

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**

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