

ACTIVE LEARNING TEMPLATE: **Medication**

STUDENT NAME Lillian Mastauskas

MEDICATION Infliximab

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

CATEGORY CLASS Gastrointestinal anti-inflammatory, DMARDs

MONOCLONAL ANTIBODY

PURPOSE OF MEDICATION

**Expected Pharmacological Action**  
Neutralizes & prevents the activity of tumor necrosis factor-alpha (TNF-alpha), resulting in anti-inflamm.

**Therapeutic Use**  
Prevents disease and allows diseased joints to heal.  
Crohn's: ↓ S/S, maintains/induces remission. ↓ # of draining enterocut. fistulas

**Complications**  
HIA, nausea, fever, fatigue, fever, pharyngitis, rash, meningitis, myalgia, back pain, Rare → hypotension or HTN, paresthesia, insomnia, depression, UTI

**Medication Administration**  
IV - Crohn's disease  
5mg/kg followed by additional doses at 2 & 6 wks after 1st infusion then 8wks

**Contraindications/Precautions**  
Hypersensitivity, HF, sepsis, active infection, hematologic abnormalities, COPD, CNS disorders, TB pts, elderly, Hep B virus

**Nursing Interventions**  
Assess skin turgor  
• Ensure no active infection, TB or live vaccines  
• Monitor BP, fever, any S/S of infection, monitor CRP, stools & abd. pain

**Interactions**  
Anakinra, anti-TNF agents, live vaccines  
MAY ↑ serum alkaline phos., ALT, AST & bilirubin levels

**Client Education**  
• Report any S/S of infection - fever, chills, body aches  
• Do not receive any live vaccines  
• Except TB screenings  
• Tx may ↓ immune system

**Evaluation of Medication Effectiveness**  
↓ Crohn's S/S  
↓ in # of draining enterocut. fistulas

**Compatibility**

DO NOT INFUSE in same IV line w/ other agents

**Amount**

5mg/kg

**Rate of Administration**

Administer over 2 hrs using a low protein binder filter

**Diluent**

Reconstitute each vial in 10ml sterile water.  
Do not shake → swirl gently  
Allow to stand for 5min & inject into 250ml bag 0.9% NaCl

Begin infusion  
with 3hrs  
off-peak!

**Site, supplies, storage, stability**

Refrigerate vial  
solution should be colorless to light yellow.  
If discolored do not use.

ACTIVE LEARNING TEMPLATE: **Medication**

STUDENT NAME Lillian Morciauskas

MEDICATION Morphine (IV)

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

CATEGORY CLASS Opioid agonist, Schedule II

PURPOSE OF MEDICATION

**Expected Pharmacological Action**  
Binds w/ opioid receptors  
w/in CNS, inhibiting  
ascending pain pathways.

**Therapeutic Use**  
↓ in severity of pain

**Complications**  
N/V, sedation, ↓ BP, diaphoresis,  
constipation, dizziness, confusion, tremors,  
↓ appetite

**Medication Administration**  
IV: 0.1-0.2 mg/kg  
Q 4hrs PRN or  
2-10mg  
IV con.: 0.8-10mg/hr  
Range: 20-50 mg/hr

**Contraindications/Precautions**  
Hypersensitivity, asthma, GI obstruction,  
concurrent MAOIs, severe respiratory  
depression, COPD, severe hypotension,  
biliary tract disease, pancreatitis, ↓ disease

**Nursing Interventions**  
• Monitor VS Q 5-10min after infusion  
• Monitor RR, BP  
• Monitor bowels  
• Initiate deep breathing patterns  
• get pain level prior to admin.

• hold if RR less than 12!

**Interactions**  
ETOH, CNS depressants, MAOIs  
may ↑ serum amylase, lipase

**Evaluation of Medication Effectiveness**  
↓ in severity of pain w/out significant side effects

**Client Education**  
• change pos. slowly  
• Avoid alertness tests  
• NO ETOH or CNS depressants  
• Report any constipation or SOB

### Compatibility

Amiodarone, atropine, diltiazem, benadryl, dopamine, cefepime, lidocaine, lorazepam, mag., K+, propofol, NSS

### Amount

0.1-0.2 mg/kg Q 4hrs PRN  
CONT. : 0.8-10mg/hr

### Rate of Administration

Very slowly admin.

### Diluent

Can give undiluted.

Sterile water or 0.9% NaCl to final concentration of 0.1-1mg/mL in DSW. Given through infusion device

### Site, supplies, storage, stability

store at room temp.