Management of Care

Client rights

- Natural products and dietary herbal supplements are used but tested and regulated less
- Supplements are regulated by the FDA for purity and accurate labeling
- KAVA causes liver injury

Information technology

- Providers who can legally write prescriptions in the US include physicians, apn, dentists, and PA's
- Do not leave medications at the bedside
- Educate the client and anyone assisting in medication administration about the medication

Safety and Infection Control

Reporting an incident/Event/Irregular Occurrence/ Variance

- Diabetes Mellitus: Monitoring Client Response Following Medication Error
    - Monitor for hypoglycemia
    - Tachycardia
    - Palpation
- Safe Medication Administration and Error Reduction: Medication Documentation Requiring Incident Reporting
    - document before giving the med not after
    - wrong dose
    - wrong person
- write self-up in medication is given wrong

Psychosocial Integrity

Substance Use and other Disorders and Dependencies

- Opioid Withdrawal
    - Methadone
    - Flu like symptoms
    - Clonidine
    - Buprenorphine
- Abstinence syndrome occurs when clients stop a substance suddenly to which they are physically dependent
- Clients who have substance use disorder can have tolerance and withdrawl

Pharmacological and Parenteral Therapies

Adverse Effects/Contraindications/Side Effects/Interactions

- Administer and document medications given by parenteral routes
- Educate client about medications

- Obtain information about a client's prescribed medications

Dosage Calculation

- Basic medication dose conversion and calc skills are essential for safe nursing care
- Types of calculations
    - Solid oral medication
    - Liquid oral medication
    - Injectable medication
    - Correct doses by weight
    - IV infusion rates
- Standard conversion factors
    - 1mg=1000mcg
    - 1g=1000mg
    - 1oz=30mL
    - 1tsp=5mL
    - 1kg=2.2lb
    - 1gr=60mg

Expected actions/Outcomes

- Keep track of all fluids administered
- Avoid fluid overload
- Do not abruptly stop

Medication Administration

- Give medication in a large volume of fluid as a continuous IV infusion, such as potassium chloride and vitamins
- Give an IV bolus dose
- Administer volume-controlled infusions

Parenteral/intravenous Therapies

- Intravenous therapy involves administering fluids via IV catheter to administer meds, supplement intake, or give fluid replacement, electrolytes, or nutrients
- Advantages
    - Rapid effects
    - Precise amounts
    - Less discomfort
- Disadvantages
    - Fluid overload if infusion is large or too fast
    - Little time to correct errors
    - Could lead to local and systemic infection

Pharmacological Pain Management

- Lidocaine-Prilocaine cream should be applied 1-2 hours prior to the procedure

- Monitor patient closely for changes in vitals or cardio
- Can have an allergic reaction

Reduction of Risk Potential

Laboratory Values

- DM is a contributor to a variety of health issue including cardiovascular disease, hypertension, renal failure, blindness, and stroke
- HbA1c: should be b/w 4-5.9%
- Priority findings: hunger, lightheaded/shaky, headache, anxious/irritable, Kussmal's, sweating, tachy/palpitations, slurred speech, blurred vision, seizures

Physiological Adaptation

Fluid and Electrolyte Imbalances

- There are three types of dehydration: isotonic, hypotonic, hypertonic
- Oral rehydration should be the first step for mild/moderate dehydration and can lead to parenteral fluids
- Each diarrhea loss should be replaced with 10mL/kg