

Medication Administration/Documentation

Mr. Heartbreaker will be receiving multiple medications/fluids throughout his hospital stay based on his condition, symptoms, and complaints. In the graph below, list each medication, dose, volume given, and its classification. If it is an IV drip medication give the pump rate also. After each medication tell us WHY it is being given to Nicky. List each in the department where they were administered. There will be a few dosage calculations involved. Patient weight is 90 kg.

Emergency Room:

- 1.) Aspirin 81mg **2 tablets** PO Antiplatelet – decreases platelet aggregation
- 2.) Nitroglycerin **3tablet -0.4mg** SL Nitrate – increase cardiac output/ relieve angina
- 3.) Heparin IV bolus 60 units/kg (4000 max) Supply: Bolus- 1.0 mL vial- 5000 units/mL = **0.8mL** Bolus Anticoagulant – prevention of thrombus formation
- 4.) Heparin IV 12 units/kg/Hr (1000 max) Drip- 25000 units/250 mL= **10 ml/hr** Anticoagulant – prevention of thrombus formation
- 5.) Brilinta (ticagrelor)- available in 90 mg tablets Loading dose- 180 mg = **2 tablets** – antiplatelet– decreases platelet aggregation
- 6.) Brilinta (ticagrelor)- available in 90 mg tablets Maintenance- 90 mg bid = **1 tablet**– antiplatelet– decreases platelet aggregation
- 7.) Morphine- Morphine Sulfate 4 mg IV, supply: 2 mg/mL = **2ml** IV- opioid – decrease preload, afterload and reduce anxiety.

Cath Lab:

- 1.) Midazolam IV supply 1mg/mL, 2mg given= **2mL**, hypnotic, sedation
- 2.) Fentanyl IV supply 100mcg/2mL, 50mcg = **1mL** Fentanyl, opioid, pain and supplemental anesthesia
- 3.) D5 ½ Normal Saline @ **100 mL/hr**, crystalloid fluid, maintenance fluid
- 4.) Angiomax IV Bolus Supply: Reconstituted to a concentration of 250mg/50mL, 0.75 mg/kg, = **13.5mL** given, anticoagulant, for unstable angina undergoing PTCA
- 5.) Angiomax IV Drip Supply: Reconstituted to a concentration of 250mg/50mL, 1.75 mg/kg/ hr for the duration of the procedure. **31.5mL/hr**, anticoagulant, for unstable angina undergoing PTCA
- 6.) Oxygen, increase oxygenation

4C:

- Aspirin **81 mg qd**, antiplatelet, decreases platelet aggregation
- Brilinta (ticagrelor) **90 mg bid**, antiplatelet– decreases platelet aggregation
- Enalapril **20 mg qd**, ACE inhibitor, lower blood pressure and prevents ventricular remodeling
- Atenolol **50 mg qd**, beta blocker, inhibit sympathetic nervous stimulation of heart, decrease afterload, reduce ischemia
- Atorvastatin **20 mg qd**, HMG-CoA reductase inhibitors, decreases LDL, triglycerides, lipid lowering agent

1.) Cardizem IV, Supply: 50 mg/2 mL, Bolus 0.25 mg/kg = **0.9mL** bolus (use cautiously)

Cardizem IV drip, Supply: 125 mg in 125 mL, Drip 10 mg/hr = **10ml/hr**

Calcium channel blocker, reduce HR, contractility, and BP, prevent coronary vasospasm

2.) Amiodarone IV, Supply: 150 mg/100 mL, Bolus 150 mg over 10 min = **100ml over 10 mins**, anti-arrhythmic, convert to sinus rhythm

Amiodarone IV, Supply: 900mg/500 mL, Drip 1 mg/min x 6 hr, 0.5 mg/min x 18 hr = **36 ml/hr for 6 hours, 18ml/hr for 18 hours**. anti-arrhythmic, only given in life threatening arrhythmia, maintain sinus rhythm

3.) Lasix IV, Supply: 40 mg/mL, 40 mg IVP= **1mL over 2 mins**, loop diuretic, to diuresis the patient and reduce crackles in lung bases.

4.) Potassium, Supply: 20 mEq/tab, 40 mEq = **2 tablets**, vitamin k supplement to maintain potassium levels WNL in conjunction with loop diuretic.