

Content Focus: Administration

Student: deering, conor

Your ScoreCard: Correct: 3/12 Incorrect: 9/12**What administration considerations apply to warfarin?**

Administer orally.

Measure baseline vital signs and prothrombin time (PT), reported as an international normalized ratio (INR).

Monitor INR; recommend reduced dosage for an INR above 2 to 3, depending on condition being treated, and an increased dosage for an INR below this range

Monitor PT/INR daily initially and eventually every 2 to 4 weeks.

Expect anticoagulant effects to take 8 to 12 hr, with the full therapeutic effect in 3 to 5 days.

Increase PT monitoring for clients who take drugs that interact with warfarin.

What administration considerations apply to heparin/enoxaparin?

Measure baseline vital signs, CBC, platelet count, and hematocrit.

Administer subcutaneously or IV, usually every 12 hr.

Use an infusion pump for continuous IV administration; monitor rate of infusion every 30 to 60 min.

Monitor aPTT every 4 to 6 hr initially, then monitor daily. (Enoxaparin does not require aPTT monitoring.)

Keep aPTT at one and a half to two times the baseline value.

Administer deep subcutaneous injections in the abdomen at least 2 inches from the umbilicus and rotating sites; apply moderate pressure for 1 to 2 min after injection, do not rub.

What administration considerations apply to clopidogrel?

Give daily dose orally, with or without food.

Check platelet counts periodically.

Discontinue 1 week before elective surgery.

What administration considerations apply to desmopressin?

Administer IV or intranasally.

Dilute IV form in 0.9% sodium chloride solution.

Administer slowly via IV bolus over 15 to 30 min.

Administer desmopressin (Stimate) intranasally; nasal DDAVP does not treat hemophilia.

Spray the nasal form high into the nasal cavity but not into the throat.

What administration considerations apply to epoetin?

Obtain baseline blood pressure, CBC, Hgb, BUN, uric acid, phosphorus, potassium, creatinine, transferrin saturation, and ferritin concentration and monitor periodically; for HIV, obtain an erythropoietin level.

Make sure to control blood pressure for clients with chronic renal failure prior to starting drug therapy.

Administer IV or subcutaneously three times a week, or once a week with some types of chemotherapy.

Do not shake vials or mix with other drugs.

Use each vial for one dose only.

Check Hgb twice per week until adequate and then periodically.

Report Hgb that rises above 12 g/dL or increases more than 1g/dL within 2 weeks; for cancer clients, report Hgb that rises to 10 g/dL.

Monitor iron level and maintain it within the expected range, as adequate quantities of iron, folic acid, and vitamin B12 are essential for RBC growth.

What administration considerations apply to factor VIII concentrate, factor IX concentrate?

Administer solutions of the powdered form IV.

Administer slowly via IV bolus over 5 to 10 min.

Give on demand to manage bleeding episodes.

For prophylaxis (to prevent bleeding), administer on a regular dosing schedule, generally one to three times per week.

Assure clients that risk for viral (hepatitis, HIV) contamination is minimal.

Be aware that recombinant factors VIII and IX are safer than plasma-derived factors (due to the risk of Creutzfeldt-Jakob disease from human sources).

Obtain baseline factor VIII/IX levels and monitor periodically.

What administration considerations apply to Folic Acid?

Give orally (preferable), subcutaneously, IM, or IV

Check vitamin B12 levels to confirm absence of B12 deficiency

Obtain baseline serum folate, Hgb, Hct, RBC, and reticulocyte count and monitor periodically thereafter. Hct should start to improve within 2 weeks

What administration considerations apply to filgrastim?

Obtain a baseline CBC with differential and platelet count and monitor twice weekly thereafter.

Administer filgrastim by intermittent or continuous IV infusion or subcutaneous injection.

Do not shake vials or mix with other drugs.

Use each vial for one dose.

Do not administer within 24 hr of cytotoxic chemotherapy.

What administration considerations apply to oprelvekin?

Obtain a baseline CBC with differential and platelet count plus measure serum electrolytes and monitor periodically thereafter

Administer subcutaneously once daily 4 to 6 hr after chemotherapy.

Continue therapy until platelet counts are above 50,000/mm³, but no longer than 21 days.

Do not shake vials or mix with other drugs.

Use each vial for one dose.

Allow 2 days after treatment before beginning the next chemotherapy course.