

Student Name: Markus Beamilla

Unit: _____

Pt. Initials: _____

Date: 02/03/26

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

Allergies: NKA

0.59 Kg

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	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?			
Acetaminophen (Efferal) 10mg/ml	non opioid Analgesic	POA	15mg/kg q 6hr IV	Yes		5ml / 5ml	N/V Constipation	1. Do not exceed dose 2. Monitor liver function 3. Monitor for rash 4. Monitor for Allergic reaction
Caffeine Citrate 20mg/ml	Stimulant	Stimulate breathing	10mg/kg Daily oral	Yes			Tachycardia	1. Heart rate 2. Respiratory status 3. Over stimulation 4. Arrhythmias
Fluconazole 2mg/ml	Antifungal	Prophylactic	3mg/kg once man. Tues.	Yes			N/A	1. Monitor Liver Function 2. Monitor kidney function 3. Check for signs of rash 4. Monitor for Anaphylaxis
Gentamicin 3.32mg	ABX	Prophylactic Abx	3mg/kg Q36hr 5mg/kg	Yes			Nephrotoxic	1. Monitor kidney function 2. Check peak & trough 3. Monitor urine output 4. Monitor creatinine & BUN

Student Name: Markus Escamilla

NICU Disease Process

Curosurf x2 via ETT

Admit on jet
moderate rate
~~300, 34/8, 28~~ ^{30%} ~~28~~

D.O.B.	<u>1-21-26</u>	APGAR at birth	<u>4/8</u>
Gestational Age	<u>23</u>	Adjusted Gestational Age	<u>25</u>
Birthweight	<u>1 lbs. 4.8 oz.</u>	<u>590</u>	grams
Current		<u>620</u>	

Disease Name: Premature lungs RDS

What is happening in the body?

The lungs are immature and cannot effectively exchange gases yet. There is a lack of surfactant in the lungs.

What am I going to see during my assessment?

The baby will be on a jet to maintain airway. On lung assessment, I am able to hear the jet equally on both sides. There is a visible movement on the chest.

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

I would expect to see ABG's monitored as well as blood culture.

PH: 7.37
↓
PCO2: 46
neg. HCO3: 25.9

What medications and nursing interventions or treatments will you anticipate?

Surfactant, Caffeine citrate, prophylactic ABX

Lubricate lungs, stimulate baby to breathe, prevent infection

↓
Promote Alveoli expansion

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?

The JET settings are decreasing and the baby is able to breathe and maintain O₂ sat on their own a little more



What are the primary risk factors for this diagnosis?

Premature birth due to underdeveloped lungs and a lack of surfactant production.



What are the long-term complications?

Children may develop BPD or also asthma from ventilator and jet treatment as a neonate. This is a permanent condition

Surfactant hardening in lungs