Med-Prep Worksheet: Client Initials_____Age_____Wt_____Dx_____________

Medication Order:

Why is this med ordered:

Major Side Effects:

Receiving per day total (mg/day):

Allowed per day based on weight (mg/kg/day):

Allowed per day total (mg/day):

Appropriate amount ordered: Yes or No

Can you give as ordered: Yes or No

Med-Prep Worksheet: Client Initials_____Age_____Wt_____Dx_____________

Medication Order:

Why is this med ordered:

Major Side Effects:

Receiving per day total (mg/day):

Allowed per day based on weight (mg/kg/day):

Allowed per day total (mg/day):

Appropriate amount ordered: Yes or No

Can you give as ordered: Yes or No