

## Instructional Module 3 Medication Worksheet

Jesus Carrasco

1/19-20/21

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

~~Allergic Allergy Assess Before Administration Any Medication~~

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
<i>Assess continuous infusion when ordered</i>	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Route Options	IVP - List diluent solution, volume, and rate of administration  IVPB - List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Metoprolol Lopressor	Beta1-Adrenergic Antagonist	Antianginal Antihypertensive (MI Prophylaxis)	PO  IV	PO 50 and 100 mg, Unchewed IV: 1mg/1mL 5mL Dosage <b>Admin in 2 minute</b>	CNS Impairment- Anxiety, Confusion  Black Box Warning: abrupt cessation may cause MI or exacerbation of angina pectoris	1.Assess: Vitals (B/P and HR), EKG for dysrhythmias 2.M/C: Lightheadedness, Dizzy, fatigue, Blurred Vision, increased SOB 3.DO NOT stop Rx suddenly (May cause MI) 4.CALL DON'T FALL
Vitamin C  PART OF COVID 19 REGEMIN	Vitamin Water Soluble	Immune Support Antioxidant	PO  IM  IV	PO- Patient dose= 500mg Daily  PO Dose range: 70-150mg/day, upper limit 2000mg/day	GI upset  Rapid administration IV: faintness or dizziness	1.Do not exceed 2000mg per day. Can cause GI upset and diarrhea 2.Monitor Bowel sounds 3.Deficiency can cause: weakness, anemia, bruising, bleeding, loss of teeth 4. <b>Also used to prevent and treat Scurvy</b>
Duoneb  Ipratropium Bromide/Albuterol Sulfate	Anticholinergic Beta-2 Adrenergic Agonist Bronchodilator Sympathomimetic	Reduces Bronchospasm and open airway	Inhalation  Nebulizer	Inhalation solution: 3mg/3mL- 0.5mg/3mL  Spray: 100mcg/ 1 actuation- 20mcg/1 actuation	Common: bronchitis, Pharyngitis, URI  Serious: Afib, Dysrhythmia, MI, Anaphylaxis	1.Avoid activities requiring balance or visual acuities: d/t dizziness, blurred vision, mydriasis 2.Pt to report need for increased frequency to provide relief 3.Assess Resp. and Abdomen: M/C Diarrhea, N/V, URI, cough, dyspnea 4.Instruct proper inhalation technique
Wixela  Fluticasone Propionate/Salmeterol xinafoate	Adrenal Glucocorticoid Beta-2 Adrenergic Agonist	Antiasthma Anti-inflammatory/ Bronchodilator Combo Sympathomimetic	Inhalation	Inhalation: Dry powder or Aerosol	Atrial Fibrillation, Cardiac Dysrhythmia, MI, Tachycardia  Bacterial Infection Thrush	1.M/C: Throat irritation or Thrush(Oral candidiasis), advise patient to rinse and spit 2.Instruct patient if symptoms continue to use short acting rescue inhaler, NOT extra doses of Advair 3.Assess Respiratory Tract, breath sounds, O2 %, Resp. 4.M/C: nasopharyngitis, headache, cough, sinusitis

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<p>Maxipime Cefepime Hydrochloride</p>	<p>4<sup>th</sup> Generation Cephalosporin  Antibiotic</p>	<p>Kills Bacterial cells and targets penicillin binding proteins</p>	<p>Intramuscular  Intravenous</p>	<p>IM and IV: Reconstitution- 0.5- 2.0g with NS, D5W, Lidocaine, Sterile water or benzyl alcohol</p>	<p>Common: Rash, Hypophosphatemia, increased ALT/SGPT levels Serious: Stevens-Johnson Syndrome, C-Diff, Anaphylaxis Aphasia, Encephalopathy, seizure</p>	<p>1. Assess Abdomen activity and pain: m/c colitis, n/v, pruritis, urticaria 2. Assess Neuro: Pt to report: S/S of encephalopathy (confusion, hallucination, stupor, coma) 3. Monitor Labs (WBC, Lytes): Pt to report s/s of C-Diff. diarrhea 4. Importance of receiving full course of therapy</p>
<p>Solumedrol  Methylprednisolone Sodium Succinate</p>	<p>Adrenal Glucocorticoid  Endocrine- Metabolic Agent</p>	<p>Potent steroid with anti- inflammatory, lesser tendency of sodium and water retention</p>	<p>IM  IV  Oral</p>	<p>Reconstitution: diluent or bacteriostatic water for injection with benzyl alcohol only with 48 hours of mixing  IV: D5w, NS admin over 30 min.  Oral: given with 200mL of Orange Juice</p>	<p>Common: HTN, Impaired wound healing, Fluid retention, Peptic ulcer disease, Abnormal LFTs, Infection Serious: CHF, Cardiac dysrhythmia, Hyperglycemia, Hepatotoxicity, Stroke</p>	<p>1. Advise Pt: receiving immunosuppressive therapy to avoid vaccines during therapy. 2. Assess Skin and Vitals (BP), I/O: M/C fluid retention, impaired wound healing 3. Monitor Labs (Platelet, WBC): Report s/s of infection and bleeding d/t peptic ulcer disease 4. Diabetic Pts: monitor blood glucose</p>
<p>Cordarone  Amiodarone Hydrochloride</p>	<p>Anti-arrhythmic Group III  Benzofuran</p>	<p>Lengthens Cardiac Potential and blocks myocardial potassium channels to slow conduction</p>	<p>IV  Oral</p>	<p>IV: Dilute with D5W, Infusion Rate should not exceed 30mg/ min but increased for effective arrhythmia suppression  Oral: Administer with meals</p>	<p>Common: Hypotension, photodermatitis, Constipation, Loss of Appetite, N/V, Increased liver enzymes, coordination problems Serious: Bradycardia, CHF, Prolonged QT interval, extravasation, Thrombocytopenia</p>	<p>1. Assess Cardiac: Pt to report: s/s of dysrhythmia or bradycardia 2. Assess Skin: Advise patient to use sunscreen, wear protective clothing and avoid tanning beds 3. Advise Patient to avoid grapefruit juice and St. Johns Wort 4. Assess Abdomen activity and sounds: m/c constipation, N/V, loss of appetite</p>
<p>Flomax  Tamsulosin Hydrochloride</p>	<p>Alpha-1 Adrenergic Blocker  Benign Prostatic Hypertrophy Agent</p>	<p>Relaxes smooth muscle of prostate</p>	<p>Oral</p>	<p>Oral: Administer 30 minutes after the same meal each day  DO NOT CRUSH, CHEW OR OPEN CAPSULES</p>	<p>Common: Backache, Dizziness, Headache, abnormal ejaculation, rhinitis  Serious: Retinal detachment, Priapism</p>	<p>1. Instruct patient to advise HCP about taking the medication if they are considering cataract surgery 2. Avoid activities requiring mental or balance coordination, m/c: dizziness, vertigo, syncope and somnia. 3. Call Don't Fall: caution standing drug m/c orthostatic hypotension 4. Advise patient of sudden discontinuation of drug</p>