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| --- | --- | --- | --- | --- | --- |
| **Generic Name** | **Trade Name** | **Classification** | **Dose** | **Route** | **Time / Frequency** |
| **Peak** | **Onset** | **Duration** | **Normal dosage range** |
| **Why is patient getting this medication?** | **For IV meds, compatibility with IV drips and/or** **Solutions** |
| **Mechanism of action** (*how med works in the body*) **and indications** *(Why med ordered)* |
| **Nursing Implications:** *Contraindication/ warnings/ interactions* | **Common side effects** |
| **Interactions with other patient drugs, OTC or herbal medicines**  | **Lab value alterations caused by medication** |
| **Patient Teaching** |
| **Nursing Process-Assessment** *(pre-administration assessment)* | **Assessment***Why would you hold or not give this medication?* | **Evaluation** *Check after giving* |
| **Pregnancy Risk Factor** | **Schedule Level** |