

MERCY COLLEGE OF OHIO  
**PEDIATRIC MEDICATION CARD: IV Syringe Pump or Piggyback Infusion**

**Generic / Trade name:** \_\_\_\_\_ **Classification:** \_\_\_\_\_

**Purpose** of medication for specific child: \_\_\_\_\_

Child's weight in kilograms (kg.): \_\_\_\_\_

**Dosage ordered:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_ **Scheduled times:** \_\_\_\_\_

Available form (Concentration) delivered from Pharmacy: \_\_\_\_\_  
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**Safe recommended dosage** (mg/kg/day or mg/kg/dose): \_\_\_\_\_

Child's safe range: \_\_\_\_\_ Child's actual mg/day or mg/dose: \_\_\_\_\_

Is child receiving a safe dose? \_\_\_\_\_  
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**IV med reconstitution\*:** Dilute with \_\_\_\_\_ ml(s) of N.S. or SW to equal \_\_\_\_\_ mg/ \_\_\_\_\_ mL  
*\*If not sent premixed from pharmacy*

**Maximum concentration:** \_\_\_\_\_ mg / \_\_\_\_\_ ml. Minimum amount of fluid for Max Conc: \_\_\_\_\_

**Time frame:** Infuse over \_\_\_\_\_ minutes.

**IV medication dose volume:** \_\_\_\_\_ ml(s) Amount of diluent fluid \_\_\_\_\_ mL(s)

**Total amount of fluid in the syringe/piggyback** during medication administration: \_\_\_\_\_ mLs

IV Rate (ordered by physician): \_\_\_\_\_ mls/hour Running IV fluid: \_\_\_\_\_

Is medication compatible with mainline? \_\_\_\_\_ With other running medications? \_\_\_\_\_

IV rate on syringe pump needed for medication administration \_\_\_\_\_ mL/hr over \_\_\_\_\_ mins

Do you need to decrease or stop main IV line? If decreasing, at what rate will it infuse? \_\_\_\_\_ mL/hr  
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Medication actions – desired and actual:

Side effects / Contraindications:

Age appropriate nursing implications including child/family teaching:

Drug resource used (include author, date and page number): \_\_\_\_\_