

# ACTIVE LEARNING TEMPLATE: Medication

STUDENT NAME Courtney David

MEDICATION Lorazepam

REVIEW MODULE CHAPTER \_\_\_\_\_

CATEGORY CLASS Antianxiety, sedative hypnotic, antiemetic

## PURPOSE OF MEDICATION

### Expected Pharmacological Action

Enhances action of inhibitory neurotransmitter gamma-aminobutyric acid (GABA) in CNS, affecting memory, motor, sensory and cognitive function.

### Therapeutic Use

PO: management of anxiety disorders, short term relief of symptoms of anxiety, anxiety associated with depressive symptoms.

### Complications

Side Effects: (frequent) Drowsiness, dizziness  
(Rare): weakness, ataxia, headache, hypotension, nausea, vomiting, confusion, injection site reaction

### Medication Administration

Anxiety: PO (adults, Elderly) initially 0.5-2mg q4-6h as needed up to 10mg/day.  
(adolescents, children 12yrs and older: 0.25-2mg/dose 2-3 times day MAX dose: 2mg  
Status Epilepticus: 4mg given at maximum rate of 2mg/min may repeat in 3-5 min.  
MAX dose: 5mg  
Give with food, tablets may be crushed, dilute oral solution in water, juice, soda or semisolid food.

### Contraindications/Precautions

Contraindications: hypersensitivity to lorazepam, other benzodiazepines. Acute narrow-angle glaucoma, severe respiratory depression (except during mechanical ventilation)  
Precautions: neonates, renal/hepatic impairment, compromised pulmonary function, depression, concomitant use of CNS depressants: pts at high risk for suicidal ideation and behavior; history of drug abuse and misuse, drug-seeking behavior, dependency.

### Nursing Interventions

Monitor BP, RR, HR  
diligently screen for suicidal ideation and behavior, new onset or worsening of anxiety, depression, mood disorder. Screen for drug abuse and misuse, drug seeking behavior. Assess for paradoxical reaction, particularly during early therapy. Evaluate for therapeutic response: calm facial expressions, decreased restlessness, insomnia, decreased in seizure-related symptoms.

### Interactions

Drug: Valproic acid may increase concentration/effects. ETOH, other CNS depressants (Morphine, Phenobarbital) may increase CNS depression.  
Herbal: herbals with sedative properties (Chamomile, Kava Kava, valerian) may increase CNS depression  
Lab Values: Therapeutic Serum level: 50-240ng/ml  
Toxic serum level: unknown

### Client Education

Drowsiness usually subsides during continued therapy, avoid task that require alertness, motor skills until response to drug is established  
Smoking reduces drug effectiveness. Do not stop abruptly, do not use ETOH, or any other CNS depressants. Contraception recommended for long term therapy, seek immediate medical attention if thought of suicide, new onset or worsening of anxiety, depression or changes in mood occur.

### Evaluation of Medication Effectiveness

Mood Improves, less anxious, RR decreases, HR decreases, BP decreases, less/none suicidal ideation, No seizures.

ACTIVE LEARNING TEMPLATE: **Medication**

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MEDICATION Levofloxacin REVIEW MODULE CHAPTER \_\_\_\_\_

CATEGORY CLASS Antibiotic

PURPOSE OF MEDICATION

**Expected Pharmacological Action**  
Inhibit DNA enzyme gyrase in susceptible microorganisms interfering with bacterial cell replication.

**Therapeutic Use**  
Treatment of susceptible infections due to S pneumoniae, S. aureus, H. influenzae, M. catarrhalis, K. pneumoniae including acute bacterial exacerbation of chronic bronchitis, CAP, nosocomial pneumonia

**Complications**  
side effects - diarrhea, nausea, abdominal pain, dizziness, drowsiness, headache  
Ophthalmic - local burning/discomfort, rare - flatulence, pain, inflammation swelling in cornea

**Medication Administration**  
IV - infusion KX 250mg/50mL, 500mg/100mL, 750mg/150mL  
dilute each 10mL w/ 40mL NS concentration of 5mg/mL  
Administer no less than 60 min for 250-500mg  
90 min for 750mg  
250-750mg q24hr 750mg q24hr

**Contraindications/Precautions**  
contraindications - hypersensitivity to levofloxacin + other fluorquinolones  
precautions - known/suspected CNS disorder, seizure disorder, renal impairment, bradycardia, rheumatoid arthritis  
at risk for tendon rupture, tendonitis

**Nursing Interventions**  
monitor serum glucose, renal function LFT  
daily pattern of bowel activity  
SKIN RASH  
URTICARIA

**Interactions**  
may decrease therapeutic effect of BCB  
antacids, sucralfate, zinc decrease absorption, NSAIDs may increase risk of CNS stimulation, seizures

**Client Education**  
complete drug therapy despite symptoms improving  
report any diarrhea  
severe allergic reaction  
tendon swelling/inflammation.  
do not take aluminum or magnesium containing antacids, multivitamins, zinc or iron products 2hr before or 6hr after drink fluids

**Evaluation of Medication Effectiveness**  
CBC → WBC ↓  
Symptoms will improve

Courtney David

**ATI Virtual Clinical Questions and Reflection:**

- 1) Identify two members of the healthcare team collaborating in the care of this patient:
  - a. provider (Dr. Baxter)
  - b. pharmacy (Marta)
  - c. nurses D. ortho surgeon
- 2) What were some steps the nursing team demonstrated that promoted patient safety?
  - a. during assessment, J.J. was SOB, applied oxygen + increased as needed.
  - b. Assessed J.J. skin for breakdown, treated stage 2 ulcer as soon as possible
  - c. md + orthopedic surgeon determined due to high risk, surgery wasn't the best choice
- 3) Do you feel the nurse and medical team utilized therapeutic communication techniques when interacting with individuals, families, and health team members of all cultural backgrounds?
  - a. If yes, describe:  
yes, all members of J.J. care team worked together for the patients safety, they kept each-other up to date on rapid changes and called for help when needed.
  - b. If no, describe:  
N/A

**Reflection**

- 1) Go back to your Preconference Template:
  - a. Indicate (circle, star, highlight, etc.) the components of your preconference template that you saw applied to the care of this patient.
- 2) Review your Nursing Process Form: Did you select a correct priority nursing problem?
  - a. If yes, write it here: N/A
  - b. If no, write what you now understand the priority nursing problem to be:  
RISK FOR SHOCK (due to urosepsis + potential septic shock)
- 3) Review your Patient Problem Form: Did you see many of your anticipated nursing assessments and interventions used?
  - a. Were there interventions you included that were not used in the scenario that could help this patient?
    - i. If yes, describe:  
yes, some of my interventions that I would include are catheter care, continue the levofloxacin (IVPB) to help treat the infection. Also include ways to keep J.J. calm such as guided imagery during her SOB episodes so she can focus on breathing + less worried.
    - ii. If no, describe:
- 4) After completing the scenario, what is your patient at risk for developing?
  - a. distributive shock
  - b. Why? urosepsis

5) What was your biggest "take-away" from participating in the care of this patient? How did this impact your nursing practice?

My biggest take-away from this simulation and caring for this patient is that things can change very quickly. With things changing so quickly, it's very important to get the most accurate past medical history because something like CHF in this case was causing the issues for this patient. Also getting a look at medication taken at home with elderly clients is very important because you see first hand what they have in regards to different meds. Be prepared for the number one problem to change quickly based off the simply "ABC", this patient couldn't breathe, that became the number one problem at that time.

SOAP Note Based on Priority Problems

Priority Patient Problem #1: RISK FOR SHOCK

<p><b>Subjective:</b></p> <p><i>This section explains the client symptoms. Include a narrative of the patient's complaints/concerns and/or information obtained from secondary sources.</i></p>	<p><b>History Present Illness (HPI):</b> urosepsis</p> <p><b>PMH:</b> congestive heart failure + diabetes</p> <p><b>Allergies:</b> N/A</p> <p><b>Current Medications:</b></p> <ul style="list-style-type: none"> <li><del>0.02</del> • 0.25 mg digoxin, once daily PO</li> <li>• 20mg IV push furosemide (if not urine output of 500ml 6hr push another 20mg)</li> <li>• albuterol 0.51 nebulazier q6hr or q2h PRN</li> <li>• IV fluids 0.9% NS 150ml/hr</li> </ul>
<p><b>Objective:</b></p>	<p><b>Vital Signs:</b> last vital signs = O<sub>2</sub> 85% 4L increased to 6L NO RR 32 Temp 101 BP 130/94 (green)</p> <p><b>Labs:</b> STAT ABG (pH 7.28, paco<sub>2</sub> 35, HCO<sub>3</sub> 20) (metabolic acidosis)          blood cultures x2 activated protein C          CBC w/ diff urinalysis metabolic panel repeat.</p>

<p>This section is your clinical observations. Include pertinent vital signs, pertinent labs and diagnostics related to the priority problem.</p>	<p><b>Diagnostics:</b> Chest X-ray ordered now</p>
<p><b>Assessment:</b></p> <p>Focused assessments on your priority problem.</p>	<p>laying flat in bed, oxygen nasal cannula 6L/min, SOB, bucks traction R side due to hip fracture after a fall, minimal urine output, urine is cloudy stage 2 ulcer on coccyx a red, applied barrier cream,</p>
<p><b>Plan</b></p> <p><b>*Based on priority problem only</b></p> <p>Include what your plan is for the client. What treatments or medications are needed? You can include procedures, consults, labs/diagnostics, etc. What nursing interventions are being performed?</p>	<p><b>Plan:</b></p> <p>labs ordered (wait for results) -</p> <ul style="list-style-type: none"> <li>- urinalysis</li> <li>- CBC w/ diff</li> <li>- blood cultures x2</li> </ul> <p>medications -</p> <ul style="list-style-type: none"> <li>- continue IV fluids to keep vein open</li> <li>- antibiotics (levofloxacin)</li> <li>- manage fever with acetaminophen</li> </ul> <p>continue oxygen therapy nasal cannula 6L/min continue to monitor urine output, mental status and VS (HR, BP, RR, O2 + temp)</p> <p><b>Teaching &amp; Resources:</b></p> <ul style="list-style-type: none"> <li>• report any sudden changes chills, sweating, confusion, (signs of shock)</li> <li>• proper hygiene, clean hands, prevent UTI</li> </ul>

Student Name: Courtney David

Medical Diagnosis/Disease: Urinary Tract Infection

**NCLEX IV (8): Physiological Integrity/Physiological Adaptation**

Anatomy and Physiology  
Normal Structures

Urinary system function is to filter blood and create urine as a waste by-product. Organs in the urinary system include the 2 kidneys, 2 ureters, renal pelvis, bladder and urethra. The body then takes the nutrients from food and converts them to energy. The kidneys perform and manufacture urine while the other organs provide temporary storage reservoirs for urine or they act as transportation channels to carry it from one body region to another.

Pathophysiology of Disease

Infection presents in any part of the urinary system, such as the kidneys, bladder, ureters and urethra. Most of the infections involves the lower urinary tract: bladder and the urethra. Infection occurring in the upper urinary tract (kidneys is called pyelonephritis and when it occurs in the lower urinary tract (bladder) it's called cystitis. Pathogenic bacteria ascend from the perineum and rectum, which results in urinary tract infections in women, E. Coli is the most common organism in uncomplicated UTI.

**NCLEX IV (7): Reduction of Risk**

Anticipated Diagnostics  
Labs

CBC  
Basic metabolic panel  
Blood cultures

Additional Diagnostics  
Urinalysis  
Urine Culture  
Urine Dipstick  
Bladder Scan

**NCLEX II (3): Health Promotion and Maintenance**

Contributing Risk Factors

Women  
Sexual Activity  
Catheter use  
Suppressed immune system  
Blockages in the urinary tract  
Recent urinary procedure  
Diabetes  
Dehydration  
Feminine products

Signs and Symptoms

- Strong urge to urinate that doesn't go away
- burning when urinating
- frequent urinating
- small amount of urine
- urine is cloudy
- urine appears red, bright pink or dark brown (cola colored)
- strong smelling urine
- pelvic pain (more in women)

**NCLEX IV (7): Reduction of Risk**

Possible Therapeutic Procedures

Non-surgical  
Straight Cath (reduce bladder distension and reduce stagnant urine )  
Insert Foley

Surgical

Recurrent UTI infections: ureteral reimplantation

Prevention of Complications  
(What are some potential complications associated with this disease process)

- Repeated infections
- Kidney damage (potentially permanent kidney damage)
- Narrowed urethra in men having repeated infections
- Sepsis

**NCLEX IV (6): Pharmacological and Parenteral Therapies**

Anticipated Medication Management

Antibiotics (Levofloxacin for ATI Simulation 1)  
\*PO or IV antibiotics

**NCLEX IV (5): Basic Care and Comfort**

Non-Pharmacologic Care Measures

- Wipe front to back
- Drink plenty of water
- Encourage cranberry juice

**NCLEX III (4): Psychosocial/Holistic Care Needs**

What stressors might a patient with this diagnosis be experiencing?

- Urinating frequently
- Re-occurring infections
- Self-image

Client/Family Education

List 3 potential teaching topics/areas

- Educate on the importance of wiping front to back (female patients)
- Encourage and educate patient on urinating after sexual activity
- Educate on importance of reporting any discomfort while urinating to treat early and not let an UTI go untreated.
  - Educate on risk for falls for elderly, as urinating more frequent especially at night can cause a risk for falls, educate on night lights and removing clutter around the walkway to the bathroom.

**NCLEX I (1): Safe and Effective Care Environment**

Multidisciplinary Team Involvement

(Which other disciplines do you expect to share in the care of this patient)

Urology

Lab

Case manager

MD

## Potential Patient Problems (Nursing Diagnoses)

List two potential patient problems you will be addressing along with clinical reasoning, goals/expected outcomes, assessments, and priority nursing interventions. The patient problems must be in priority order.

### Problem # 1: Impaired urinary elimination

Clinical Reasoning: frequent urination, urgency, hesitancy, dysuria

Goal/EO: patient will have normal urinary elimination pattern evidenced by absence of report of dysuria, urgency, + oliguria during my time of care.

Ongoing Assessments: assess patient's pattern of elimination q shift, assess urine color, ~~odor~~ odor + amount q 2hr, assess I+O q 8hr, assess bladder distension q 4hr.

- NI:
1. Administer levofloxacin PO/IVB per MD orders (once daily)
  2. Educate patient on reporting any blood in urine during my time of care.
  3. Encourage fluid intake (ex. cranberry juice) q 2hr / PRN
  4. Educate importance of catheter care (cleaning, bag below, no kinked tubing) during my time of care.
  5. Educate importance of wiping front to back (females) during my time of care.
  6. Educate patient on kegel exercises during my time of care.

### Problem # 2 Acute pain: pelvic/groin area.

Clinical Reasoning: facial grimace, burning on urination, spasm in lower back, or bladder area.

Goal/EO: patient will report pain scale 4/10 using pharm + non-pharmacological pain relief strategies during my time of care.

Ongoing Assessments: assess description of pain q 4hr, assess for s/sx of UTI after every void / PRN, monitor labs (CBC, urinalysis, etc)

- NI:
1. Administer acetaminophen for pain q 4hr / PRN
  2. Administer antispasmodics for spasms q 6hr / PRN
  3. Encourage pt to void frequently to empty bladder q 2hr
  4. Apply heating pad / ice therapy to suprapubic area or lower back q 1hr.
  5. Educate the importance of avoiding coffee, tea, alcohol, soda's + spices due to being urinary irritates q shift.
  6. Encourage guided imagery, deep breathing or meditation for pain during my time of care.

## Module Report

Tutorial: Real Life RN Medical Surgical 4.0

Module: Urinary Tract Infection



Individual Name: Courtney David

Institution: Margaret H Rollins SON at Beebe Medical Center

Program Type: Diploma

### Standard Use Time and Score

	Date/Time	Time Use	Score
Urinary Tract Infection	3/7/2023 10:39:40 AM	1 hr 5 min	Strong

### Reasoning Scenario Details

Urinary Tract Infection - Use on 3/7/2023 9:34:13 AM

#### Reasoning Scenario Performance Related to Outcomes:

\*See Score Explanation and Interpretation below for additional details.

Body Function	Strong	Satisfactory	Needs Improvement
Cardiac Output and Tissue Perfusion	100%		
Cognition and Sensation	100%		
Immunity	100%		
Integument	100%		
Mobility	100%		
Oxygenation	100%		
Regulation and Metabolism	100%		

NCLEX RN	Strong	Satisfactory	Needs Improvement
RN Management of Care	100%		
RN Safety and Infection Control	100%		
RN Psychosocial Integrity	100%		
RN Pharmacological and Parenteral Therapies	100%		