

(Courtney Singleton)

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- a. The orders include titration. The medications vary and some can not be mixed due to adverse effects.
- b. Both require separate calculations which yield different results, both BSA and kg are best if programmed separately on different pumps. BSA is usually a higher dosage.
- c. Yes they can. I would caution Heparin IV and Phenylephrine due to current BP of 70/30. The advantage is multiple systems working toward to betterment of the patient.
- d. Time for infusion, if bolus is first needed.
- e. Time is critical with a critical patient. Providing too much medication can be fatal or cause adverse effects that are unnecessary.

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1. 100 mcg/min $30 \text{ mg in } 500 \text{ mL}$

$$\frac{0.1}{30} \times 500 = 1.7 \text{ mg} = 1,667 \text{ mcg/min}$$

2. $\frac{500 \text{ mL}}{1 \text{ hr}} = 500 \text{ mL/hr}$

3. Concentration 0.008 mg/mL
 8 mcg/mL

4. 0.5 mcg/min 500 mL
 $\frac{500 \text{ mg}}{500 \text{ mL}}$
 1 mL/min

5. 12 units/kg/hr
(90)

1080 units/hr

$\frac{1080 \text{ units}}{25000} \times 500 \text{ mL}$

$= 22 \text{ mL/hr}$

6. After initial infusion a PTT is due every 6 hrs.
rate = 22 mL/hr

7. $10 \text{ mg/mL} = 100 \text{ mL}$
 $10 / 1000 \text{ mL}$ bag
is mixed

8. Rate?

$5 \text{ to } 50 \text{ mcg/kg/min}$

$5 \text{ mcg} / 90 \text{ kg/min}$ 450 mcg/min

$50 \text{ mcg} / 90 \text{ kg/min}$ 4500 mcg/min

1. Dialysis - what times?
Intubation - stable?
2. The client is in renal failure, ICU, the blood pressure is bottoming out. The meds are working together to raise his BP.
3. Intubation, relaxation of all body demands to help with healing.
4. Amlodipine but Allergies state pt has an allergy to calcium channel blockers.
5. Levophed and Neo-Synephrine constrict blood vessels causing more pressure on blood flow/heart rate.
6. Slow IV push to prevent adverse reactions, plummet in BP and give the drug over time.