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| **Med-Prep Worksheet** | SN |  | Math Checker |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Room# |  | Client Initials |  | Age |  | Wt |  | Dx |  |

Med 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** | SN |  | Math Checker |  |

|  |  |  |  |  |  |  |  |  |  |
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Why is this med ordered:

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Allowed per day total (mg/day):

|  |  |  |  |
| --- | --- | --- | --- |
| Appropriate amount ordered? | **Yes** | Or | **NO** |

|  |  |  |  |
| --- | --- | --- | --- |
| Can you give as ordered? | **Yes** | Or | **NO** |