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## 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 or regular insulin**

**Rapid acting** is the only insulin that can be administered via the intravenous route.

Two especially important nursing interventions for patients receiving an opioid are **Assess respirations and LOC**

This lab must be assessed prior to administration of enoxaparin **platelet count**

**Answer the following questions:**

What does the pneumonic CLABSI stand for?

**Central Line-Associated Bloodstream Infection**

List 5 signs/symptoms of hypoglycemia:

**Fatigue, sweating, irritability, hunger, pale skin**

List 5 signs/symptoms of hyperglycemia:

**N/V, SOB, dry mouth, frequent urination, increased thirst**

Give 5 causes for change in mental status:

**Low oxygen, sleep deprived, CVA, medications, depression**

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

Pain, Pallor, Pulse, Paresthesia, Paralysis, Poikilothermic

What does MEWS stand for and why is it important?

Modified Early Warning Score – to identify patients for any early signs of deterioration and to assess for a higher level of care if needed.

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

To decrease the risks of coagulation or blocking in the blood vessels. Also, if patients must be bed rest for quite a while, this will decrease chances of clots forming in the vessels. It is also good for patients to decrease the risk of DVT, strokes, immobile patients, etc. anything that defeats blood clots.

What is medical asepsis?

It is the state of being free of disease-causing microorganisms.

List 4 examples of medical asepsis in the hospital setting:

Hand washing, disinfecting the surfaces, PPE, use of antiseptics

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

Medications (steroids), stress, dehydration, inactivity

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

It is used to diagnose if you have an asthma, any COPD. It is also used for patients after surgery. This keeps the lungs healthy due to prolonged disuse and can keep them free of fluid accumulation.

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

Orient them what is an incentive spirometer, assess their level of understanding and readiness. Then set a goal on the IS to where they should hold their breath, have the patient exhale and inhale deeply in the IS while staying in the normal range. Have them repeat IS 10x/hr. in a day.

***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?

Dilution of IVP meds should only be diluted when recommended by the manufacturer, and should be prepared in a clean, uncluttered space where sterility of the resources is always met.

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

By aspirating a saline flush (lock is unclamped) and see a blood return.

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

Administer a saline flush on the IV site, assess the site for any swelling around the site if infiltration happened, and ask the patient for any pain in the site. If patient denies pain and there was no swelling inspected, then the site is functional/patent.

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

Because a 10 mL diameter-sized generates a lower injection pressure compared to other diameter syringes.

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

One, they cannot be used as vials, this can lead to contamination. Two, it is an unsafe practice leading to dosing errors. Lastly, it can cause drug mix-ups because syringes are often unlabeled.

***Other questions related to intravenous therapy:***

What are the signs and symptoms of air embolism?

Dyspnea, tachypnea, weakness, lightheaded, low BP, cyanosis, palpitations, wheezes

Describe the treatment for air embolism:

Call the physician, place the patient in Trendelenburg left side lying, monitor VS, administer oxygen and ready emergency equipment.

What are the signs and symptoms of fluid overload?

SOB, headaches, cramping, rapid gain weight, crackles, dependent edema.

Describe the treatment for fluid overload.

Remove excess fluids by using medications like diuretics, or via dialysis.

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

- I have done all the check meds all 3, AIDET on the patient, check patient for name, DOB, allergies, any pain right now.
- Scan meds, teach patient about meds and ask if they accept.
- Assess the site for any bleeding or infection, and use the lumen closest to the patient, if in use, use the second closest.
- Remove orange cap, and clean lumen with alcohol swab for 15 sec. Let dry.
- Unclamp, aspirate for blood return if there is return, admin saline. If no return, something is wrong, do not continue.
- After saline, clean the lumen for 15 sec., then admin drug following the recommended time to be administered.
- When done, clean lumen again for 15 sec with alcohol swab, flush with saline with the same rate as the drug (all saline's only given till 1 mL left) and before removing saline syringe, clamp then lumen, then remove saline.
- Clean the lumen then place orange cap.

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

NS 0.9% sodium chloride