

Content Focus: Administration

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**Your ScoreCard: Correct: 1/30 Incorrect: 29/30****What administration considerations apply to baclofen?**

- Administered orally or by intrathecal infusion
- Start oral baclofen in low doses, gradually increasing dose up to maximum of 20 mg three to four times daily
- Give with food or milk to prevent GI symptoms
- Do not stop oral or intrathecal administration abruptly

**What administration considerations apply to dantrolene?**

- Available in oral and IV preparations
- For prophylaxis of malignant hyperthermia, give orally for 1 to 2 days preoperatively
- IV form is used to treat malignant hyperthermia

**What administration considerations apply to phenytoin?**

- Give with meals to prevent GI symptoms
- Inject IV form slowly, using correct dilution
- Monitor vital signs during IV administration to prevent cardiac dysrhythmias and hypotension
- Due to narrow therapeutic range, carefully monitor plasma levels, which should remain between 10 and 20 mcg/mL. Levels greater than 30 mcg/mL can be toxic.

**What administration considerations apply to carbamazepine?**

- Administer with meals to reduce GI symptoms
- Sustained-release form should be swallowed whole, while chewable tablets should be chewed or crushed and taken with liquid
- Oral suspension should not be mixed with other oral drug suspensions

**What administration considerations apply to valproic acid?**

- Available orally or IV
- Give enteric-coated form and administer with food to prevent GI symptoms
- Dilute IV form in at least 50 mL of diluents and do not mix with other drugs in solution
- Depakote sprinkles may be opened and sprinkled on food (e.g., applesauce) before consuming

**What administration considerations apply to lidocaine?**

- Avoid eyes with topical form
- Do not apply to broken skin (increases risk of toxicity)
- Assure that correct concentration and form are used for specific procedure
- Addition of epinephrine to lidocaine increases time of anesthesia but may cause gangrene in end-artery sites, such as fingers, toes, nose
- Some forms contain preservatives which are contraindicated for certain procedures

**What administration considerations apply to methohexital sodium?**

- Available for IV injection or infusion only
- Assure that intra-arterial or vein extravasation do not occur (causing tissue, artery damage)

**What administration considerations apply to midazolam?**

- Can be given orally to children preop
- May administer IM into large muscle mass for conscious sedation
- Give IV bolus or infusion for induction of anesthesia or conscious sedation
- Do not give bolus dose to neonates
- May combine with an opioid for conscious sedation

#### **What administration considerations apply to amphetamine/dextroamphetamine sulfate?**

- Available in both regular tablets and a sustained-release form (Adderall XR)
- Administer drug whole; instruct client not to chew or crush drug

#### **What administration considerations apply to methylphenidate?**

- Give oral forms as directed depending on duration of action and type of preparation.
- Sustained-release forms must never be crushed or chewed; swallow whole.
- Metadate CD and Ritalin LA capsules may be opened and sprinkled on food (e.g., applesauce).
- Apply transdermal patch (Daytrana) in a.m., leaving on for no more than 9 hr daily.
- Apply patch to a new area daily; do not apply over rash or inflamed skin.

#### **What administration considerations apply to modafinil?**

- Give in the morning for narcolepsy and sleep apnea
- Give 1 hr before work for clients with shift-work sleepiness

#### **What administration considerations apply to levodopa/carbidopa?**

- Begin administration with low doses to reduce adverse effects
- Advise client that it can take up to 6 months for full response to levodopa/carbidopa to occur
- Monitor for loss of drug effect and the "on-off" phenomenon and report these to provider
- Immediate-release tablets begin working within 30 min, then begin to wear off
- Extended-release tablets work over 4 to 6 hr but can take up to 2 hr to begin working in the morning

#### **What administration considerations apply to pramipexole?**

- Give 2 to 3 hr before bedtime for restless leg syndrome
- When increasing dosage, allow 5 to 7 days between each increase

#### **What administration considerations apply to selegiline?**

- Give with levodopa/carbidopa so that levodopa dosage may be reduced
- Give orally disintegrating form (Zelapar) by placing it on the top of the tongue
  - Give before morning meal
  - Don't eat or drink for 5 min before or after administration

#### **What administration considerations apply to donepezil?**

- Give at bedtime daily with or without food
- Also available as a syrup and in orally disintegrating tablets

#### **What administration considerations apply to memantine?**

- Available orally in tablets or liquid solution
- Give with or without food

#### **What administration considerations apply to interferon beta-1a and beta-1b?**

- Beta-1a (Avonex): Give IM weekly
- Beta-1a (Rebif): Give SC daily for 3 days each week
  - Administer late in day
  - Allow 48 hours between injections
- Beta-1b: (Betaseron): Give SC every other day
- Beta-1b: Use within 3 hours after reconstituting

#### **What administration considerations apply to sumatriptan?**

Give orally, SC, or by nasal spray

Use nasal spray by spraying once into a single nostril; may repeat after 2 hr

Single dose ranges from 5 to 20 mg

Maximum dose is 40 mg in 24 hr

Give one SC injection repeat once after 1 hr if no relief; no more than two doses in 24 hr

Give one oral tablet; repeat once after 2 hr if no relief

Single dose ranges from 25 mg to 100 mg

Maximum dose is 200 mg in 24 hr

#### **What administration considerations apply to diazepam and alprazolam?**

Give alprazolam orally.

Take oral benzodiazepines with food if gastrointestinal symptoms develop.

Give diazepam orally, rectally, IM, or IV.

Administer IV diazepam slowly and have emergency resuscitation equipment nearby.

Be aware that IV diazepam precipitates in solution with some diluents and drugs.

Do not give the emulsion form IM (IV only).

Avoid IM diazepam due to inconsistent absorption; if necessary, inject slowly into a large muscle.

#### **What administration considerations apply to buspirone?**

Give orally on a regular basis (not PRN) for anxiety.

Begin buspirone 2 to 4 weeks before tapering benzodiazepines due to delayed therapeutic effect of buspirone.

#### **What administration considerations apply to amitriptyline?**

Give orally at bedtime.

Monitor for therapeutic effects after several weeks.

Expect long-term use to control depression.

#### **What administration considerations apply to fluoxetine?**

Give orally in tablets, capsules, solution, or sustained-release weekly capsules (fluoxetine).

Recognize that it may take 4 to 6 weeks to reach clinical effectiveness.

Administer with food if gastrointestinal upset occurs.

Give in the morning to prevent sleep disruption.

#### **What administration considerations apply to venlafaxine?**

Start with low doses and titrate upward every 4 days until optimal dosage is reached (venlafaxine).

Give with food to minimize gastrointestinal symptoms.

Make sure clients swallow sustained-release capsules whole.

#### **What administration considerations apply to phenelzine?**

Begin with lowest dose and titrate upward.

When discontinuing, titrate dose downward to prevent rebound effect (headache, restlessness, sometimes increased depression).

#### **What administration considerations apply to bupropion hydrochloride?**

Available in tablets, sustained-release tablets and extended-release tablets – assure that client is taking prescribed form.

Make sure client swallows extended- and sustained-release tablets whole.

Give with food if GI symptoms occur.

#### **What administration considerations apply to lithium?**

Give with milk or meals to prevent GI effects

Assure that sustained-release tablets are swallowed whole

#### **What administration considerations apply to chlorpromazine?**

Give oral dose with food and/or full glass of water to prevent GI effects

Have client swallow sustained-release form whole  
Give IM injection in large muscle; rotate sites  
Keep client recumbent for 30 minutes after IM or IV dose due to possible hypotension  
IV form incompatible in solution with multiple drugs  
Give IV bolus no faster than 1 mg/minute

**What administration considerations apply to risperidone?**

Mix oral solution with juice, milk, water, or coffee; do not use tea or soft drinks  
Remove rapidly disintegrating form from packaging immediately before administration  
Administer long-acting IM form (Risperdal Consta) every 2 weeks using large gluteal muscle and supplied needle  
Continue giving oral risperidone for 3 weeks after Risperdal Consta therapy has started

**What administration considerations apply to cholinergic agonists, cholinesterase inhibitors, and beta-adrenergic blockers ophthalmic drops?**

Echothiophate: Administer in evening at least 5 min apart from other eye drops  
All eye drops: hold pressure on puncta and nasolacrimal sac at least 60 seconds after instillation  
All eye drops: take care not to touch or drop the eye dropper; when instilling eye drops for a client, apply clean gloves and instruct client to wash hands before instilling eye drops  
Do not apply with contact lens in place