

ACTIVE LEARNING TEMPLATE: **Medication**

STUDENT NAME Toni Gutierrez

MEDICATION Levofloxacin (LVFB)

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

CATEGORY CLASS Antibiotic

PURPOSE OF MEDICATION

Expected Pharmacological Action

Bactericidal  
(kills the bacteria)

Therapeutic Use

Tx of susceptible infections due to bacteria, including acute bacterial exacerbation of chronic bronchitis.

Complications

Antibiotic-associated colitis other superinfections, may alter bacterial balance in GI tract.

Medication Administration

Reconstitute: withdraw amount (10 mL for 250mg, 20 mL for 500mg) Dilute each 10 mL with min of 40 mL NACl

Administer: no less than 60 min for 250 mg or 500mg  
90 min for 750 mg.

Contraindications/Precautions

- Hypersensitivity to and other fluoroquinolones.
- Known or suspected CNS disorder, seizure disorder, renal impairment, bradycardia.

Nursing Interventions

Monitor serum glucose renal function, LFT.  
Monitor bowel activity, muscle weakness, pain, swelling, bruising and popping of tendons.

Interactions

May decrease therapeutic effect of BCG  
Antacids, (magnesium, iron preparations)  
NSAID's  
Medications that prolong QT interval  
Lab: alter serum glucose

Client Education

Complete drug therapy  
Early discontinuation may result in antibacterial resistance.  
Report diarrhea, fever, abd. pain

Evaluation of Medication Effectiveness

Free from bacteria

## Compatibility:

Compatible with Dextrose 5%, Sodium Chloride,

## Amount:

250 mg in 100 mL at

$$\frac{100 \text{ mL}}{60 \text{ min}} \times \frac{60 \text{ min}}{1 \text{ hr}} = 100 \text{ mL/hr}$$

$$\frac{100 \text{ mL}}{\text{hr}} \times \frac{1 \text{ hr}}{60 \text{ min}} \times \frac{10 \text{ gtt}}{\text{mL}} = \frac{1000}{60} = 16.6 = 17 \text{ gtt/min}$$

## Diluent:

Each 10 mL with a minimum of 40 mL NaCl  
\* 10 mL for 250 mg or 20 mL for 500 mg

## Site, Supplies, Storage, Stability

Diluted vials stable for 72 hours at room temp.

4 days refrigerated.

ACTIVE LEARNING TEMPLATE: **Medication**

STUDENT NAME Toni Gutierrez

MEDICATION Lorazepam (Ativan)

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

CATEGORY CLASS Anthianxiety

PURPOSE OF MEDICATION

**Expected Pharmacological Action**  
produces anxiolytic, anticonvulsant, sedative, muscle relaxant, anti-emetic effects.

**Therapeutic Use**  
Management of anxiety disorders. Short term relief of symptoms of anxiety

**Complications**  
Abrupt or too rapid withdrawal may result in restlessness, irritability, insomnia, hand tremor, abd. cramping, vomiting and seizures.

**Medication Administration**  
give with food  
Tablets may be crushed  
0.5-2mg q4-6h or up to 10mg/day

**Contraindications/Precautions**  
- Hypersensitivity or to other benzodiazepines.  
- acute narrow angle glaucoma, severe respiratory depression.  
- neonates, renal/hepatic impairment, compromised pulmonary function, depression.

**Nursing Interventions**  
Monitor B/P, RR, HR  
Screen for suicidal, new onset anxiety, depression/mood disorder.

**Interactions**  
Valproic acid ↑ concentration, Alcohol, CNS depressants,  
Herbals: herbals w/ sedative properties  
Lab: Therapeutic Serum level 50-240 ng/mL

**Client Education**  
Drowsiness subsides.  
Avoid tasks that require alertness.

**Evaluation of Medication Effectiveness**

Reduce feelings of anxiety.

## ATI Virtual Clinical Questions and Reflection:

- 1) Identify two members of the healthcare team collaborating in the care of this patient:
  - a. Nurse Debbie
  - b. M. Baxter MD
- 2) What were some steps the nursing team demonstrated that promoted patient safety?
  - a. Applying 2L NC oxygen
  - b. Assessing skin breakdown
  - c. Request medication reconciliation with pharmacy.
- 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:
 

When Mrs. Jordan began to cry Nurse Craig asked her to explain her concerns. This showed he was listening and acknowledged her fear.
  - b. If **no**, describe:
 

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\_\_\_\_\_

## 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: \_\_\_\_\_
  - b. If **no**, write what you now understand the priority nursing problem to be:
 

Decreased Cardiac Output
- 3) Review your Patient Problem Form: Did you see many of your anticipated nursing assessments and interventions used? yes
  - a. Were there interventions you included that *were not* used in the scenario that could help this patient?
    - i. If **yes**, describe:
 

\_\_\_\_\_

\_\_\_\_\_
    - ii. If **no**, describe:
 

No, my NI's were more for UTI and in the scenario I feel the main problem was cardiac related.
- 4) After completing the scenario, what is your patient at risk for developing?
  - a. Cardiac arrest
  - b. Why? Due to her inadequate oxygen intake her SpO<sub>2</sub> was very low making her hypoxemic.

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 participating in the care of this patient is that although she was admitted to the ED for a UTI (urosepsis) her assessment showed clinical manifestations of hypoxemia and heart failure. For me this showed to always do your own assessment and really listen to your patients problems.

This scenerio impacted my nursing practice by having me think outside the box and try to figure out the clients problem since her symptoms were not matching those of a UTI.

SOAP Note Based on Priority Problems

Priority Patient Problem #1: Decreased Cardiac Output.

<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 784R                  Heart failure distressed breathing                  Hypoxemia given 2L/min NC → 4L/min → 6L/min.                  PMH: CHF Signs of distributive shock</p> <p><b>Allergies:</b> NKA</p> <p><b>Current Medications:</b> Furosemide 20mg IV bolus                  Glyburide 2.5mg PO daily Levofloxacin 250mg IV bolus                  Digoxin 0.25mg PO                  Albuterol 0.5% in 3mL 0.9% q 4hr</p>
<p><b>Objective:</b></p> <p><i>This section is your clinical observations. Include pertinent vital signs, pertinent labs and diagnostics related to the priority problem.</i></p>	<p><b>Vital Signs:</b> T 101.0F, RR 24-28, BP 136/76, SpO2 85% -90% (L)                  These VS range from 0500 - 2400</p> <p><b>Labs:</b> Hgb 11.3g/dL (L) Hct 33% (L) WBC 13.000 (H)                  BUN 21 Albumin 3.2mg/dL (L) Cholesterol 225mg/dL (H)</p> <p><b>Diagnostics:</b>                  The heart size is enlarged, consistent with hypertrophy of the left ventricle.</p>
<p><b>Assessment:</b></p> <p><i>Focused assessments on your priority problem.</i></p>	<p>Mrs Jordan fell out of bed and because of that she now has limited mobility due to being in a Bucks traction. With that it puts her at risk for skin breakdown along with her current cardiac condition. Currently has a Stage 2 ulcer on her behind. ABG's are pH 7.28, PaCO2 35mm Hg HCO3: 26MEq/L.                  UA: Cloudy, slight amber, specific gravity 1.039, protein 2mg, leukocyte esterase (+), WBC 10, RBC 40, RBC casts (+).</p>
<p><b>Plan</b></p> <p><b>*Based on priority problem only</b></p> <p><i>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?</i></p>	<p><b>Plan:</b>                  Vital signs q 4hr, routine I and O, low sodium diet, monitor output and SpO2 levels. Assess pain level of fractured hip, as well pulses and moves toes frequently. Assess Buck traction. Continue to monitor pressure injury and apply barrier ointment BID. W/dressing change. Monitor glu checks before meals and bedtime and give insulin if needed.</p> <p><b>Teaching &amp; Resources:</b>                  Teach Mrs. Jordan to be compliant with her cardiac medications. Also to follow a low sodium diet.</p> <p align="center">Resources are nutritionist and cardiologist.</p>