<br>4. Educate pt on importance of adherence  |
| Gabapentin           | Anticonvulsant<br>neuropathic pain agent             | severe anxiety     | 900mg<br>3 caps<br>PO w/ bedtime           | Y<br>N                                      | N/A   | Drowsiness, Dizziness, Fatigue, Ataxia  | 1. Monitor for sedation and dizziness<br>2. Assess anxiety and sleep patterns<br>3. Use full precautions<br>4. Do not discontinue abruptly   |
| Escitalopram Oxalate | SSRI   | severe depression  | 40mg<br>2 tabs<br>PO Qday                  | Y<br>N                                      | N/A   | Nausea, insomnia or drowsiness, sexual dysfunction, increased anxiety initially | 1. Monitor for suicidal ideation, esp early tx<br>2. Educate pt that effects may take 2-4 wks<br>3. Do not stop abruptly<br>4. Monitor for serotonin syndrome                              |
| Quetiapine Fumarate  | Atypical antipsychotic                               | mood changes       | 300mg<br>1 tab<br>PO w/ bedtime            | Y<br>N                                      | N/A   | Sedation, weight gain, orthostatic hypotension, Dizziness                       | 1. Monitor mood and behavior changes<br>2. Assess for orthostatic hypotension<br>3. Monitor weight and metabolic changes<br>4. Educate pt to rise slowly from sitting/lying positions      |
| Divalproex Sodium    | Anticonvulsant/<br>mood stabilizer                   | mood changes       | 1000mg<br>2 tab<br>PO Q bedtime            | Y   | N/A   | Nausea, Tremor, weight gain, Hepatotoxicity                                     | 1. monitor liver function tests<br>2. Assess mood stabilization & behavior<br>3. Educate pt not to stop abruptly<br>4. Monitor for signs of toxicity (confusion, vomiting)                 |