

IM 2 Pharmacology Worksheet

Use the drop-down menu next to each generic drug to select its brand name

furosemide	<input type="text"/>	enoxaparin	<input type="text"/>
morphine sulfate	<input type="text"/>	losartan	<input type="text"/>
ondansetron	<input type="text"/>	lisinopril	<input type="text"/>
metoclopramide	Reglan	propranolol	<input type="text"/>
ceftriaxone	<input type="text"/>	carvedilol	<input type="text"/>
acetaminophen	<input type="text"/>	amlodipine	<input type="text"/>
levofloxacin	<input type="text"/>	diltiazem	<input type="text"/>
Insulin lispro	<input type="text"/>	pantoprazole	<input type="text"/>
Insulin glargine	<input type="text"/>		

Use the drop-down menu next to each drug to match it with the correct class/subclass

furosemide	<input type="text"/>	levofloxacin	<input type="text"/>
metoprolol	<input type="text"/>	morphine	<input type="text"/>
ceftriaxone	<input type="text"/>	acetaminophen	<input type="text"/>
Insulin lispro	<input type="text"/>	vancomycin	<input type="text"/>
enoxaparin	<input type="text"/>	metoclopramide	<input type="text"/>

Fill in the Blank

A healthcare provider may choose between these two types of rapid acting insulin for sliding scale [Insulin lispro and insulin aspart](#)

[Human regular insulin](#) is the only insulin that can be administered via the intravenous route.

Two especially important nursing interventions for patients receiving an opioid are [check Respiratory rate and Level of consciousness](#)

This lab must be assessed prior to administration of enoxaparin [platelet count](#)

Answer the following questions:

What does the mnemonic CLABSI stand for?

[Central Line Associated Bloodstream Infection](#)

List 5 signs/symptoms of hypoglycemia:

[Fatigue, confusion, fainting, sleepiness, and anxiety](#)

List 5 signs/symptoms of hyperglycemia:

[Shortness of breath, weakness, confusion, coma, and abdominal pain](#)

Give 5 causes for change in mental status:

[UTI, hypoglycemia, hyperglycemia, sepsis, and stroke](#)

List the 6 “P’s” for peripheral neurovascular assessment:

Pain, pallor, pulselessness, paresthesia, paralysis, poikilothermia (bilaterally)

What does MEWS stand for and why is it important?

Modified Early Warning Score, it is important to be able to track a patient's progress while in the hospital and whether the patient reaches a point of needing more critical care

Many patients in the hospital receive enoxaparin as part of treatment. What is the rationale for this treatment?

Enoxaparin is an anticoagulant and is used to prevent deep vein thrombosis in patients who have restricted mobility in the hospital.

What is medical asepsis?

Clean technique and practices to confine or limit growth of contamination or spread

List 4 examples of medical asepsis in the hospital setting:

Administering Intravenous medications, administering injectable medication, tube feeding, and preparing IV and inj. medications

Other than diabetes, list 4 reasons a patient's blood glucose could be elevated:

Steroid medication, an infection, TPN, surgery or trauma

What is the reason for the use of the incentive spirometer?

Improve ventilation and oxygenation and prevent hyperventilation and fatigue

Describe how you would teach a patient to use the incentive spirometer:

Completely cover mouthpiece with lips, inhale slowly and steadily to raise and maintain the flow rate indicator to the “best” range. Continue inhaling until recommended maximum inspiration is reached. Hold breath for 3-5 seconds, then exhale. Record your maximum inspiratory capacity in mL inspired. Perform at least 10 times in an hour or use commercial breaks as a reminder to perform exercise 2-3 times per break.

In the IV lecture you were asked to read the article on best practices for intravenous medication administration. The answers to the following 6 questions can be found in that article.

What does ISMP stand for?

The Institute for Safe Medication Practices

What does ISMP state regarding dilution of medications for the intravenous push route?

Dilute IV push medications only when recommended by the manufacturer, supported by evidence in peer-reviewed biomedical literature, or in accordance with approved institutional guidelines

How does a nurse determine if a central venous device is functional/patent?

You test patency with a 10 mL syringe, attach to lumen and unclamp, pull back (aspirate) on the syringe to see if you get a blood return.

How does a nurse determine if a peripheral IV site is functional/patent?

Flush with a 10 mL syringe, do not aspirate.

Why is a 10 mL diameter-sized syringe recommended for establishing patency of a central venous device?

Because it generates lower injection pressure than a syringe with a small diameter

List 3 reasons why a nurse should not withdraw IV push medication from a commercially available, cartridge-type syringe into another syringe for administration.

Can lead to contamination, dosing errors, and drug mix-ups.

Other questions related to intravenous therapy:

What are the signs and symptoms of air embolism?

Dyspnea, tachypnea, lightheadedness, palpitations, drop in BP, weakness, cyanosis and expiratory wheezes

Describe the treatment for air embolism:

Call for help, position patient in Trendelenburg on their left side, administer oxygen, monitor vital signs and have emergency equipment ready (crash cart)

What are the signs and symptoms of fluid overload?

Shortness of breath, cramping headache, dependent edema, rapid weight gain, crackles in lung field

Diana Ruedas

Describe the treatment for fluid overload

Stop medication, call physician, and place on oxygen if they are experiencing shortness of breath

List the steps when administering and intravenous medication via a triple lumen subclavian intermittent site:

Scan armband and verify patient on eMAR, scan medication and verify on eMAR, assess IV site, remove antiseptic cap and scrub port with alcohol pad for q15 seconds. Allow to dry. Assess patency of IV catheter. Aspirate with 10 mL sodium chloride syringe. Flush with 9 mL or follow specific flush protocol for various lines. Scrub needless port for 15 seconds and allow to dry. Aseptically attach medication syringe, push medication at recommended rate flush with 9 mL sodium chloride, remove syringe, clamp lumen, apply antiseptic cap

Name the only intravenous fluid (crystalloid) that can be used for blood administration.

NS- 0.9% Sodium Chloride