

ACTIVE LEARNING TEMPLATE: *Medication*

STUDENT NAME Kevin Juarez

MEDICATION Ceftriaxone (Rocephin)

REVIEW MODULE CHAPTER _____

CATEGORY CLASS Anti-infectives, Third gen cephalosporins

PURPOSE OF MEDICATION

Expected Pharmacological Action

Binds to bacterial cell membranes and thus inhibits cell wall synthesis.

Therapeutic Use

Bactericidal. Treatment of susceptible infections. May treat skin to skin, osteomyelitis, gonococcal, intra-abdominal, low resp. tract, UTI, pelvic, COPD infections

Complications

Nausea, serum sickness like reactions, allergic rx. (rash, pruritus, urticaria), thrombophlebitis. Antibiotic associate colitis, superinfections, cramps, severe watery diarrhea, fever, nephrotoxicity may occur, penicillin allergic hx. at increased risk of severe hypersensitivity rx.

Medication Administration

IM/IV: 1-2g q12-24hr. May dilute with 50-100mL 0.9% NaCl, D5W for reconstitution.
Rate of Admin: 1-4min IV push with max conc. 40mg/mL. Infused over 30 min. if IVPB. Stable for 2 days at room temperature, 10 days refrigerated.

Contraindications/Precautions

Hx. of hypersensitivity, anaphylactic rx. to ceftriaxone/cephalosporins. Infants and neonates should not be treated with this med. Do not administer with calcium containing IV solutions. Hepatic impairment, hx of GI disease, hx of penicillin allergy.

Nursing Interventions

Assess of infection (VS, CBC, appearance) throughout therapy. Obtain hx of allergies, especially of penicillin or cephalosporins. Obtain specimens and cultures before therapy. Renal function test. Asses oral cavity for white patches, Monitor I&O, BM.

Interactions

Probenecid may increase effect. Calcium salts may increase adverse effects. May increase serum BUN, alkaline phosphate, bilirubin, creatinine, LDH, ALT, AST. May increase risk of bleeding with warfarin.

Client Education

Continue therapy for full length of treatment. Report signs of superinfection (furry overgrowth on tongue, vaginal itching, discharge, loose or foul-smelling stools) and allergies. Advise pt not to treat diarrhea without consulting health care professional. Do not take if hx of

Evaluation of Medication Effectiveness

Resolution of the signs and symptoms of infection. Decreased incidence of infection. Lower trending WBC, white patches.

ACTIVE LEARNING TEMPLATE: *Medication*

STUDENT NAME Kevin Juarez

MEDICATION Acetaminophen (Tylenol)

REVIEW MODULE CHAPTER _____

CATEGORY CLASS Central analgesic, nonopioid analgesics

PURPOSE OF MEDICATION

Expected Pharmacological Action

Inhibits synthesis of prostaglandins that serve as mediators of pain and fever found primarily in the CNS. Inhibits hypothalamic heat regulating center

Therapeutic Use

Relieves mild to moderate pain. Analgesia, antipyresis. Temporarily reduces fever.

Complications

Hypersensitivity reactions. Toxicity: anorexia, nausea, diaphoresis, fatigue, vomiting, elevated LFTS.

Medication Administration

PO: 325-650mg q 6hr. or 1g 3-4 times daily or 1300mg every 8hr.

OTC use limited to 4000mg/day. IV: 1000mg q 6 hrs. or 650mg q 4 hr.

Rectal: 325-650mg q 4-6hr PRN.

Contraindications/Precautions

Severe hepatic impairment. Active liver disease. Products containing alcohol. Chronic malnutrition, severe hypovolemia, alcoholism, G6PD deficiency.

Nursing Interventions

Lower doses recommended in pt with hepatic/renal disease. Antidote to rx: acetylcysteine. Assess nutrition status, pain level/characteristics 1hr after admin, any other medications taken, assess fever, evaluate renal/hepatic status.

Interactions

Alcohol containing products, hepatotoxic medications, CYP3A4 inducers may increase risk of hepatotoxicity depending on the doses strength and length of use. May decrease rate of absorption of food. May increase lab values: serum ALT, AST, bilirubin, prothrombin.

Client Education

Do not exceed 4000mg limit per day. Max single dose is 1g. Consult physician for use in children and for PO use longer than 10 days or fever > 3 days. Severe pain/fever may indicate serious illness. May OTC products contain acetaminophen, so be careful in

Evaluation of Medication Effectiveness

Assess fever and pain 1hr after medication administration. Relief of symptoms and levels should have reduced.