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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 Regular Insulin or Insulin Lispro

Rapid Acting Insulin is the only insulin that can be administered via the intravenous route.

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Two especially important nursing interventions for patients receiving an opioid are
1. Assess rate and quality of respirations 2. Monitor bowel and bladder habits

This lab must be assessed prior to administration of enoxaparin Blood Cell & Platelet Count

Answer the following questions:

What does the pneumonic CLABSI stand for?

Central-Line Associated Bloodstream Infections

List 5 signs/symptoms of hypoglycemia:

Shaking (Trembling), Sweating & Chills, Dizziness, Tachycardic, Headache & Nausea.

List 5 signs/symptoms of hyperglycemia:

Fruity-Smelling Breath, Nausea, Vomiting, Shortness Of Breath, Dry Mouth, Weakness & Confusion

Give 5 causes for change in mental status:

Infections/Abscesses, Drug Overdose, Edema, Medications, Tumor, Toxins & Liver/Respiratory Failure

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

Pain, Pallor, Pulse, Paresthesia, Paralysis & Poikilothermia

What does MEWS stand for and why is it important?

Modified Early Warning Score, & it was designed to identify patient deterioration and ensure early intervention.

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

Used to prevent deep venous thrombosis, a condition in which harmful blood clots form in the blood vessels of the legs. These blood clots can travel to the lungs and can become lodged in the blood vessels of the lungs, causing a condition called pulmonary embolism. Administer SubQ, 90-degree angle, in the love handles, monitor for bleeding and platelet count.

What is medical asepsis?

State of being free from disease causing microorganisms, concerned with eliminating the spread of microorganisms through facility practices.

List 4 examples of medical asepsis in the hospital setting:

Surgical Procedures, Biopsies, Dressing Wounds Or Burns, Inserting Catheter, Wound Drain, Intravenous Line Or Chest Tube, Administering Injections, etc.… Medical Asepsis should always be at the forefront of your mind before/during/after any patient interaction.

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

Sunburn, Coffee, Losing Sleep, Skipping Breakfast, Time of day & Dehydration

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

Helps keep lungs active and free of fluid, helps the lungs to recover after surgery or a lung illness.

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

Sit upright, Put mouthpiece in your mouth and close your lips tightly around it, Breath in (inhale) slowly through your mouth as deeply as you can, & try to get the piston as high as you can, while still keep 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 I.V. push medications only when recommended by the manufacturer, if dilution or reconstitution of an I.V. push medication becomes necessary outside of the pharmacy sterile compounding area, preform these task immediately before administration in a clean, uncluttered, and functionally separate location using organization approved, readily available drug information resources, sterile equipment and supplies.

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

Pull back on the syringe (aspirate), look for blood flow to establish functionality/patency & then flush.

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

Watch for blood when inserting the catheter and pulling the needle out, flush the site and assess for any edema or irritation around the site

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

Manufacturers recommend using, at minimum, a 10mL diameter-sized syringe for assessing patency because a syringe of this size generates lower injection pressure than a syringe with a smaller 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.

Contamination, Dosage Errors & Drug Mix-Ups

Other questions related to intravenous therapy:

What are the signs and symptoms of air embolism?

Dyspnea, Cyanosis, Hypoxia, Hypercapnia, Hypotension, Tachypnea, Wheezing, Bronchospasm & Tachycardia/Bradycardia

Describe the treatment for air embolism:

Immediately Place the patient in left lateral/Trendelenburg position, this helps prevent air from traveling through the right side of the heart in the pulmonary arteries, leading to right ventricular outflow obstruction.

What are the signs and symptoms of fluid overload?

Edema (Arms, Legs & Face), Dyspnea, High BP, CHF, Cramping, Headache & Swelling In Abdomen

Describe the treatment for fluid overload

Diuretics or Mechanical fluid removal (Dialysis or Paracentesis)

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

1.Scan Armband/ Verify Patient **2**. Scan Medication/Verify on EMAR **3.** Assess Site **4.** Remove cap/Scrub port with alcohol pad for 15 second. Allow to dry. **5.**Assess Patency (using pre-filled sodium chloride syringe, aspirate for blood return & flush with 9mL **6.**Reclean needless port again **7.** Aseptically attach medication syringe **8.**Push Medication the recommended rate **9.**Clean again **10.**Flush with 9mL, remove syringe, clamp lumen & apply antiseptic cap

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

Normal Saline, Solution of sodium chloride at 0.9% concentration, Close to the concentration in the blood (isotonic)