

Student Name: Paige Thorson

Unit: PICU

Pt. Initials: LC

Date: 2/3/26

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
N/A	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	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.)
				Is med in therapeutic range?			
				If not, why?			
methadone	Opioid antagonist	Weaning pt off of fentanyl, dealing with withdrawal effects	2mg/2mL IVP Q6	yes	2mg/2mL Over 6 minutes 3 minutes per mL	Respiratory depression arrythmias Sedation Dizziness Constipation	1. Report heart palpitations, may indicate rhythm changes. 2. Alert nurse immediately if there are signs of unusual sleepiness, breathing changes, or agitation. 3. Explain that post ICU the pt will be tapered down and eventually discontinue the medication to prevent withdrawal symptoms. 4. Educate caregiver that they're receiving this due to fentanyl dependency, and its used to wean the patient off of a strong opioid like fentanyl.
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Adopted: August 2016

Student Name: Paige Thorson

Unit: PEDI floor

Pt. Initials: JC Date: 2/4/26

Pediatric Medication Worksheet – Current Medications & PRN for Last 24 Hours **Allergies: NKDA**

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Therapeutic Range?	IVP - List solution to dilute and rate to push. IVPB - concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
				Is med in therapeutic range?			
				If not, why ?			
Acetaminophen	Analgesic/ antipyretic	Relief of mild/moderate pain	6,00mg/400mL IVPB Q6	yes	6000mg/400mL 400mL/hr	Hepatotoxicity and liver damage N/V	<ol style="list-style-type: none"> Do not combine with OTC medications that may contain acetaminophen to prevent accidental overdose. Report signs of liver damage such as yellowing of skin/eyes, dark urine, and abdominal pain. AST/ALT need to be closely monitored, especially at this dose due to risk of hepatotoxicity. Alert pt that they might feel warmth or flushing feelings at the IV site but its normal and will pass.
Piperacillin-tazobactam	Extended spectrum penicillin and beta lactamase inhibitor	Treatment of bacterial infection in abdomen	3.375g/100mL IVPB Q6	yes	3.375G/100mL 200mL/hr	N/V c. diff thrombocytopenia neutropenia hypokalemia	<ol style="list-style-type: none"> Report loose stools to nurse, could indicate a possible c. diff. infection. Report all other medications being taken, even OTC to decrease risk of drug interactions. If going home on antibiotics, pt must complete full course so infection

							doesn't return. 4. Report allergies to penicillin as its in the same pharmacologic category and may have an allergic reaction.
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