

Student Name: Destiny Arenas - Rollon

Unit: _____

Pt. Initials: _____

Date: 2/11/26

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
• D5 NS 0.9% + 20 KCL Continuous 80 mL/hr	<u>Isotonic</u> / Hypotonic/ Hypertonic			• chemo is on hold due to low lab values; platelets, neutrophil count

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	Non-opioid Analgesic - antipyretic	• Pain; mild-moderate • Reduce fever	IVP, once daily, 0.2 mL	yes	IVP 2-3min push rate	• Hepatotoxicity with risk of overdosing • Rash but is rare • N/V	1. Assess pain, temp before med admin, reassess pain, temp 2. Do not exceed daily dose of 4g. Can cause liver dx 3. since this med is harsh on liver we want to make sure we aren't double dosing w/ another type of med 4. monitoring I&O's, pain, temp, labs for liver function
Cefepime	B-lactam Antibiotic - broad spectrum	Sepsis, Febrile neutropenia	1g in sterile water 10mL, once daily, IVP	yes	IVP 2-3min push rate	• diarrhea • rash • C. diff	1. this med treats infection and is very important to complete all doses 2. I will ask for a penicillin/cephalosporin allergy 3. I will monitor WBC, temp, RR, HR for infection S/S 4. Since my pt has C. diff I will tell my MD and nurse to wear protective gear 1. Always wash your hands to prevent infection 2. I will monitor for any redness or irritation 3. Avoid the eyes, ears due to it taken 4. This med kills germs on the skin and prevents infection
Chlorhexidine	Antiseptic - antimicrobial	Chemo sores	PO, 2x daily, 5mL	yes	N/A	• skin irritation • dryness • rare allergic reaction	1. this med helps with allergic rxn but may cause sleepiness 2. monitor respiratory status 3. please use call light & fall bundle 4. Assess sedation level
Diphenhydramine	H1 receptor antagonist - antihistamine	• allergic reactions • itching/hives	3x daily, IVP, 2.5mL	yes	IVP 2-3min push rate	• drowsiness • dry mouth • dizziness • paradoxical excitation	1. assess abdomen, check for pain or GI bleed 2. monitor bowel movement habits 3. monitor renal function 4. This med is to protect your stomach by lowering acid
Famotidine	Anticancer	• decreases stomach acid • prevents stress ulcers	2x daily, IVP, 2mL	yes	IVP 2-3min push rate	• HA • d/constipation • dizzy but is rare	

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				Is med in therapeutic range?			
				If not, why?			
Heparin • NS Flush	Anticoagulant	chemo port-a-cath heparin lock	PRN, 5mL, IVP	yes	IVP 2-3min push rate	• bleeding • bruising • thrombocytopenia	1. assess signs for bleeding 2. avoid IM injections, due to high risk of hemorrhaging 3. monitor platelets & neutrophils 4. This med helps prevent clots and let me and other staff know if bleeding or bruising
Morphine	Opioid and narcotic analgesic	Severe Pain and air hunger	q3hrs, IVP,	yes	IVP 2-3min push rate	• Respiratory depression • Sedation • hypotension • N/V/constipation	1. This med helps w/ pain but can cause slow breathing 2. I will monitor RR, O ₂ Sat & pain 3. I will give fluids to make sure pt doesn't get too constipated it leads to a perforated bowel 4. I will have naloxone near to reverse drug
hydrocortisone	corticosteroid	Inflammation • adrenal support	IVP, 3x daily,	yes	IVP 2-3min push rate	• hyperglycemia • Increased infection risk • fluid retention	1. monitor blood glucose 2. assess & observe for signs of infection 3. Do not stop abruptly 4. This med is to reduce inflammation
ondansetron	antiemetic	Nausea Vomiting	q8hrs, IVP,	yes	IVP 2-3min push rate	• HA • constipation • QT prolongation but is rare	1. I will assess frequency of N/V & constipation 2. will also monitor I&O's 3. will monitor HR & if you feel like pulse is faster or slower than usual let me know 4. May need fluids to correct dehydration
Vancomycin	glycopeptide antibiotic	C-diff	0.19mL, q6hrs, PO	yes	N/A	• nephrotoxicity • ototoxicity • red man syndrome from rapid infusion	1. This is a strong antibiotic so I will monitor lab 2. monitor BUN & creatinine 3. monitor the trough levels to stay within range 4. RN made the change w/ MD to change route to PO