

## Instructional Module 2 Adult/Geriatric Medication Worksheet

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Allergies: Always Assess Before Administering Any Medication**

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
<i>Assess continuous infusion when ordered</i>	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Route Options	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.)
						1. 2. 3. 4.
						1. 2. 3. 4.
						1. 2. 3. 4.
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