

ACTIVE LEARNING TEMPLATE: *Medication*

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MEDICATION Ceftriaxone REVIEW MODULE CHAPTER _____

CATEGORY CLASS Third generation cephalosporin Antibiotic

PURPOSE OF MEDICATION

Expected Pharmacological Action

Binds to bacterial cell membranes, inhibits cell wall synthesis

Therapeutic Use

Bactericidal

Complications

Frequent: oral candidiasis, mild diarrhea, mild abdominal cramping, vaginal candidiasis
Occasional: nausea, serum sickness-like reaction (fever, joint pain)
Rare: allergic reaction (rash, pruritis, urticaria) thrombophlebitis

Medication Administration

Reconstitution: Add 2.4mL sterile water for inj to each 250mg to provide concentration of 200 mg/mL, may further dilute with 50-100 mL 0.9% NaCl D5W

Rate of admin: infuse over 30 minutes

Max Concentration: 40mg/mL

Contraindications/Precautions

Contra: premature infants should not be treated with med. Do not admin with calcium containing IV solutions, including continuous calcium containing infusions such as parenteral nutrition (in neonates) due to risk of precipitation of ceftriaxone calcium salt.
Cautions: Hepatic impairment, hx of GI disease (esp. ulcerative colitis, abx-assoc. colitis) Hx of penicillin allergy

Nursing Interventions

obtain CBC, renal function test.
- Assess oral cavity for white patches on oral mucous membranes, tongue (thrush).
- Monitor daily pattern of bowel activity, stool consistency. Mild GI effects tolerable.
- Monitor I&O renal function tests for nephrotoxicity

Interactions

Drug: probenecid (for gout) may inc concentration/effects
Lab values: may increase serum BUN, alkaline phosphatase, bilirubin, creatinine, LDH, ALT, AST, may cause positive direct/indirect Coomb's test

Client Education

- Doses should be evenly spaced
- continue abx therapy for full length of treatment

Evaluation of Medication Effectiveness

Decrease of bacteria in blood
Infection subsides

Compatibility

Incompatible with amphotericin B complex, famotidine, fluconazole, labetalol, Lactated Ringer's inj, Vancomycin

Amount

Reconstitution: Add 2.4mL sterile water for inj to each 250mg to provide concentration of 200 mg/mL, may further dilute with 50-100 mL 0.9% NaCl D5W

Rate of Administration

Rate of admin: infuse over 30 minutes

Diluent

may further dilute with 50-100 mL 0.9% NaCl D5W

Site, supplies, storage, stability

Storage: solution appears light yellow to amber, IVPB stable is stable for 2 days at room temp, 10 if refrigerated. Discard if precipitate forms