

# ACTIVE LEARNING TEMPLATE: Medication

STUDENT NAME \_\_\_Veronica\_\_\_\_\_

MEDICATION \_\_\_cefTRIAxone IV\_\_\_\_\_ CATEGORY CLASS: anti-infectives Pharmacologic: 3<sup>rd</sup> generation cephalosporins \_

## PURPOSE OF MEDICATION

### Expected Pharmacological Action

Binds to bacterial cell wall membrane causing cell death.

### Therapeutic Use

Death of susceptible bacteria/  
Bactericidal action against susceptible bacteria

### Complications

-headache, dizziness, insomnia, seizures, anaphylaxis, diarrhea, abdominal pain, inflammation, vaginal itching, renal failure, unusual bleeding

### Medication Administration

IV: Monitor injection site frequently for phlebitis (pain, redness, swelling). Change sites every 48-72 hr to prevent phlebitis  
Infuse over 30min  
-Most infections: 1-2 g every 12-24 hr

-Y-Site Compatibility: acetaminophen, acyclovir, allopurinol, amifostine, aminocaproic acid, aminophylline, amiodarone, amphotericin B lipid complex, amphotericin B

### Contraindications/Precautions

-viral infections  
-renal impairment  
-hypersensitivity to penicillin  
-history of GI disease

### Nursing Interventions

-Assess patient for infection (vital signs, sputum, urine)  
-renal function  
-monitor bowel function/activity & stool consistency  
Aware of vomiting/ diarrhea. Muscle weakness  
Receive full medication hx  
-drink plenty of fluids  
-Observe PT for signs & symptoms of anaphylaxis

### Interactions

-Should not be administered concomitantly with any calcium-containing solutions. May ↑ risk of bleeding with warfarin.

### Client Education

-report any signs of super infection (furry overgrowth, vaginal itching/discharge or foul smelling stools)  
-Pt to notify health care prof. if fever or diarrhea develop  
-NOTIFY if diarrhea contains blood/mucus or pus.

### Evaluation of Medication Effectiveness

Resolution of the signs & symptoms of infection.  
Decrease in WBC