

# On 7 Case Study

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## Calculations

$$1. \frac{30\text{mg}}{500\text{mL}} \times \frac{1000\text{mcg}}{1\text{mg}} = \boxed{60\text{mcg/mL}}$$

$$2. \frac{100\text{mg}}{1\text{min}} \times 1\text{mcg/min}$$

$$\frac{500\text{mL}}{10\text{mg}} \times \frac{100\text{mcg}}{1\text{min}} \times \frac{60\text{min}}{1\text{hr}} \times \frac{1\text{mg}}{1000\text{mcg}} = \boxed{100\text{mL/hr}}$$

$$3. \frac{4\text{mg}}{500\text{mL}} \times \frac{1000\text{mcg}}{1\text{mg}} = \boxed{8\text{mcg/mL}}$$

$$4. \frac{500\text{mL}}{4\text{mg}} \times \frac{0.5\text{mg}}{1\text{min}} \times \frac{60\text{min}}{1\text{hr}} \times \frac{1\text{mg}}{1000\text{mcg}} = \boxed{4\text{mL/hr}}$$

$$5. 90 \times 12 = \boxed{1080\text{units/hr}}$$

$$6. \frac{500\text{mL}}{25000\text{units}} \times \frac{1\text{unit}}{1\text{hr}} \times 90\% = 2.16 \approx \boxed{22\text{mL/hr}}$$

$$7. \frac{10\text{mg}}{1\text{mL}} \times 100\text{mL} = \boxed{1000\text{mg}}$$

$$8. 5 \times 90 = 450\text{mcg/min}$$

$$\frac{100\text{mL}}{1000\text{mg}} \times \frac{5\text{mg}}{1\text{hr}} \times \frac{60\text{min}}{1\text{hr}} \times \frac{1\text{mg}}{1000\text{mcg}} \cdot 90\% = 2.7 \approx \boxed{3\text{mL/hr}}$$

$$\frac{100\text{mL}}{1600\text{mg}} \times \frac{50\text{mg}}{1\text{hr}} \times \frac{60\text{min}}{1\text{hr}} \times \frac{1\text{mg}}{1000\text{mcg}} \cdot 90\% = \boxed{27\text{mL/hr}}$$

## Critical Thinking

1. The dx of renal failure can affect the drug process in the body which can mean ineffective absorption and lead to build up. The client may need a higher or lower drug dose.

2. Two vasopressors together are used to effectively treat shock and raise BP (or MAP).

3. The propofol is used to keep the client sedated while she is intubated.

4. Diltiazem (Cardizem) is a calcium channel blocker that can be used for a-tib but is contraindicated d/t the client's allergy.

5. Vasopressors can cause an increase in heart rate.

6. Pushing an IV drug slow can help side effects from occurring. Giving protonix too fast can cause nausea.