Student Name: Clare Perales Unit: NICU Pt. Initials: R.O. Date: 1-28-26

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

Allergies: NKDA

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 10mg/kg PO	Therapeutic Range? 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.)
Caffeine citrate	CNS Stimulants	treat apnea of prematurity	20mg/mL 1.1mL 22mg daily 1.1mL	10mg/kg/day - 20mg yes		tachycardia vomiting abdominal distension	1. watch for hypersensitivity or allergic reaction 2. monitor for tachycardia sign of toxicity 3. assess for signs of feeding intolerance 4. observe for restlessness, shaking or irritability
Chlorothiazide	thiazide diuretic	HTN	0.28mL BID PO	10mg/kg/day - 20 yes		hyponatremia hyperglycemia ↑ thirst ↑ urine output	1. monitor daily weights, I&Os, 2. regularly check serum electrolytes 3. monitor bp daily 4. monitor for signs of pulmonary edema : crackles, dyspnea
morphine	Opioid agonist	pain	0.1mL Q3HR PRN PO	0.1mg/kg/dose yes		↓ Respirations hypotension urinary retention	1. monitor RR 2. monitor bradycardia & hypotension 3. monitor for constipation & urine retention 4. teach S/S of NAS & weaning
potassium chloride	electrolyte	electrolyte maintenance	1.7mL Q12HR PO	1.5mEq/kg yes		pain GI upset hyperkalemia	1. continually monitor ECG 2. monitor I&Os, daily weights 3. monitor for signs of hyperkalemia & hypokalemia 4.
Desitin 40% paste	Topical Skin protectant	Diaper rash /Barrier agent	topical applicator PRN	\		allergic reactions: rash, itchy, hives swelling of skin	1. Make sure to keep the butt dry 2. apply at every diaper change to front rash 3. use loose fitted diapers 4. avoid boric acid, fragrance

Adopted: August 2016

Student Name: Clare Perales

NICU Disease Process Map

D.O.B. 11-13-25 APGAR at birth 4 1min, 8 5min

Gestational Age 25w2d Adjusted Gestational Age 36w1d

650g Birthweight 1 lbs. 6.9 oz./ 650 grams

2150g Current weight 4lbs. 11.8oz 2150g

Disease Name: NAS

What is happening in the body?

The body is reacting to the sudden cessation of drugs. The NB's central nervous system becomes overstimulated b/c the substances are no longer present.

What am I going to see during my assessment?

- irritability & high-pitched cry
- tremors / shaking
- hyperactive reflexes
- sneezing
- loose stools → diaper rash

What tests and labs would I expect to see? What are those results?

Finnegan scoring system: <8

drug screen: meconium, urine, umbilical cord

metabolic: ↓glucose, electrolytes → ↓Ca, ↓mg
dehydration

What medications and nursing interventions or treatments will you anticipate?

med: morphine, methadone, buprenorphine

int: quiet, low-light calm environment - swaddle, small frequent meals, FNAST & Eat, sleep, console, skin care for bottom

Please write up any medications given or any medications that your patient is on using a separate medication sheet.

How will you know that your patient is improving?

Finnegan score decreases, baby shows improved ability to "Eat, sleep, & console, improved feeding, sleep for at least an hour, fewer symptoms: tremors, sweating, vomiting

What are the primary risk factors for this diagnosis?

Severe withdraul, tremor, seizures
high-pitched crying
rapid onset & prolonged withdraul

What are the long-term complications?

developmental delays, behavioral issues, learning disabilities, speech/language delays, motor skill decline