

PT RM 76

Pediatric Floor Patient #1

INTAKE/OUTPUT													
PO/Enteral Intake	07	08	09	10	11	12	13	14	15	16	17	18	Total
PO Intake/Tube Feed							50	20	10	10	20	0	110mL
Intake - PO Meds							0	0	0	0	0	0	0mL
IV INTAKE	07	08	09	10	11	12	13	14	15	16	17	18	Total
IV Fluid							62	62	62	62	62	62	420 372mL
IV Meds/Flush							0	0	0	0	0	0	0mL
Calculate Maintenance Fluid Requirement (Show Work)							Actual Pt IV Rate 62mL/hr						
$100mL \times 10kg$ $50mL \times 10kg$ $20mL \times 1.9kg$ $\rightarrow 150mL + (20 \times 1.9)$ $153.8mL/hr$							Rationale for Discrepancy (if applicable) N/A						
OUTPUT	07	08	09	10	11	12	13	14	15	16	17	18	Total
Urine/Diaper							23	24	27	27	28	R/R	96mL
Stool													
Emesis													
Other													
Calculate Minimum Acceptable Urine Output							Average Urine Output During Your Shift						
$mL/kg/hr$ $1mL \times 21.4kg = 21.4mL/hr$							24mL/hr						

Children's Hospital Early Warning Score (CHEWS)	
(See CHEWS Scoring and Escalation Algorithm to score each category)	
Behavior/Neuro	Circle the appropriate score for this category: 0 1 2 3
Cardiovascular	Circle the appropriate score for this category: 0 1 2 3
Respiratory	Circle the appropriate score for this category: 0 1 2 3
Staff Concern	1 pt - Concerned 0
Family Concern	1 pt - Concerned or absent 1
CHEWS Total Score = 1 Green	
CHEWS Total Score	Total Score (points) 1
	Score 0-2 (Green) - Continue routine assessments
	Score 3-4 (Yellow) - Notify charge nurse or LIP, Discuss treatment plan with team, Consider higher level of care, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications
	Score 5-11 (Red) - Activate Rapid Response Team or appropriate personnel per unit standard for bedside evaluation, Notify attending physician, Discuss treatment plan with team, Increase frequency of vital signs/CHEWS/assessments, Document interventions and notifications

Appearance: Healthy/Well Nourished
 Neat/Clean Emaciated Unkept
Developmental age:
 Normal Delayed

NEUROLOGICAL

LOC: Alert Confused Restless
 Sedated Unresponsive
Oriented to:
 Person Place Time/Event
 Appropriate for Age
Pupil Response: Equal Unequal
 Reactive to Light Size 4mm
Fontanel (Pt < 2 years): Soft Flat
 Bulging Sunken Closed
Extremities:
 Able to move all extremities
 Symmetrically Asymmetrically
Grips: Right S Left S
Pushes: Right S Left S
S=Strong W=Weak N=None
EVD Drain: Yes No Level
Seizure Precautions: Yes No

RESPIRATORY

Respirations: Regular Irregular
 Retractions (type) _____
 Labored
Breath Sounds:
Clear Right Left
Crackles Right Left
Wheezes Right Left
Diminished Right Left
Absent Right Left
 Room Air Oxygen
Oxygen Delivery:
 Nasal Cannula: 1 L/min
 BiPap/CPAP: _____
 Vent: ETT size 1 @ 1 cm
 Other: _____
Trach: Yes No
Size _____ Type _____
Obturator at Bedside Yes No
Cough: Yes No
 Productive Nonproductive
Secretions: Color none
Consistency none
Suction: Yes No Type _____
Pulse Ox Site finger
Oxygen Saturation: 96%

Pulse: Regular Irregular
 Strong Weak Thready
 Murmur Other _____
Edema: Yes No Location _____
 1+ 2+ 3+ 4+
Capillary Refill: < 2 sec > 2 sec
Pulses:
Upper R 3+ 3+
Lower R 3+ 3+
4+ Bounding 3+ Strong 2+ Weak
1+ Intermittent 0 None

ELIMINATION

Urine Appearance: yellow, clear
Stool Appearance: non bloody, loose
 Diarrhea Constipation
 Bloody Colostomy

GASTROINTESTINAL

Abdomen: Soft Firm Flat
 Distended Guarded
Bowel Sounds: Present X 4 quads
 Active Hypo Hyper Absent
Nausea: Yes No
Vomiting: Yes No
Passing Flatus: Yes No
Tube: Yes No Type _____
Location _____ Inserted to _____ cm
 Suction Type: _____

NUTRITIONAL

Diet/Formula: normal diet
Amount/Schedule: _____
Chewing/Swallowing difficulties:
 Yes No
not wanting to eat hospital food

MUSCULOSKELETAL

Pain Joint Stiffness Swelling
 Contracted Weakness Cramping
 Spasms Tremors
Movement:
 RA LA RL LL All
Brace/Appliances: None
Type: _____

MOBILITY

Ambulatory Crawl In Arms
 Ambulatory with assist _____
Assistive Device: Crutch Walker
 Brace Wheelchair Bedridden

Social Status: Calm/Relaxed Quiet
 Friendly Cooperative Crying
 Uncooperative Restless
 Withdrawn Hostile/Anxious
Social/emotional bonding with family:
 Present Absent

IV ACCESS

Site: Left upper INT None
 Central Line
Type/Location: _____
Appearance: No Redness/Swelling
 Red Swollen
 Patent Blood return
Dressing Intact: Yes No
Fluids: DSMS + 20KCl @ 62 mL/h

SKIN

Color: Pink Flushed Jaundiced
 Cyanotic Pale Natural for Pt
Condition: Warm Cool Dry
 Diaphoretic
Turgor: < 5 seconds > 5 seconds
Skin: Intact Bruises Lacerations
 Tears Rash Skin Breakdown
Location/Description: swelling I left arm
Mucous Membranes: Color: normal
 Moist Dry Ulceration

PAIN

Scale Used: Numeric FLACC Faces
Location: None
Type: None
Pain Score:
0800 0 1200 0 1600 0

WOUND/INCISION

None
Type: _____
Location: _____
Description: _____
Dressing: _____

TUBES/DRAINS

None
 Drain/Tube
Site: _____
Type: _____
Dressing: _____
Suction: _____
Drainage amount: _____
Drainage color: _____

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IM5 Clinical Worksheet – Pediatric Floor

<p>Student Name: CESAREO MELENDEZ Date: 01-28-2026</p>	<p>Patient Age: 6 Patient Weight: 21.4kg</p>
<p>1. Admitting Diagnosis and Pathophysiology (State the pathophysiology in own words)</p> <p>FEVER, HEREDITARY SPHEROCYTOSIS (INHERITED BLOOD DISORDER WHERE RED BLOOD CELLS ARE ABNORMALLY SPHERICAL AND FRAGILE)</p>	<p>2. Priority Focused Assessment You Will Perform Related to the Diagnosis:</p> <p>HEART RATE, BLOOD PRESSURE, CAP REFILL FOR CARDIOVASCULAR HEALTH DUE TO THE ABNORAMAL SHAPE OF RBC's.</p>
<p>3. Identify the most likely and worst possible complications.</p> <p>HEMOLYTIC CRISIS, WORSENING ANEMIA, JAUNDICE, SPLEEN ISSUES SUCH AS ENLARGMENT. THE MOST SEVERE IS APLASTIC CRISIS, OR THE CESSATION OF RBC PRODUCTION.</p>	<p>4. What interventions can prevent the listed complications from developing?</p> <p>INTERVENTIONS FOCUS ON MAINTAINING AND KEEPING AT A STABLE LEVEL THE PRODUCTION OF RBC's IN THE BODY, PROTECTING AGAINST INFECTIONS. GIVING POSSIBLE FOLIC ACID SUPPLEMENTS TO HELP BODY BUILD NEW CELLS. ANNUAL FLU VACCINES, STRICK HAND HYGIENE, KEEPING AWAY FROM SICK INDIVIDUALS, ROUTINE COMPLETE BLOOD COUNTS AND BILIRUBIN CHECKS</p>
<p>5.What clinical data/assessments are needed to identify these complications early?</p> <p>COMPLETE BLOOD COUNTS AND BILIRUBIN LEVEL CHECKS HELP IDENTIFY LOW HEMOGLOBIN LEVELS BEFORE THEY BECOME SEVERE.</p>	<p>6. What nursing interventions will the nurse implement if the anticipated complication develops?</p> <p>WE WILL WANT TO MAINTAIN AND STABILIZE O2 SAT LEVELS. WE MAY NEED TO ANTICIPATE AND PREPARE FOR A BLOOD TRANSFUSION, WE WILL ADMINISTER OXYGEN IF HYPOXIA SYMPTOMS BECOME PRESENT. ALSO TO MINIMIZE THE BODY'S USE OF OXYGEN WE WILL IMPLEMENT A STRICT REST PERIOD AND PROVIDE CLUSTER CARE.</p>

Student Name: CESAREO MELENDEZ Date: 01-28-2026	Patient Age: 6 Patient Weight: 21.4kg
7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient. 1. DISTRACTION TECHNIQUES, FOR EXAMPLE BLOWING BUBBLES, PLAYING VIDEO GAMES, WATCHING VIDEOS. 2. COMFORT POSITIONS SUCH AS HAVING PARENT HOLD CHILD WHILE UNDERGOING PROCEDURES OR MEDICATION ADMINISTRATION.	8. Patient/Caregiver Teaching: 1. KNOW SIGNS OF SEVERE ANEMIA, PALE COLOR, SUDDEN LETHARGY, SHORTNESS OF BREATH. SEEK EMERGENCY HELP IMMEDIATELY IF ANY OF THOSE SIGNS APPEAR. 2. TREAT EVERY INFECTION SERIOUSLY, IF FEVER DEVELOPS ABOVE 101 FARENHEIT SEEK IMMEDIATE MEDICAL HELP AS FEVER IS A COMMON TRIGGER FOR A BLOOD CRISIS. 3. MANAGE JAUNDICE, KNOW HOW TO CHECK THE WHITES OF EYES AND REPORT ANY SUDDEN YELLOWING, OR YELLOWING OF SKIN. Any Safety Issues identified: NONE

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	24.08	ELEVATED, COULD INDICATE AN ACUTE INFECTION OR BLOOD CRISIS TRIGGER
Metabolic Panel Labs		
BUN	3	BODY IS IN A HIGH RATE OF CELL PRODUCTION, USING UP NITROGEN THUS LOWERING BUN LEVELS. COULD INDICATE PT IS NOT HYDRATED
Misc. Labs		
Absolute Neutrophil Count (ANC) (if applicable)	12.89	CONFIRMS ACUTE BACTERIAL INFECTION
Lab TRENDS concerning to Nurse?		
YES, THE WBC OF 24.08 AND THE ANC OF 12.89. BOTH INDICATE AN ACTIVE INFECTION, BACTERIAL OR VIRAL. THESE INFECTIONS ARE THE PRIMARY TRIGGER FOR PATIENTS WITH HEREDITARY SPHEROCYTOSIS THAT INDICATE A BLOOD CRISIS.		

Student Name: CESAREO MELENDEZ
Date: 01-28-2026

Patient Age: 6
Patient Weight: 21.4kg

11. Growth & Development:

***List the Developmental Stage of Your Patient For Each Theorist Below.**

***Document 2 OBSERVED Developmental Behaviors for Each Theorist.**

***If Developmentally Delayed, Identify the Stage You Would Classify the Patient:**

Erickson Stage: INDUSTRY vs INFERIORITY STAGE

- 1. PATIENT WAS FEELING INFERIOR OVER HIS SWOLLEN LEFT ARM. WOULD NOT ALLOW PROVIDERS TO LOOK AT IT, KEPT IT HIDDEN FROM SIGHT WHEN PROVIDERS WOULD COME INTO ROOM.**
- 2. PATIENT SHOWED INDUSTRY/COMPETENCE WHEN I PRAISED HIM FOR HELPING ME IN CHECKING HIS O2 SATS BY LOWERING HIS ARM AND RELAXING AND PRETENDING TO BLOW A BUBBLE. THIS ALLOWED HIS O2 SATS TO BE READ CORRECTLY AS THE MONITOR WAS BEEPING BEFORE I TRIED THE ABOVE STEPS.**

Piaget Stage: PREOPERATIONAL STAGE

- 1. WHEN I ASKED PT ABOUT HIS "OWIE", LEFT ARM SWOLLEN FROM POSITIONAL, HE BELIEVED IT WAS DUE TO THE "MEAN" IV MACHINE.**
- 2. PT BELIEVED SPIDERMAN WAS GOING TO COME AND TAKE HIM "WEB SWINGING" OUT OF THE HOSPITAL WINDOW ONCE HE GOT BETTER AND DISCHARGED.**

**Please list any medications you administered or procedures you performed during your shift:
MEDICATIONS WERE NOT ADMINISTERED. HOWEVER I COMPLETED A PHYSICAL ASSESSMENT AND TOOK A COMPLETE SET OF VITALS FOR PATIENT.**

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

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
D5NS + KCL20 Infused @ 62mL/hr	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input checked="" type="checkbox"/>	Pt has had little to no PO intake since admission, IVF used for hydration, electrolyte maintenance(K+), calories(Dextrose)	SERUM ELECTROLYTES(K+, Na+), BUN, BLOOD GLUCOSE	CONTRAINDICATED IF PT HAS HYPERKALEMIA, POOR RENAL FUNCTION, HYPERGLYCEMIA THAT IS UNCONTROLLED

Student Name: CESAREO MELENDEZ		Unit: PEDS FLOOR 3	Patient Initials: RM 76	Date: 1/28/2026	Allergies: NKDA, and NKA		
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	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.)
AZITHROMY CIN	BROAD- SPECTRUM MACROLIDE ANTIBIOTIC	USED TO TREAT VARIOUS BACTERIAL INFECTIONS	105mg in NS 0.9% 100mL IVPB ORDERED DOSE: 5mg/kg x 21.1kg 105mg : 10.1mL/hr EVERY 24HRS	Yes Click here to enter text.	IVPB 105mg in NS 0.9% 100ml, 10.1mL/hr every 24 hrs	CAN CAUSE CARDIAC STATUS CHANGES (PROLONGING QT INTERVAL)	1. WE WILL ASSESS FOR ALLERGIC REACTION TO ANTIBIOTIC, SUCH AS MONITORING FOR RASH/ ITCHING, SWELLING, SHORTNESS OF BREATH 2. CAN CAUSE GI ISSUES, REPORT ANY SEVERE AND SUDDEN DIARRHEA 3. REPORT HEART BEAT CHANGES, PALPITATIONS, DIZZINESS, FAINTING AS WE NEED TO ASSESS FOR RISK OF QT PROLONGATION RISK. 4. WE WILL GIVE MEDICATION AT THE SAME TIME EACH DAY SO WE CAN ASSESS THE RESPONSE INFECTION HAS TO MEDICATION

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CEFTRIAXONE	BROAD-RANGE ANTIBIOTIC	Broad-range antibiotic, *can be used off label for Chronic Obstructive Pulmonary Disease if possibility it was caused by a bacterial agent.	1560mg in D5 IV PUSH 40mg/mL 1560mg : 78mL/hr every 24hrs	Yes Click here to enter text.	IVP, DILUENT: DEXTROSE 5%, 40mg/mL 1560mg : 78mL/hr every 24hrs	CAN CAUSE GI ISSUES, ESP. WATERY/BLOODY STOOLS (C. DIFF.)	<ol style="list-style-type: none"> 1. Complete medication regimen that doctor has set even if you feel better, not finishing medication as prescribed could cause infection to return. 2. Report sudden bowel movement changes such as diarrhea, as it could indicate possible infection with C. Difficile. 3. Report any sudden skin rashes as it could indicate allergic reaction to medication. 4. Report sudden fatigue, weakness, pale skin, darker urine as it could indicate risk of anemia from taking medication. <ol style="list-style-type: none"> 2. 3. 4.
ACETAMINOPHEN	non-opioid analgesic AND antipyretic	PAIN AND FEVER REDUCER	325mg PO Q6hrs PRN	Yes Click here to enter text.	N/A	LIVER DAMAGE FROM OVERDOSE	<ol style="list-style-type: none"> 1. WE WILL USE AGE APPROPRIATE PAIN SCALE TO REASSESS PAIN LEVEL TO DETERMINE EFFECTIVENESS OF MEDICATION 2. WE WILL ADMINISTER MEDICATION BASED ON CHILD'S WEIGHT TO AVOID

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Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	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.)
							<p>OVERDOSING AND REDUCE RISK FOR LIVER DAMAGE.</p> <p>3. REPORT ANY KEEP TRACK OF ANY OTHER MEDICATIONS, OR OTC MEDS THAT MAY CONTAIN ACETAMINOPHEN AS ONE OF THEIR ACTIVE INGREDIENTS, DO NOT GIVE MORE THAN 4grams or 4000mg in 24 hrs.</p> <p>4. REPORT SIGNS OF SUDDEN NAUSEA, VOMITING, ABDOMINAL PAIN AS IT COULD INDICATE TOXICITY TO MEDICATION.</p>
IBUPROPHE N	NSAIDS	REDUCES INFLAMMATIO N, PAIN AND FEVER	100mg/5 mL suspensio n 200mg PO Q6hrs PRN	Yes Click here to enter text.	n/a	CAN CAUSE GASTROINTESTI NAL ISSUES SUCH AS GAS, N/V, HEARTBURN, CONSTIPATION, DIARRHEA	<p>1. TO AVOID STOMACH UPSET, CAN BE GIVEN WITH FOOD OR MILK</p> <p>2. REPORT BOWEL MOVEMENT CHANGES SUCH AS BLOODY STOOLS, COULD INDICATE POSSIBLE GI BLEED</p> <p>3. To ensure medication effectiveness we will assess and reassess fever and pain after giving child medication.</p> <p>4. We will closely monitor child's hydration and urine output as medication can cause</p>

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Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	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.)
							renal issues if given too much. Report any urine changes, darker or bloody urine.
ONDANSETRON	ANTINAUSEA AND ANTIEMETIC	USED TO CONTROL NAUSEA AND VOMITING	4mg/5mL liquid 2.16mg PO Q6hrs PRN	Yes Click here to enter text.	n/a	CAN CAUSE BOWEL MOVEMENT CHANGES, FOR EXAMPLE CONSTIPATION	<ol style="list-style-type: none"> 1. Known to cause constipation, report any changes in bowel movements such as harder to pass stools so that we may consult with provider if needed and request stool softener medication. 2. REPORT IMMEDIATELY if you feel sudden fast, pounding heartbeat, chest pain, as medication is known to affect heart rhythm. 3. We will reassess nausea and vomiting after we administer medication to ensure effectiveness and to make sure we are only giving it if needed. 4. Headache is a common side effect but report if headache becomes more severe.

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Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	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.)
PETROLATUM OINTMENT	TOPICAL EMOLLIENT	PROTECT SKIN FROM DRYING OR IRRITATION, KEEPS SKIN MOISTURIZED	TOPICAL BID PRN, DRY SKIN	Yes Click here to enter text.	n/a	POSSIBLE SKIN IRRITATION OR ALLERGIC REACTION	<ol style="list-style-type: none"> 1. BEFORE APPLYING MEDICATION WE WILL ASSESS THE CONDITION OF CHILDS SKIN, FOR EXAMPLE DRYNESS, CRACKS, IRRITATION TO ASSESS EFFECTIVENESS. 2. WE WILL CLEAN AND GENTLY DRY THE SKIN BEFORE APPLYING AND APPLY A THIN LAYER AS NEEDED. 3. IF IRRITATION OR RASH DOES DEVELOP WE WILL NEED TO DISCONTINUE AND REPORT TO PROVIDER TO SEE WHAT NEXT STEPS WOULD BE. 4. AVOID APPLYING TO OPEN WOUNDS OR SITES OF INFECTIONS UNLESS ORDERED BY PROVIDER.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

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Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
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Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

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Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> 1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

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

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
N/A	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	N/A	N/A	N/A

Student Name: CESAREO MELENDEZ		Unit: PEDS FLOOR 3	Patient Initials: RM 78		Date: 1/28/2026	Allergies: NKDA AND NKA	
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INSULIN LISPRO	ANTIDIABETIC MEDICATION/RAPID ACTING INSULIN	POSTPRANDIAL BLOOD GLUCOSE CONTROL	ORDERED DOSE 0.8units /kg/day SUB Q QID BEFORE MEALS AND BEDRTIME ALSO 1 UNIT PER 15g of Carbs	Yes Click here to enter text.	N/A	HYPOGLYCEMIA, INJECTION SITE REACTIONS	1. ASSESS BLOOD GLUCOSE LEVELS BEFORE MEALS TO AVOID RISK OF GIVING TOO MUCH AND RISK OF HYPOGLYCEMIA 2. REPORT SHAKINESS, SWEATING, IRRITABILITY, CONFUSION AS IT COULD BE SIGNS OF HYPOGLYCEMIA 3. CARRY A FAST ACTING GLUCOSE SOURCE, SIMPLE CARB SUCH AS HONEY PACKS, CANDY, ETC. THAT WAY IF HYPOGLYCEMIC EVENT HAPPENS YOU CAN TREAT WITH FAST ACTING SUGAR. 4. ROTATE INJECTION SITES, INJECT IN BACK OF ARMS, ABDOMEN, BUTTOCKS AND USE PINCH METHOD IF NEEDED IN AREAS WITH LOW BODY FAT
INSULIN GLARGINE	ANTIDIABETIC MEDICATION/LONG ACTING	CONSISTENT 24HR BASAL LEVEL OF INSULIN	11 UNITS SUB Q DAILY EVENING	Yes Click here to enter text.	N/A	HYPOGLYCEMIA, INJECTION SITE REACTIONS	1. WE WILL MONITOR FASTING GLUCOSE LEVELS AS WELL AS GLUCOSE TRENDS OVER 24HRS TO BE ABLE TO TELL EFFECTIVENESS OF MEDICATION.

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	INSULIN						2. DO UNDERSTAND THIS TYPE OF INSULIN IS NOT TO CORRECT OR TREAT A HIGH BLOOD SUGAR LEVEL QUICKLY, THIS IS TO PROVIDE A CONSTANT 24HR LEVEL OF INSULIN THAT MIMICS WHAT THE BODY NATURALLY DOES 3. ROTATE INJECTION SITES TO AVOID IRRITATION OR TISSUE DAMAGE. 4. DO NOT SKIP ANY DOSES AND GIVE AT THE SAME TIME EACH DAY.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text.

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

Student Name: CESAREO MELENDEZ		Unit: PEDS FLOOR 3	Patient Initials: RM 78		Date: 1/28/2026	Allergies: NKDA AND NKA	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	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.)
				enter text.			4. Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.
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Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item. Click here to enter text.	Click here to enter text.	Click here to enter text.	1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text.

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