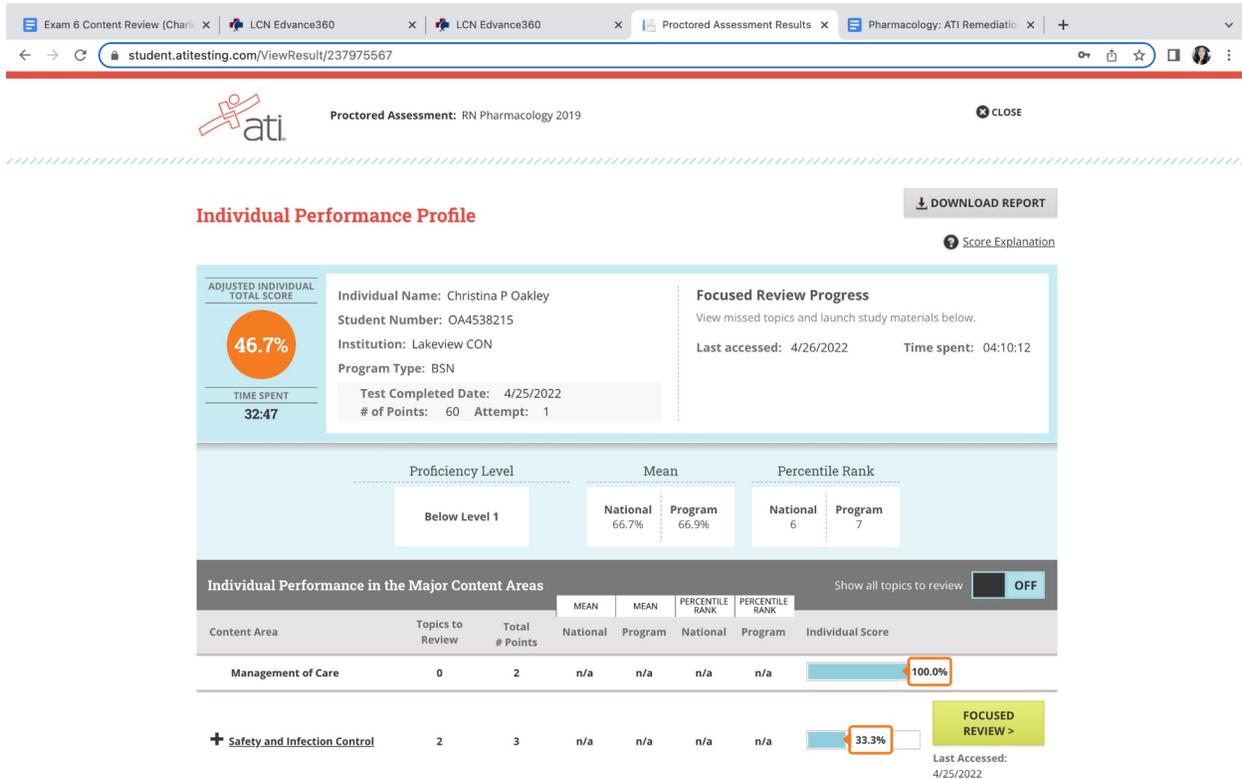


Christina Oakley

Pharmacology ATI Remediations



Management of Care

Safety and Infection Control:

- **Reporting of Incident/Event/Irregular Occurrence/Variance**
- Some common medication errors: Wrong medication or IV fluid, incorrect dose or IV rate, wrong client/route/time, administration of an allergy-inducing medication, and omission of a dose or administration of an extra dose.
- Notify the provider of all errors, and implement corrective measures immediately. Complete an incident report within the time frame which varies with each facility.
- The incident report should include the clients identification, name and dose of the medication, time and place of the incident, accurate and objective account of the event, who you notified, what actions were taken, and the signature of the person who completed the report.

Psychosocial Integrity

Pharmacological and Parenteral Therapies:

- **Adverse Effects/ Contraindications/Side Effects/Interactions**

- For macrolides, monitor for adverse effects that are GI. Also administer erythromycin with meals.
- Don't administer penicillin if there is a history of severe allergic reactions to penicillin, cephalosporins, or imipenem is also a contraindication for penicillins.
- Clients who are allergic to one penicillin are cross-allergic to other penicillins and are at risk for cross-sensitivity to cephalosporins.

- *Expected Actions/Outcomes*

- The expected pharmacological action of penicillins is to destroy bacteria and weaken their cell wall.
- The expected pharmacological action of cephalosporins are beta-lactam antibiotics, similar to penicillins, that destroy bacterial cell walls causing destruction of microorganisms
- The expected pharmacological action of carbapenems are for the beta-lactam antibiotics to destroy the bacterial cell walls which causes destruction of microorganisms.

- *Medication Administration*

- Observe possible allergic reactions for 30 minutes following parenteral administration of penicillin.
- Before giving an intramuscular injection, educate the client about the possibility of pain at the injections site prior to administration.
- For tetracyclines, avoid administration to children younger than 8 years of age and to clients who are pregnant.

- *Parenteral/Intravenous Therapies*

- Observe allergic reactions for 30 minutes following parenteral administration of penicillin.
- Apply knowledge and concepts of mathematics/nursing procedures/psychomotor skills when caring for a client receiving intravenous parenteral therapy.
- Identifying and selecting the appropriate vein for various intravenous therapies are done by the nurse.

- *Pharmacological Pain Management*

- Narcotics (Opioids)/Analgesics are typically prescribed for severe cases of acute pain, like that of postoperative pain.
- SNRIs are prescribed to improve pain, reduce depression and fatigue.
- Urinary tract analgesic medications are used to help relieve pain, burning, frequency, and urgency of the urinary tract.

Reduction of Risk Potential:

- *Laboratory Values*

- Monitor lab values (PT, INR, blood glucose, phenytoin levels) for sulfonamides and trimethoprim to monitor for possible interactions.
- Monitoring lab values helps ensure safe medication therapy for patients.
- Comparing laboratory test results and changes with abnormal physical findings provides the basis for changes.

Physiological Adaptation:

- ***Fluid and Electrolyte Imbalances***

- For mood stabilizers, maintain adequate fluid intake by consuming 1,500 to 3,000 mL fluid from beverages and food sources.
- An imbalance in fluids and electrolytes can result in excessive amounts of fluids in the body or dehydration.
- Fluid and electrolyte imbalance goals include maintaining fluid volume at a functional level, demonstrating appropriate changes in lifestyle, and behaviors including eating patterns and food quantity/quality.