

## 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"/><br>Hypertonic <input type="checkbox"/> | N/A               | N/A                                 | N/A                             |

| <b>Student Name:</b><br>Gadi Sullivent            |  | <b>Unit:</b> Pedi 3N  |                                     | <b>Patient Initials:</b> JG & CC          |   | <b>Date:</b> 1/28/2026   |  | <b>Allergies:</b> NKDA for both patients |  |
|---|--|---|-------------------------------------|---|---|--|--|--|--|
| 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<br><br>IVPB – List concentration and rate of administration | Adverse Effects  | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)  |  |  |
| Lorazepam (ATIVAN)                                | Benzodiazepine                               | Managing acute distress, sedation and management of agitation | 2mg/ intravenous/ONCE               | Yes                                       | IVP - dilute with equal volume of NS, D5W, or Sterile Water   | Drowsiness, sedation, dizziness, fatigue, confusion, behavioral/mood changes, respiratory depression | <ol style="list-style-type: none"> <li>1. Monitor for increased agitation, irritability, tremors, or hallucination (common in children)</li> <li>2. Activities requiring alertness should be avoided due to possible drowsiness and dizziness</li> <li>3. Monitor for respiratory depression</li> <li>4. Monitor BP and heart rate (risk of hypotension/bradycardia with rapid IV administration)</li> </ol> |  |  |
| Methylprednisolone Sodium Succinate (solu-MEDROL) | Corticosteroid (specifically glucocorticoid) | Managing acute inflammation suppression                       | 1000 mg/ intravenous/every 24 hours | Yes                                       | IVPB - 1000mg in sodium chloride 0.9% - 116mL/hr  | Insomnia, increased appetite, edema, high BP, high BS, mood changes                                  | <ol style="list-style-type: none"> <li>1. Actively assess for signs of infection, as steroids can mask symptoms</li> <li>2. Check blood glucose for hyperglycemia and monitor for weight gain or fluid retention</li> <li>3. Low carb diet to avoid raising glucose levels</li> </ol>  |  |  |

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| Pantoprazole (PROTONIX)            | Proton pump inhibitor        | Reduces gastric acid secretion | 40 mg/ intravenous/daily       | Yes                                       | IVP - dilute with equal volume of NS, D5W, or LR  | Headache, diarrhea, nausea, gas, stomach pain, dizziness, joint pain  | <ol style="list-style-type: none"> <li>1. Monitor for new onset diarrhea, abdominal cramping, or fever - could indicate C.diff infection - due to altered gastric pH</li> <li>2. Monitor for skin rashes and signs of upper respiratory infections</li> <li>3. Monitor injection site for thrombophlebitis</li> </ol>  |
| Acetaminophen (TYLENOL) suspension | Analgesic and antipyretic    | Helps manage pain and fever    | 650 mg/ oral/every 6 hours PRN | Yes                                       | N/A   | Nausea, rash, headache, liver damage, potential kidney issues, anemia | <ol style="list-style-type: none"> <li>1. Monitor for signs of liver damage - N/V, jaundice, or pain</li> <li>2. Can cause hematologic reactions - monitor for anemia and decreased red and white blood counts</li> <li>3. Acetaminophen can increase anticoagulant effects</li> <li>4. Sit up straight when taking this medication orally to avoid choking</li> </ol> |

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| Ondansetron (ZOFRAN)            | Antiemetic                   | N/V                | 4 mg/ oral, every 6 hours PRN | Yes                                       | N/A   | Headache, constipation, fatigue, diarrhea, warmth/flushing, dizziness, heart rhythm issues, serotonin syndrome | <ol style="list-style-type: none"> <li>1. May need laxative if patient has continuous bowel blockage</li> <li>2. Ensure patient continues to sip fluids</li> <li>3. Allow tablet to fully dissolve on tongue</li> <li>4. Use dry hands to remove tablet</li> </ol>  |
|                                 |                              |                    |                               |   |   |  |   |
| Hydroxyzine Pamoate (VISTARIL)  | Antihistamine                | Anxiety            | 25mg, oral, every 6 hours PRN | Yes                                       | N/A   | Dry mouthy, fatigue, constipation, cardiac issue (QT interval prolongation), dizziness, headache               | <ol style="list-style-type: none"> <li>1. Avoid direct sunlight to prevent skin rashes or sunburn - this med makes you more sensitive to the sun</li> <li>2. Can be taken with or without food, but take with food if it causes an upset stomach</li> <li>3. Check for QT prolongation - monitor for irregular heart rhythm</li> <li>4. Monitor for skin reactions - like a rash</li> </ol> |

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| Amoxicillin (AMOXIL)            | Antibiotic                   | Used to treat H.Pylori infection.                             | 1000mg, oral, every 8 hours | Yes                                       | N/A   | Diarrhea, nausea, vomiting, rash, stomach upset, itching, liver issues, unusual bruising or bleeding | <ol style="list-style-type: none"> <li>1. Continue full course of antibiotic</li> <li>2. Taking with food can help reduce stomach upset</li> <li>3. Renal labs should be monitored - this med is excreted by the kidney</li> <li>4. Monitor for signs of superinfection</li> </ol>  |
| Metronidazole (FLAGYL)          | Nitroimidazole antibiotic    | Eradicate H.pylori infection as part of a combination regimen | 500 mg, oral, every 8 hours | Yes                                       | N/A   | Nausea, vomiting, diarrhea, stomach cramps, headache, metallic taste in mouth                        | <ol style="list-style-type: none"> <li>1. Take with food or milk to minimize GI irritation</li> <li>2. Monitor white blood cell count if the course is prolonged</li> <li>3. Inform the patient that urine may turn dark/reddish, which is harmless</li> <li>4. Monitor for adverse effects, specifically neurotoxicity (numbness/tingling in extremities)</li> </ol> |

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| Bismuth Subsalicylate (PEPTO BISMOL) | Antacid                      | Treat gastrointestinal distress and upset stomach | 524 mg, oral, every 6 hours | Yes  | N/A   | Temporary darkening of the tongue and stool, constipation, nausea, tinnitus/hearing issues | <ol style="list-style-type: none"> <li>1. Drink plenty of clear fluids to prevent dehydration from diarrhea</li> <li>2. Monitor for Reye's Syndrome (vomiting, confusion, or changes in behavior while taking this medication)</li> <li>3. Do not give with other medications containing salicylates</li> <li>4. Inform patient that their tongue and/or stool may temporarily turn black or grey - this is normal and harmless</li> </ol> |
|                                      |                              |   |                             |  |   |  | <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>   |
|                                      |                              |   |                             |  |   |  |  |
|                                      |                              |   |                             |  |   |  |  |

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