

**N307 Polypharmacy Rubric**

You will use the 7-day pill box given in pharmacology to take your medications as directed. This box will need to be returned at the end of the project for points, undamaged.

Please address all rubric items. Please include a reflection of your experience. You may place drugs in each separate paragraph or in a table. You must cite your source for each paragraph or table.

| Graded Item  | Points Received | Points Possible |
|--|-----------------|-----------------|
| Take your selected medication list and determine how you will take your medications.<br>(ie: Trade (generic), 20mg, BID, I will take this twice a day, once at 0800 and once at 1800.) |                 | 35              |
| What is the lowest dose of the medication?   |                 | 10              |
| Is there any type of medication on your list that have specific directions? (before bed, before breakfast, 30 minutes before meals, etc..)   |                 | 15              |
| Do any of your medications counteract each other?  |                 | 15              |
| Do any of your lifestyle factors counteract your medications?<br>You are a daily tobacco user, ETOH use - 3 beers daily  |                 | 10              |
| Does any of your PMH contradict your medications?<br>You will determine what you believe is the PMH based off your given medication list.  |                 | 15              |
| What type of PMH can you determine you have based off your medication list?  |                 | 20              |
| What would you teach yourself about your medications?  |                 | 15              |
| What was difficult about maintaining your medication regiment?   |                 | 10              |

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| Why do you think it is difficult for patients to remain compliant?  |  | 10  |
| What would you do if you missed a medication or had questions?  |  | 5   |
| How much would your medications cost per month if you were to pay for them out of pocket? (best assessment based off of research) |  | 10  |
| Return of medication box, undamaged.  |  | 5   |
| Source citation, rubric attached for grading, reference page  |  | 10  |
| Reflective statement of experience.   |  | 15  |
| Total Points  |  | 200 |

Polypharmacy Project

Levi Hahne, BSN Student

N307-01: Introduction to Pharmacology

Lakeview College of Nursing

Shawna Storm, MSN, RN, Ed.

April 22, 2019

I have read and understand the plagiarism policy as outlined in the Catalog relating to the LCN Honesty/Cheating Policy. By signing this statement to the, I certify that I have not cheated or plagiarized in the process of completing my course assignments/exams/quizzes. If it is found that cheating and/or plagiarism did take place in this course, I understand the possible consequences of the act/s, which could include expulsion from Lakeview College of Nursing.

**Drug List:**

|                    |                                       |                          |                     |
|--------------------|---------------------------------------|--------------------------|---------------------|
| 1. Ginseng         | 4. (Dabigatran) Pradaxa               | 7. Atorvastatin          | 10. Amiodarone HCl  |
| 2. Omeprazole      | 5. Lithium                            | 8. Lorazepam             | 11. Furosemide      |
| 3. St. John's Wort | 6. Fish Oil (Omega-3-carboxylic acid) | 9. Clopidogrel Bisulfate | 12. Lisinopril/HCTZ |

**PMH Based on Medication List:**

|                           |                                   |   |   |
|---------------------------|-----------------------------------|---|---|
| 1. Insomnia               | 4. Reduce risk of stroke embolism | 7. Hypercholesterolemia and dyslipidemia      | 10. Ventricular arrhythmias                               |
| 2. GERD & duodenal ulcers | 5. Bipolar disorders              | 8. anxiety disorders                          | 11. Edema from heart failure, hypertension, renal disease |
| 3. Depression, OCD        | 6. Hypertriglyceridemia           | 9. Reduction of atherosclerotic related to MI | 12. Heart failure, hypertension                           |

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| <b>Drug #1</b>   | <b>Drug Name (Generic): Ginseng</b>  |
| <b>Drug Class: Panax</b>   | <b>Drug Name (Trade): Asian Ginseng</b>  |
| <b>How I will take the medication:</b>   | <b>Take medication orally, take same time daily without regard to food</b>   |
| <b>What is the lowest dose of the medication?</b>  | <b>100 mg</b>  |
| <b>Specific Directions:</b>  | <b>Take with or without food, do not exceed dosage may cause toxicity</b>  |
| <b>Does it counteract with my other medications?</b>   | <b>Lithium, furosemide</b>   |
| <b>My lifestyle interactions:</b><br><b>(Daily tobacco use/ETOH – 3 beers daily)</b>         | <b>Moderate effects be cautious with alcohol and caffeine use</b>  |
| <b>Does any of your PMH contradict your medications?</b>                                     | <b>Hypertension, cardiac disease, bipolar disorder</b>   |
| <b>What type of PMH can you determine you have based off this medication</b>                 | <b>Insomnia</b>  |
| <b>What would you teach yourself if you were taking these medications?</b>                   | <b>Limit caffeine intake, monitor blood sugar if diabetic, caution for cardiovascular therapy, look for signs of hepatotoxicity, stop if diarrhea occurs</b> |
| <b>What would you do if you missed a medication?</b>   | <b>Avoid double dosing the medication</b>  |
| <b>How much would your medication cost per month if you had to pay for it out of pocket?</b> | <b>\$26.00</b>   |

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| <b>Drug #2</b>   | <b>Drug Name (Generic): Omeprazole</b>  |
| <b>Drug Class: PPI antiulcer</b>   | <b>Drug Name (Trade): Prilosec</b>  |
| <b>How I will take the medication:</b>   | <b>Take medication orally, give with meals preferred in morning, capsules swallowed whole</b>                       |
| <b>What is the lowest dose of the medication?</b>                                    | <b>10 mg</b>  |
| <b>Specific Directions:</b>  | <b>Finish full course of medication even if feeling better</b>  |
| <b>Does it counteract with my other medications?</b>                                 | <b>Clopidogrel, St. John's Wort</b>   |
| <b>My lifestyle interactions:</b><br><b>(Daily tobacco use/ETOH – 3 beers daily)</b> | <b>Alcohol may increase effects of drug</b>   |
| <b>Does any of your PMH contradict your medications?</b>                             | <b>Atherosclerosis in MI</b>  |
| <b>What type of PMH can you determine you have based off this medication</b>         | <b>GERD and duodenal ulcers</b>   |
| <b>What would you teach yourself if you were taking these medications?</b>           | <b>Avoid alcohol and NSAID use, may cause drowsiness and dizziness, call provider if black tarry stools develop</b> |
| <b>What would you do if you missed a medication?</b>                                 | <b>Take missed dose as soon as possible but not if next dose is coming up, avoid double dosing</b>                  |
| <b>How much would your medication cost per month if</b>                              | <b>\$67.00</b>  |

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| <b>you had to pay for it out of pocket?</b> |  |
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| <b>Drug #3</b>   | <b>Drug Name (Generic): St. John's Wort</b>  |
| <b>Drug Class: antidepressant</b>  | <b>Drug Name (Trade): Tipton weed</b>  |
| <b>How I will take the medication:</b>   | <b>Take medication PO or topical, can take 2-4 dried herbs in 150 ml of boiling water and steeping for 10 minutes</b>  |
| <b>What is the lowest dose of the medication?</b>                                    | <b>300 mg</b>  |
| <b>Specific Directions:</b>  | <b>Take in morning may cause insomnia, take exact amount prescribed</b>  |
| <b>Does it counteract with my other medications?</b>                                 | <b>Lithium</b>   |
| <b>My lifestyle interactions:</b><br><b>(Daily tobacco use/ETOH – 3 beers daily)</b> | <b>Alcohol use may cause CNS depression, smoking can counteract effects</b>  |
| <b>Does any of your PMH contradict your medications?</b>                             | <b>Bipolar disorder</b>  |
| <b>What type of PMH can you determine you have based off this medication</b>         | <b>Depression, OCD</b>   |
| <b>What would you teach yourself if you were taking these medications?</b>           | <b>This medication is taken typically within 4-6 weeks, if no results discontinue, caution sun exposure with medication, avoid alcohol while taking medication</b> |
| <b>What would you do if you missed a medication?</b>                                 | <b>Take dose following day if missed</b>   |

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| <b>How much would your medication cost per month if you had to pay for it out of pocket?</b> | <b>\$8.00</b> |

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| <b>Drug #4</b>   | <b>Drug Name (Generic): Dabigatran</b>  |
| <b>Drug Class: Anticoagulant</b>   | <b>Drug Name (Trade): Pradaxa</b>   |
| <b>How I will take the medication:</b>   | <b>Take medication orally, administer twice daily with full glass of water without regard to food</b>                     |
| <b>What is the lowest dose of the medication?</b>                                    | <b>75 mg</b>  |
| <b>Specific Directions:</b>  | <b>Take at specific time of day, do not double up dosage if missed, take missed dosage as soon as possible</b>            |
| <b>Does it counteract with my other medications?</b>                                 | <b>furosemide</b>   |
| <b>My lifestyle interactions:</b><br><b>(Daily tobacco use/ETOH – 3 beers daily)</b> | <b>Alcohol may increase risk of stomach bleeds so avoid use of any. Tobacco is not recommended with use of medication</b> |
| <b>Does any of your PMH contradict your medications?</b>                             | <b>Renal impairment</b>   |

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| <b>What type of PMH can you determine you have based off this medication</b>                 | <b>Stroke and embolisms</b>  |
| <b>What would you teach yourself if you were taking these medications?</b>                   | <b>Report signs of bleeding such as bruising, you will be more susceptible to bleeds and longer durations of bleeds, notify provider of all Rx and OTC meds used, notify provider if female and pregnant</b> |
| <b>What would you do if you missed a medication?</b>   | <b>Take dose if missed within 6 hours, if next dose is coming up skip previous dose to avoid double dosing the medication</b>  |
| <b>How much would your medication cost per month if you had to pay for it out of pocket?</b> | <b>\$400.00</b>  |

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| <b>Drug #5</b>                                       | <b>Drug Name (Generic): Lithium</b>  |
| <b>Drug Class: Mood Stabilizer</b>                   | <b>Drug Name (Trade): lithobid</b>   |
| <b>How I will take the medication:</b>               | <b>Take medication orally, take with milk preferably and swallow whole</b>                     |
| <b>What is the lowest dose of the medication?</b>    | <b>150 mg</b>  |
| <b>Specific Directions:</b>                          | <b>Take medication as directed</b>   |
| <b>Does it counteract with my other medications?</b> | <b>Furosemide, lisinopril, St. John's wort</b>   |
| <b>My lifestyle interactions:</b>                    | <b>Alcohol can cause dehydration and can increase lithium levels in the blood, smoking can</b> |

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| <b>(Daily tobacco use/ETOH – 3 beers daily)</b>  | <b>effect lithium levels as well</b>   |
| <b>Does any of your PMH contradict your medications?</b>                                     | <b>Hypertension, cardiovascular disease, heart failure</b>   |
| <b>What type of PMH can you determine you have based off this medication</b>                 | <b>Bipolar disorder</b>  |
| <b>What would you teach yourself if you were taking these medications?</b>                   | <b>Low sodium levels may cause toxicity, may cause drowsiness, weight gain may occur; utilize low calorie diet, avoid caffeine as well</b> |
| <b>What would you do if you missed a medication?</b>   | <b>Take medication as soon as possible if missed but not within 2 hours of the next dose</b>   |
| <b>How much would your medication cost per month if you had to pay for it out of pocket?</b> | <b>\$13.45</b>   |

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| <b>Drug #6</b>                                       | <b>Drug Name (Generic): Fish Oil Omega-3-carboxylic acid</b>                                 |
| <b>Drug Class: Lipid lowering agent</b>              | <b>Drug Name (Trade): Epanova</b>  |
| <b>How I will take the medication:</b>               | <b>Take medication orally twice daily 2 g total, may be given without regard to meals</b>    |
| <b>What is the lowest dose of the medication?</b>    | <b>1 g</b>   |
| <b>Specific Directions:</b>                          | <b>Important to utilize follow up exams, inform provider of other OTC and vitamins taken</b> |
| <b>Does it counteract with my other medications?</b> | <b>none</b>  |

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| <b>My lifestyle interactions:</b><br><b>(Daily tobacco use/ETOH – 3 beers daily)</b>         | <b>Smoking will effect medication usage, avoid alcohol with concurrent use as may cause triglyceride level s to worsen your condition</b>                              |
| <b>Does any of your PMH contradict your medications?</b>                                     | <b>none</b>  |
| <b>What type of PMH can you determine you have based off this medication</b>                 | <b>Hypertriglyceridemia</b>  |
| <b>What would you teach yourself if you were taking these medications?</b>                   | <b>Do not skip or double dose, emphasize follow up exams and if female and pregnant report to provider, medication controls triglyceride levels, it does not treat</b> |
| <b>What would you do if you missed a medication?</b>   | <b>Take as soon as possible but avoid double dose</b>  |
| <b>How much would your medication cost per month if you had to pay for it out of pocket?</b> | <b>\$10.00</b>   |

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| <b>Drug #7</b>                                    | <b>Drug Name (Generic): Atorvastatin</b>   |
| <b>Drug Class: Lipid lowering agent</b>           | <b>Drug Name (Trade): Lipitor</b>  |
| <b>How I will take the medication:</b>            | <b>Take medication orally, given without regard to food, avoid grapefruit juice</b>    |
| <b>What is the lowest dose of the medication?</b> | <b>10 mg</b>   |
| <b>Specific Directions:</b>                       | <b>Take medication as directed, medication should be used in conjunction with diet</b> |

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|  | <b>restrictions</b>   |
| <b>Does it counteract with my other medications?</b>   | <b>Furosemide</b>   |
| <b>My lifestyle interactions:<br/>(Daily tobacco use/ETOH – 3 beers daily)</b>               | <b>Avoid any alcohol while taking the medication, smoking diminishes the effects of the medication</b>  |
| <b>Does any of your PMH contradict your medications?</b>                                     | <b>Renal impairment</b>   |
| <b>What type of PMH can you determine you have based off this medication</b>                 | <b>Hypercholesterolemia, dyslipidemia</b>   |
| <b>What would you teach yourself if you were taking these medications?</b>                   | <b>Report muscle pain, tenderness, medication should be used in conjunction with diet restrictions, avoid drinking one quart of grapefruit juice with concurrent medication use</b> |
| <b>What would you do if you missed a medication?</b>   | <b>Take as soon as possible, if more than 12 hours pass do not take that scheduled dose,</b>  |
| <b>How much would your medication cost per month if you had to pay for it out of pocket?</b> | <b>\$127.00</b>   |

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| <b>Drug #8</b>                                 | <b>Drug Name (Generic): Lorazepam</b>   |
| <b>Drug Class: Benzodiazepine, antianxiety</b> | <b>Drug Name (Trade): Ativan</b>  |
| <b>How I will take the medication:</b>         | <b>Take medication PO, take sublingual for fast action and take with water, soda, pudding</b> |

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| <b>What is the lowest dose of the medication?</b>  | <b>.5 mg</b>   |
| <b>Specific Directions:</b>  | <b>Don't skip doses, if so take as soon as possible and avoid double dosing, if medications ineffective after few weeks then notify the provider and do not increase the dosage</b>                    |
| <b>Does it counteract with my other medications?</b>   | <b>St. John's wort, lithium, furosemide</b>  |
| <b>My lifestyle interactions:</b><br><b>(Daily tobacco use/ETOH – 3 beers daily)</b>         | <b>Smoking will decrease effectiveness of drug</b>   |
| <b>Does any of your PMH contradict your medications?</b>                                     | <b>Depression, bipolar, heart failure, renal impairment</b>  |
| <b>What type of PMH can you determine you have based off this medication</b>                 | <b>Anxiety disorder</b>  |
| <b>What would you teach yourself if you were taking these medications?</b>                   | <b>Do not skip or double the dosage on the medication, avoid alcohol and CNS depressants with concurrent use, decrease lorazepam to minimize withdraw symptoms, may cause drowsiness and dizziness</b> |
| <b>What would you do if you missed a medication?</b>   | <b>Take missed doses as soon as you remember but not within the time frame of the next dose</b>  |
| <b>How much would your medication cost per month if you had to pay for it out of pocket?</b> | <b>\$44.00</b>   |

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| <b>Drug #9</b>   | <b>Drug Name (Generic): Clopidogrel Bisulfate</b>  |
| <b>Drug Class: Antiplatelet agent</b>  | <b>Drug Name (Trade): Plavix</b>   |
| <b>How I will take the medication:</b>   | <b>Take medication PO, once daily without regard to food</b>   |
| <b>What is the lowest dose of the medication?</b>                                    | <b>75 mg</b>   |
| <b>Specific Directions:</b>  | <b>Take as directed do not double doses if missed, but take as soon as possible</b>  |
| <b>Does it counteract with my other medications?</b>                                 | <b>Omeprazole</b>  |
| <b>My lifestyle interactions:</b><br><b>(Daily tobacco use/ETOH – 3 beers daily)</b> | <b>Alcohol will irritate the stomach and can put at risk for stomach ulcers</b>  |
| <b>Does any of your PMH contradict your medications?</b>                             | <b>Duodenal ulcers</b>   |
| <b>What type of PMH can you determine you have based off this medication</b>         | <b>Atherosclerotic related to MI</b>   |
| <b>What would you teach yourself if you were taking these medications?</b>           | <b>Notify provider if weakness, fever, sore throat, or chills develop, do not discontinue without talking to provider, notify provider if pregnant</b>               |
| <b>What would you do if you missed a medication?</b>                                 | <b>Take as soon as possible but not within a few hours of next medication in order to avoid double dosing, notify health care professional of OTC, vitamins used</b> |
| <b>How much would your medication cost per month if</b>                              | <b>\$102.00</b>  |

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| <b>you had to pay for it out of pocket?</b>  |  |
| <b>Drug #10</b>  | <b>Drug Name (Generic): Amiodarone HCl</b>   |
| <b>Drug Class: Antiarrhythmic</b>  | <b>Drug Name (Trade): Cordarone</b>  |
| <b>How I will take the medication:</b>   | <b>Take medication PO, take with meals and may divide dose if GI upset</b>   |
| <b>What is the lowest dose of the medication?</b>                                    | <b>100 mg</b>  |
| <b>Specific Directions:</b>  | <b>If missed dose, do not take that dose at all, if missed two doses call provider</b>   |
| <b>Does it counteract with my other medications?</b>                                 | <b>Furosemide, St. John's Wort</b>   |
| <b>My lifestyle interactions:</b><br><b>(Daily tobacco use/ETOH – 3 beers daily)</b> | <b>Limit or avoid alcohol with concurrent use, tobacco may cause interactions to occur as well</b>   |
| <b>Does any of your PMH contradict your medications?</b>                             | <b>Heart failure</b>   |
| <b>What type of PMH can you determine you have based off this medication</b>         | <b>Ventricular arrhythmias</b>   |
| <b>What would you teach yourself if you were taking these medications?</b>           | <b>Monitor pulse daily and assess for abnormalities, bluish discoloration is a possible side effect with the medication, avoid grapefruit juice and exposure to sunlight</b> |
| <b>What would you do if you missed a medication?</b>                                 | <b>If missed dose, do not take medication at all</b>   |
| <b>How much would your medication cost per month if</b>                              | <b>\$52.00</b>   |

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| <b>you had to pay for it out of pocket?</b>  |  |
| <b>Drug #11</b>  | <b>Drug Name (Generic): Furosemide</b>   |
| <b>Drug Class: Loop diuretic</b>   | <b>Drug Name (Trade): Lasix</b>  |
| <b>How I will take the medication:</b>   | <b>Take medication PO. May take with food or milk, and you may also crush tablet if preferred</b>                              |
| <b>What is the lowest dose of the medication?</b>                                    | <b>20 mg</b>   |
| <b>Specific Directions:</b>  | <b>Take medication as directed and avoid missing doses, follow up exams are important</b>                                      |
| <b>Does it counteract with my other medications?</b>                                 | <b>Lithium, lisinopril, ginseng</b>  |
| <b>My lifestyle interactions:</b><br><b>(Daily tobacco use/ETOH – 3 beers daily)</b> | <b>Smoking may increase blood pressure, which effects Lasix effects, side effects may increase with concurrent alcohol use</b> |
| <b>Does any of your PMH contradict your medications?</b>                             | <b>Renal impairment</b>  |
| <b>What type of PMH can you determine you have based off this medication</b>         | <b>Edema from heart failure, hypertension, renal disease</b>   |
| <b>What would you teach yourself if you were taking these medications?</b>           | <b>Do not stop medication abruptly, monitor weight, maintain fluid intake, check for signs of dehydration, check for edema</b> |
| <b>What would you do if you missed a medication?</b>                                 | <b>Take dose the following day and report to your doctor</b>   |

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| <b>How much would your medication cost per month if you had to pay for it out of pocket?</b> | <b>\$11.45</b> |

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| <b>Drug #12</b>  | <b>Drug Name (Generic): Lisinopril/HCTZ</b>   |
| <b>Drug Class: antihypertensives, ACE inhibitor</b>                                  | <b>Drug Name (Trade): Zestoretic</b>  |
| <b>How I will take the medication:</b>   | <b>You will take this medication orally, administer without dilution</b>  |
| <b>What is the lowest dose of the medication?</b>                                    | <b>10 mg for Lisinopril, 12.5 mg for HCTZ</b>   |
| <b>Specific Directions:</b>  | <b>Report rash, sore throat, mouth sores immediately to doctor, caution changing positions due to orthostatic hypotension</b> |
| <b>Does it counteract with my other medications?</b>                                 | <b>Furosemide, lithium</b>  |
| <b>My lifestyle interactions:</b><br><b>(Daily tobacco use/ETOH – 3 beers daily)</b> | <b>Alcohol use may cause blood pressure to decrease, avoid high potassium foods</b>   |
| <b>Does any of your PMH contradict your medications?</b>                             | <b>Renal impairment</b>   |
| <b>What type of PMH can you determine you have based off this medication</b>         | <b>Heart failure, hypertension</b>  |
| <b>What would you teach yourself if you were taking these</b>                        | <b>This medication does not treat hypertension, it controls it, and therefore you will take</b>                               |

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| <b>medications?</b>  | <b>exactly as directed</b>  |
| <b>What would you do if you missed a medication?</b>   | <b>If missed, take as soon as possible, if time for next dose then skip previous missed dose in order to not double up on doses</b> |
| <b>How much would your medication cost per month if you had to pay for it out of pocket?</b> | <b>\$21.00</b>  |

**What was difficult about maintaining your medication regiment? I think the most difficult would be purchasing all the medications, at such a high monthly cost I may not be able to afford them all which I would need to control my health. Getting to know what each drug looks like and the specific effect what take some time to study or get to be familiar with too. All the drug- drug interactions make it hard to follow as well, I noticed Furosemide has a lot of interactions with the other drugs.**

**Why do you think it is difficult for patients to remain compliant? Some medications may take a few weeks before effects kick in so they may not believe the medication is working. Other issues may be that you need to take several times a day at the same time which may cause conflicts during their typical daily schedule. While patients are taking all these medications they may fear side effects that may develop through the use.**

**What would you do if you missed a medication or had questions? I would call my provider to see what I should do in order to avoid double dosing later. If I had questions and concerns, I would be sure to ask the provider any issues such as OTC meds with concurrent use of a specific medication. Missing doses can always put you at risk for the medication to not work to its potential, and when you double dose it puts you at risk for toxicity, which can effect many things such as hepatotoxicity and renal damage, etc.**

**What would your monthly out of pocket expense for your twelve medications cost you (Total Cost for all 12 meds)?**

**\$881.90**

**Reflective Statement of Experience:**

**I am glad we had this assignment because it really helped me understand the concept of different drugs and their uses. I was able to learn contraindications and proper medication usages such as problems with skipped doses and when to take the certain medications. I did learn differences between loop diuretics and thiazide diuretics, I developed a better understanding of furosemide, and I learned a lot about past medical history conflicts. I also learned that having no insurance can put a person at risk for affording all theses different medications.**

### **References**

Davis, F. (2019). Up-to-Date Drug Information. In Davis's Drug Guide Online. Retrieved from <https://www.drugguide.com/ddo/>

Good Rx.. (2019). Stop paying too much for your prescriptions. In Good Rx.. Retrieved from <https://www.goodrx.com/>

PDR Search. (2019)(n.d.). Retrieved April 21, 2019, from <https://www.pdr.net/browse-by-drug-name>