

ACTIVE LEARNING TEMPLATE: *Medication*

STUDENT NAME Ella Murray

MEDICATION Ceftriaxone

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

CATEGORY CLASS pharmacotherapeutic -> Cephalosporin, antibiotic

PURPOSE OF MEDICATION

Expected Pharmacological Action

Binds to bacterial cell membranes, inhibits cell wall synthesis

Therapeutic Use

Kills bacteria (bactericidal)

Complications

Antibiotic associated colitis & other GI superinfections, nephrotoxicity, hypersensitivity reaction, thrush, mild cramping

Medication Administration

IV: 1-2 grams, q 12-24 hrs  
↳ Adults & elderly

Contraindications/Precautions

Hx of hypersensitivity to cephalosporins, premature infants, no administration with calcium IV solutions

Caution: hepatic impairment, hx of GI disease, hx of penicillin allergy

Nursing Interventions

- \* Assess oral cavity daily for thrush
- \* Assess daily pattern of bowel activity & GI symptoms
- \* Monitor I&Os and renal function tests
- \* Monitor for signs of superinfection

Interactions

Drug-drug: Probenecid, calcium salts, anticoagulants

Client Education

- \* Explain purpose of med
- \* Educate about complications
- \* Instruct pt to report side effects
- \* Educate on importance of finishing full course
- \* Instruct to avoid alcohol while taking

Evaluation of Medication Effectiveness

Assess for improvement in symptoms: reduced fever, decreased redness/swelling @ infection site, improved wellbeing

Monitor lab values: WBC, culture & sensitivity results

ACTIVE LEARNING TEMPLATE: **Medication**

STUDENT NAME Ella Murray

MEDICATION Acetaminophen (Tylenol)

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

CATEGORY CLASS Analgesic & antipyretic

PURPOSE OF MEDICATION

Expected Pharmacological Action

- Activates Serotonergic inhibitory Pathways in the CNS
- Inhibits hypothalamic heat-regulating center

Therapeutic Use

- Temporary reduction of fever
- Management of mild to moderate pain

Complications

Acetaminophen toxicity: anorexia, fatigue, diaphoresis, nausea, vomiting, RUQ pain, elevated LFTs 48-72 hrs after  
 \* Hepatotoxicity & kidney failure with prolonged usage

Medication Administration

PO: 325-650 mg q 4-6 hrs  
 ↳ Adult dose, regular strength

\* Max: <sup>4?</sup> 3000 mg/day etc

Contraindications/Precautions

Hypersensitivity, Severe hepatic impairment, Severe active liver disease

Caution: renal impairment, alcohol dependency, chronic malnutrition, hypovolemia

Nursing Interventions

- \* Assess for relief from pain/fever
- \* Reasses level of pain pt is experiencing
- \* Reasses temperature
- \* Monitor LFTs
- \* Monitor for signs of toxicity
- \* Give with food
- \* Keep acetylcysteine ready

Interactions

Drug-drug: alcohol, hepato-toxic meds (increased risk of hepatotoxicity)

Client Education

- \* Educate about max dosage
- \* Instruct to not mix with alcohol
- \* Educate about signs of toxicity
- \* Instruct to report signs of hypersensitivity to provider
- \* Explain this drug is a relief, not a cure

Evaluation of Medication Effectiveness

- \* Fever is reduced
- \* Pain level has decreased