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 (Humalog) or Regular insulin (Humulin).

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

Two especially important nursing interventions for patients receiving an opioid are

Monitoring their respiratory rate and their blood pressure

This lab must be assessed prior to administration of enoxaparin Click or tap here to enter text.

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, dizziness, pale skin, confusion, irregular heart rate

List 5 signs/symptoms of hyperglycemia:

Fruity-smelling breath, high blood sugar, headache, nausea and vomiting, frequent urination

Give 5 causes for change in mental status:

Low O2 saturation, fall, stroke, UTI, trauma

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?

The Modified Early Warning Score is a scoresheet who’s purpose is to prevent the delay of intervention for sick patients. It is used as an easily readable scale to rate our patient’s vital signs.

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

Lovenox is to be given to prevent blood clots in patients that are on bed rest or are not able to ambulate frequently

What is medical asepsis?

Practice to confine/limit growth of contamination or spread

List 4 examples of medical asepsis in the hospital setting

Administering a suppository, bathing a patient, cleaning using antiseptics, and wearing exam gloves

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

A patient is getting tube feeding, drinking sodas, lack of physical activity, and UTI

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

Helps prevent atelectasis, provides voluntary deep breathing, and gives the nurse a visual on how the patient is breathing.

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

I would first mark my patient's goal. I would then tell my patient to first close their lips around the mouthpiece tight enough for excess air to not leak. Then, I would teach my patient to breathe in deeply and slowly while trying to make the piston rise to the goal marker. When my patient can no longer inhale, I would have them hold their breath and remove the mouthpiece for a few seconds. Finally, they would exhale and repeat these steps.

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 meds only when it is recommended by the manufacturer. When this is recommended, it should most often be diluted in the pharmacy before the medication is dispensed. If dilution is necessary outside of the pharmacy, the nurse must perform the task immediately before admin in the medication room.

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

> Patency is established by first assessing the site for any abnormal inflammation, tenderness or pain. Then, the nurse will aspirate for blood return and finish with flushing the lumen with 9 mL normal saline flush.

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

> Best practice is to flush the peripheral IV with 9 mL of the 10 mL normal saline flush. Do not aspirate before flushing this IV site.

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

> Best practice is to flush a central line with 9 mL of the normal saline flush, and using a 10 mL syringe stimulates 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.

> Mislabeling of the suringes, the prefilled flushes haven't been tested for safety with admin of meds, and this would be considered off label since this isn't how manufacturers intended the flushes to be used.

Other questions related to intravenous therapy:

What are the signs and symptoms of air embolism?

> Palpitations, lightheadedness, weakness, tachypnea, dyspnea, drop in BP, expiratory wheezes, cyanosis

Describe the treatment for air embolism:

> Position the patient in Trendelenburg position, administer oxygen, monitor vital signs

What are the signs and symptoms of fluid overload?

> Shortness of breath, cramping, headache, dependent edema, rapid weight gain, crackles in the lungs

Describe the treatment for fluid overload

> Administer medications at recommended rate, assess site & patient frequently during med administration, recommend to the provider an order for a diuretic, monitor I&O.

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

Assess CVAD site, unclamp lumen & remove orange cap, clean port with alcohol swab for 15 seconds & allow to dry, attach normal saline 10 mL flush & aspirate for blood return, flush lumen with 9 mL of normal saline flush at a push pause rate, remove syringe and clean port for 15 seconds, allow to dry, administer medication at recommended rate, remove syringe & clean port again for 15 seconds, allow to dry, flush with 2-3 mL of the second normal saline 10 mL syringe at the rate of the medication admin, flush the remaining 6-7 mL at a push pause rate until the 1 mL mark is reached, attach orange cap and clamp lumen.

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

Normal saline