

### **Reporting of Incident/Event/Irregular Occurrence/Variance**

- **Medication reconciliation is a list of medication compared with new medication prescriptions and reconciles it with the provider to resolve discrepancies.**
- **Acceptable identifiers include the client's name, an assigned identification number, telephone number, birth date, or other person-specific identifiers (a photo identification card).**
- **Read medication labels and compare them with the MAR three times: before removing the container, when removing the amount of medication from the container, and in the presence of the client before administering the medication.**

### **Substance Use and Other Disorders and Dependencies**

- **Withdrawing from a substance that has the potential to cause physical dependence can cause abstinence syndrome.**
- **Manifestations include nausea; vomiting; tremors; restlessness and inability to sleep; depressed mood or irritability; increase heart rate, blood pressure, respiratory rate, and temperature; diaphoresis; tonic clonic seizures; and illusions.**
- **Methadone substitution is an oral opioid agonist that replaces the opioid to which the client has a physical dependence.**

### **Adverse Effects/Contraindications/Side Effects/Interactions**

- **Observe allergic reaction for 30 minutes following parenteral administration of penicillin. Immediate reactions occur between 2 to 30 minutes after administration; accelerated reactions occur within 1 to 72 hours; and delayed reactions occur within days to weeks.**
- **Disulfiram reaction (intolerance to alcohol) occurs with simultaneous use of alcohol and either cefotetan or cefazolin.**
- **One cephalosporin (ceftriaxone) is eliminated largely by the liver and dosage reduction is unnecessary for clients with renal impairment.**

## **Dosage Calculation**

- **Making sure labels are correct by dividing and multiplying.**
- **Reading the whole problem to make sure the doses aren't divided.**
- **Always check your answer at the end.**

## **Expected Actions/Outcomes**

- **Use knowledge of the therapeutic effect and common adverse effects of medication to compare expected outcomes with actual findings.**
- **Report all errors to help the facilities risk managers determine how errors occur and what changes to make to avoid similar errors in the future.**
- **Complete an incident report within the period the facility specifies, usually 24 hours.**

## **Medication Administration**

- **Prepare and administer medications, using rights of medication administration.**
- **Administer and document medications given by common routes.**
- **Apply knowledge and concepts of mathematics/nursing procedures/psychomotor skills when caring for a client receiving intravenous and parenteral therapy.**

## **Parenteral/Intravenous Therapies**

- **Use an infusion pump to administer medication that can cause serious adverse reactions.**
- **Use the IV port closest to the client to administer the medication.**
- **If the client does not have IV fluids infusing or has fluid that is not compatible with the medication, flush the IV access before and following administration.**

## **Pharmacological Pain Management**

- **Most opioid analgesics reduce pain by attaching to a receptor in the central nervous system, altering perception and response to pain.**
- **For clients who have end-stage disorder (cancer or AIDS), administer an opioid antagonist (methylnaltrexone) designed to treat severe constipation in opioid-dependent clients.**
- **Assess the bladder for distention by palpating the lower abdominal area every 4 to 6 hours because opioid medication can suppress awareness that the bladder is full.**

## **Changes/Abnormalities in Vital Signs**

- **Lost term prednisone use can result in bone loss. This adverse effect happens with inhaled agents and oral agents.**
- **When theophylline is used with cimetidine, ciprofloxacin, and other fluoroquinolone antibiotics this will decrease the dosage of theophylline.**
- **Monitor theophylline blood levels to keep within the therapeutic range (5 to 15 mcg/mL). Adverse effects are unlikely to occur at levels less than 20 mcg/mL.**

## **Medical Emergencies**

- **Avoid veins in an extremity with impaired sensitivity (scar tissue, paralysis), lymph nodes removed, recent infiltration, a PICC line, or an arteriovenous fistula or graft.**
- **Cleanse the area at the site using friction in a circular motion from the middle and outwardly with chlorhexidine or the cleaning agent the facilities protocol specifies. Allow it to dry for 1 to 2 minutes.**
- **With extravasation, prior to regular treatment, the nurse must withdraw the solution from the client's IV access and might need to administer an antidote before discontinuing the IV access. Findings include pallor, local swelling at the site, decreased skin temperature around the site, damp dressing, or slowed rate of infusion.**