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 Insulin lispro and 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 Monitoring respirations and bowel movements.

This lab must be assessed prior to administration of enoxaparin Complete blood cell and platelet count.

Answer the following questions:

What does the pneumonic CLABSI stand for?

Central line associated bloodstream infection

List 5 signs/symptoms of hypoglycemia:

Confusion, lightheadedness, anxiety, pallor, and shakiness.

List 5 signs/symptoms of hyperglycemia:

Confusion, weakness, increased thirst/ dry mouth, abdominal pain, and headaches.

Give 5 causes for change in mental status:

UTI, stroke, concussion, respiratory distress, blood loss

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

Pain, pallor, pulse, paresthesia, paralysis, and poikilothermia

What does MEWS stand for and why is it important?

Modified Early Warning Score, it is 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?

It is an anticoagulant and is therefore useful in helping to prevent blood clots in patients who are on bed rest or having surgery.

What is medical asepsis?

Clean technique, aimed at confining or limiting growth or spread of contaminant.

List 4 examples of medical asepsis in the hospital setting:

Giving a IM injection, starting an IV drip bag, administering an enema, and performing focused assessments.

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

Steroids, Cushing syndrome, pancreatic disease, and a UTI

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

It will help to expand your lungs more deeply and fully, especially after recovery times after surgery or illness.

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

1) Explain all the part and mechanisms of the IS so the patient understand how it works.
2) Tell the patient why we have the target set to the location it’s at, and how it’s beneficial to the patient.
3) Then instruct them on how to breathe deep and slow, and how to reach the desired goal.
4) Have patient completely cover mouthpiece with lips.
5) Instruct patient to raise and maintain the flow rate indicator to the “best” range.
6) Continue inhaling until recommended maximum inspiration is reached
7) Hold breath for 3-5 seconds and then slowly exhale.
8) Have patient perform at least 10 times an hour, resting between each of the 10 breaths.

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?

If it cannot be prepared by the pharmacy perform the dilution immediately before admin in a clean and uncluttered area with readily available supplies and clear instructions at hand.

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

Aspirate for positive blood return and encountering no resistance when manually flushing a central venous device.

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

Before, during, and after assessing the venous access site for signs of infiltration or extravasation, as well as looking for signs of infections and adverse reactions.

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

A syringe of this size generates less pressure on the veins when compared to a smaller one such as a 5 mL syringe, as you could risk bursting a vessel or cause infiltration.

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

Using the cartridges as vials can lead to contamination, dosing errors, and even drug mix-ups, as these syringes are usually unlabeled.

Other questions related to intravenous therapy:

What are the signs and symptoms of air embolism?

Difficulty breathing, chest pain, and confusion. It can also cause feelings of impending doom and cardiac arrest.

Describe the treatment for air embolism:

Putting the patient in the Trendelenburg position, which is lowering the patient head below their feet while in a supine position.

What are the signs and symptoms of fluid overload?

Sudden weight gain, swelling (edema), and shortness of breath.

Describe the treatment for fluid overload

Administering a diuretic and reducing amount of fluid intake.

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

1) Verify doctors' orders on eMAR.
2) Gather appropriate supplies and prepare medication, label syringe.
3) AIDET, identify patient, assess allergies, teach patient.
4) Scab armband and verify patient eMAR.
5) Scan medications and verify eMAR.
6) Assess IV site.
7) Remove antiseptic cap and scrub port with alcohol pad for 15 seconds, allowing to completely dry.
8) Assess patency using pre-filled 10 mL syringe by aspirating for blood return, then flush with 9 mL of sodium chloride.
9) If continuous infusion select closest port to patient.
10) Scrub needles port for 15 seconds and allow to completely dry.
11) Aseptically attach medication syringe and push medication at recommended rate.
12) Flush with 9 mL sodium chloride, with the first two mL as the same rate as the medication and the rest normal.
13) Remove syringe, clamp lumen, and apply antiseptic cap.

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

Normal Saline