IM 2 Pharmacology Worksheet

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

furosemide	Lasix	enoxaparin	Lovenox
morphine sulfate	Duramorph	losartan	Cozaar
ondansetron	Zofran	lisinopril	Zestril
metoclopramide	Reglan	propranolol	Inderal
ceftriaxone	Rocephin	carvedilol	Coreg
acetaminophen	Tylenol	amlodipine	Norvasc
levofloxacin	Levaquin	diltiazem	Cardizem
Insulin lispro	Humalog	pantoprazole	Protonix
Insulin glargine	Lantus		

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

furosemide	Loop diuretic	levofloxacin	Fluroquinolone
metoprolol	Beta blocker	morphine	Opioid analgesic
ceftriaxone	Cephalosporin	acetaminophen	Analgesic
Insulin lispro	Antidiabetic	vancomycin	Glycopeptide
enoxaparin	Anticoagulant	metoclopramide	Prokinetic

Fill in the Blank:

A healthcare provider may choose between these two types of rapid acting insulin for sliding scale: *Humalog (insulin lispro) and Novolog (insulin aspart)*

Insulin Regular Human (IRH) **is the only insulin that can be administered via the intravenous route.**

Two especially important nursing interventions for patients receiving an opioid are *Assessing the rate and quality of their respirations and their LOC (in case of overdose)*

This lab must be assessed prior to administration of enoxaparin: *CBC*

Answer the following questions:

What does the pneumonic CLABSI stand for?

C*entral* ***L****ine* ***A****ssociated* ***B****lood* ***S****tream* ***I****nfection*

List 5 signs/symptoms of hypoglycemia:

Sweating, Confusion, Shakiness, Tachycardia, Dizziness, Drowsiness

List 5 signs/symptoms of hyperglycemia:

Fruity-smelling breath, dry mouth, shortness of breath, confusion, N/V

Give 5 causes for change in mental status:

CVA, Respiratory Failure, Medication, HACE (High Altitude Cerebral Edema), UTI in older adults, alcohol/drug withdrawal, electrolyte imbalance, etc.

List the 6 "P's" for peripheral neurovascular assessment:

Pain, Pallor, Paresthesia, Paralysis, Pulselessness, Poikilothermia

What does MEWS stand for and why is it important?

It stands for Modified Early Warning System and it helps identify patients at risk for deterioration.

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

Many patients in the hospital are on bedrest or have restricted movement, which means that they have a higher chance of developing blood clots.

What is medical asepsis?

Measures used to prevent the spread of infectious agents in a hospital environment.

List 4 examples of medical asepsis in the hospital setting:

Using PPE, handwashing, administering tube feeds, administering enemas

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

Receiving TPN, Steroids, Infection, Endocrine conditions (Cushing Syndrome)

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

It helps keeps a patient's lungs active while recovering and it prevents complications such as pneumonia.

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

I would teach them to sit upright and to place the mouthpiece in their mouth while closing their lips tightly around it. I would instruct them to breath in slowly through their mouth as deeply as possible. I would tell them to try to move the marker as high as they can while keeping the indicator between the arrows.

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?

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,

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

According to the article, the nurse will assess patency with no less than a 10 mL syringe full of NS. I have been taught to aspirate the site and if there is a blood return, it is patent. After you aspirate THEN you flush with 9 mL of NS.

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

They will flush the peripheral IV site with 9 ML of NS and if it flushes without issue, then it is patent.

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

It contains less pressure than a smaller sized syringe. The higher the injection pressure, the greater the chance of damaging the vein.

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

Risk of contamination, increases chances of medication errors and it is not economical.

Other questions related to intravenous therapy:

What are the signs and symptoms of air embolism?

Shortness of breath, low blood pressure, chest paint, dyspnea, cyanosis

Describe the treatment for air embolism:

Have patient lay on their LEFT side and place the bed in the Trendelenburg position. Notify the physician.

What are the signs and symptoms of fluid overload?

Shortness of breath, rapid weight gain, high blood pressure, swelling

Describe the treatment for fluid overload

Administering loop diuretics, sending the patient to dialysis per the doctor's orders.

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

Using pre-filled 10 mL sodium chloride syringe, aspirate for blood return, flush with 9 mL or follow specific flush protocol for various lines. If continuous infusion, select closest port to patient. Scrub needleless 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.

Normal Saline (NS)