

SELF-TEST 2 Oral Liquids

Solve these oral liquid problems. Answers are given at the end of the chapter. Remember the four methods:

Formula Method	Proportion	Dimensional Analysis					
$\frac{\text{Desire}}{\text{Have}} \times \text{Supply} = x$	<p>EXPRESSED AS TWO RATIOS</p> $\text{Supply:Have} :: x:\text{Desire}$ <p>EXPRESSED AS TWO FRACTIONS</p> $\frac{\text{Supply}}{\text{Have}} = \frac{x}{\text{Desire}}$	<table border="1"> <tr> <td>Supply</td> <td>Desire</td> <td rowspan="2">(add conversion factors as needed)</td> </tr> <tr> <td>Have</td> <td></td> </tr> </table>	Supply	Desire	(add conversion factors as needed)	Have	
Supply	Desire	(add conversion factors as needed)					
Have							

- Order: erythromycin susp 0.75 g po qid
Supply: liquid labeled 250 mg/mL
 $0.75\text{g} \cdot \frac{1000\text{mg}}{1\text{g}} \cdot \frac{1\text{mL}}{250\text{mg}} = 3\text{mL}$
- Order: ampicillin susp 500 mg po q8h
Supply: liquid labeled 250 mg/5 mL
 $500\text{mg} \cdot \frac{5\text{mL}}{250\text{mg}} = 10\text{mL}$
- Order: cephalexin in oral suspension 0.35 g po q6h
Supply: liquid labeled 125 mg/5 mL
 $0.35\text{g} \cdot \frac{1000\text{mg}}{1\text{g}} \cdot \frac{5\text{mL}}{125\text{mg}} = 14\text{mL}$
- Order: cyclosporine 150 mg po stat and every day
Supply: liquid labeled 100 mg/mL in a bottle with a calibrated dropper
 $150\text{mg} \cdot \frac{1\text{mL}}{100\text{mg}} = 1.5\text{mL}$
- Order: trifluoperazine 5 mg po bid
Supply: liquid labeled 10 mg/mL
 $5\text{mg} \cdot \frac{1\text{mL}}{10\text{mg}} = 0.5\text{mL}$
- Order: digoxin 0.02 mg po every day
Supply: pediatric elixir 0.05 mg/mL in a bottle with a dropper marked in tenths of a milliliter
 $0.02\text{mg} \cdot \frac{1\text{mL}}{0.05\text{mg}} = 0.4\text{mL}$
- Order: potassium chloride 30 mEq po every day
Supply: liquid labeled 20 mEq/15 mL
 $30\text{mEq} \cdot \frac{15\text{mL}}{20\text{mEq}} = 22.5\text{mL}$
- Order: digoxin elixir 0.25 mg via nasogastric tube every day
Supply: liquid labeled 0.25 mg/mL
 $0.25\text{mg} \cdot \frac{1\text{mL}}{0.25\text{mg}} = 1\text{mL}$
- Order: risperidone 3 mg po bid
Supply: liquid labeled 1 mg/mL
 $3\text{mg} \cdot \frac{1\text{mL}}{1\text{mg}} = 3\text{mL}$
- Order: promethazine HCl syrup 12.5 mg po tid
Supply: liquid labeled 6.25 mg/5 mL
 $12.5\text{mg} \cdot \frac{5\text{mL}}{6.25\text{mg}} = 10\text{mL}$
- Order: hydroxyzine 50 mg po qid
Supply: syrup labeled 10 mg per 5 mL
 $50\text{mg} \cdot \frac{5\text{mL}}{10\text{mg}} = 25\text{mL}$
- Order: furosemide 40 mg po q12h
Supply: liquid labeled 10 mg/mL
 $40\text{mg} \cdot \frac{1\text{mL}}{10\text{mg}} = 4\text{mL}$
- Order: potassium chloride 10 mEq po bid
Supply: liquid labeled 20 mEq/30 mL
 $10\text{mEq} \cdot \frac{30\text{mL}}{20\text{mEq}} = 15\text{mL}$
- Order: prochlorperazine 10 mg po tid
Supply: syrup labeled 5 mg/5 mL
 $10\text{mg} \cdot \frac{5\text{mL}}{5\text{mg}} = 10\text{mL}$
- Order: phenobarbital 100 mg po at bedtime
Supply: elixir labeled 20 mg/5 mL
 $100\text{mg} \cdot \frac{5\text{mL}}{20\text{mg}} = 25\text{mL}$

SELF-TEST 2 Oral Liquids (Continued)

16. Order: acetaminophen 650 mg po q4h prn
Supply: elixir labeled 160 mg/5 mL. Round to the nearest whole number
 $650\text{mg} \cdot \frac{5\text{mL}}{160\text{mg}} = 20\text{mL}$
17. Order: diphenhydramine 25 mg po q4h
Supply: liquid labeled 12.5 mg/5 mL
 $25\text{mg} \cdot \frac{5\text{mL}}{12.5\text{mg}} = 10\text{mL}$
18. Order: chlorpromazine 50 mg po tid
Supply: syrup labeled 10 mg/5 mL
 $50\text{mg} \cdot \frac{5\text{mL}}{10\text{mg}} = 25\text{mL}$
19. Order: docusate 100 mg po every day
Supply: syrup labeled 50 mg/15 mL
 $100\text{mg} \cdot \frac{15\text{mL}}{50\text{mg}} = 30\text{mL}$
20. Order: codeine 0.06 g po q4-6h prn
Supply: liquid labeled 15 mg/5 mL
 $0.06\text{g} \cdot \frac{1000\text{mg}}{1\text{g}} \cdot \frac{5\text{mL}}{15\text{mg}} = 20\text{mL}$

SPECIAL TYPES OF ORAL LIQUID ORDERS

Some liquids, including OTC preparations and multivitamins, are ordered in the amount to be poured and administered. No calculation is required.

EXAMPLE**EXAMPLE 1:**

Order: dextromethorphan syrup 2 tsp q4h prn po

Supply: liquid labeled dextromethorphan syrup

No calculation is needed. Pour 2 tsp and take every 4 hours by mouth as needed.

EXAMPLE 2:

Order: milk of magnesia 30 mL tonight po

Supply: liquid labeled milk of magnesia

No calculation is required. Pour 30 mL milk of magnesia and give tonight by mouth.

Calculations of Liquid Injections

Name: _____

Aim for 90% or better on this test. Assume you have only a 3-mL syringe unless indicated. See Appendix A for answers.

- Order: digoxin 0.125 mg IM every day
Supply: ampule labeled 0.5 mg/2 mL $0.125 \text{ mg} \cdot \frac{2 \text{ mL}}{0.5 \text{ mg}} = 0.5 \text{ mL}$
- Order: diphenhydramine hydrochloride 40 mg IM stat
Supply: ampule labeled 50 mg in 2 mL $40 \text{ mg} \cdot \frac{2 \text{ mL}}{50 \text{ mg}} = 1.6 \text{ mL}$
- Order: morphine sulfate 8 mg IV q4h prn
Supply: vial labeled 15 mg/mL; round to the nearest tenth $8 \text{ mg} \cdot \frac{1 \text{ mL}}{15 \text{ mg}} = 0.5 \text{ mL}$
- Order: meperidine 50 mg IM $\times 1$
Supply: vial labeled 100 mg/mL (use a 1-mL syringe) $50 \text{ mg} \cdot \frac{1 \text{ mL}}{100 \text{ mg}} = 0.5 \text{ mL}$
- Order: ascorbic acid 200 mg IM every day
Supply: ampule labeled 400 mg/2 mL $200 \text{ mg} \cdot \frac{2 \text{ mL}}{400 \text{ mg}} = 1 \text{ mL}$
- Order: vitamin B₁₂ 1500 mcg every day IM
Supply: vial labeled 5000 mcg/mL (use a 1-mL syringe) $1500 \text{ mcg} \cdot \frac{1 \text{ mL}}{5000 \text{ mcg}} = 0.3 \text{ mL}$
- Order: atropine sulfate 0.6 mg IV for one dose
Supply: vial labeled 0.4 mg/mL $0.6 \text{ mg} \cdot \frac{1 \text{ mL}}{0.4 \text{ mg}} = 1.5 \text{ mL}$
- Order: sodium amytal 0.2 g IM stat
Supply: ampule 200 mg/1 mL $0.2 \text{ g} \cdot \frac{1000 \text{ mg}}{1 \text{ g}} \cdot \frac{1 \text{ mL}}{200 \text{ mg}} = 1 \text{ mL}$
- Order: hydromorphone 1.5 mg IM q4h prn pain
Supply: vial labeled 2 mg/mL (use a 1-mL syringe) $1.5 \text{ mg} \cdot \frac{1 \text{ mL}}{2 \text{ mg}} = 0.75 \text{ mL}$
- Order: penicillin G procaine 600,000 units IM q12h
Supply: vial labeled 500,000 USP units/mL $600000 \text{ units} \cdot \frac{1 \text{ mL}}{500000 \text{ units}} = 1.2 \text{ mL}$
- Order: prepare nitroglycerin 200 mcg (that will be added to IV fluids for infusion)
Supply: vial labeled 0.8 mg/mL (use a 1-mL syringe) $200 \text{ mcg} \cdot \frac{1 \text{ mg}}{1000 \text{ mcg}} \cdot \frac{1 \text{ mL}}{0.8 \text{ mg}} = 0.25 \text{ mL}$
- Order: neostigmine methylsulfate 500 mcg subcutaneous $\times 1$ dose
Supply: ampule labeled 1:4000 $500 \text{ mcg} \cdot \frac{1 \text{ mg}}{1000 \text{ mcg}} \cdot \frac{1 \text{ g}}{1000 \text{ mg}} \cdot \frac{4000 \text{ mL}}{1 \text{ g}} = 2 \text{ mL}$
- Order: levorphanol tartrate 3 mg subcutaneous $\times 1$ dose
Supply: vial labeled 2 mg/mL $3 \text{ mg} \cdot \frac{1 \text{ mL}}{2 \text{ mg}} = 1.5 \text{ mL}$
- Order: epinephrine 0.4 mg subcutaneous stat
Supply: ampule labeled 1:1000 (use a 1-mL syringe) $0.4 \text{ mg} \cdot \frac{1 \text{ g}}{1000 \text{ mg}} \cdot \frac{1000 \text{ mL}}{1 \text{ g}} = 0.4 \text{ mL}$
- Order: magnesium sulfate 500 mg IM $\times 1$ dose
Supply: ampule labeled 50% $500 \text{ mg} \cdot \frac{1 \text{ g}}{1000 \text{ mg}} \cdot \frac{100 \text{ mL}}{50 \text{ g}} = 1 \text{ mL}$
- Order: oxymorphone HCl 0.75 mg subcutaneous
Supply: vial labeled 1.5 mg/mL (use a 1-mL syringe) $0.75 \text{ mg} \cdot \frac{1 \text{ mL}}{1.5 \text{ mg}} = 0.5 \text{ mL}$
- Order: prepare lidocaine 100 mg (that will be added to IV fluids for infusion)
Supply: ampule labeled 20% (use a 1-mL syringe) $100 \text{ mg} \cdot \frac{1 \text{ g}}{1000 \text{ mg}} \cdot \frac{100 \text{ mL}}{20 \text{ g}} = 0.5 \text{ mL}$

(continued)

PROFICIENCY TEST 3

Calculations of Liquid Injections (continued)

18. Order: digoxin 0.125 mg IV daily

Supply: ampule labeled 0.25 mg/2 mL

$$0.125 \text{ mg} \cdot \frac{2 \text{ mL}}{0.25 \text{ mg}} = 1 \text{ mL}$$

19. Order: nalbuphine HCl 12 mg IM \times 1 dose

Supply: vial 10 mg/mL

$$12 \text{ mg} \cdot \frac{1 \text{ mL}}{10 \text{ mg}} = 1.2 \text{ mL}$$

20. Order: prepare 20 mEq KCl (that will be added to IV fluids for infusion)

Supply: vial 40 mEq/20 mL (use 10 mL syringe)

$$20 \text{ mEq} \cdot \frac{20 \text{ mL}}{40 \text{ mEq}} = 10 \text{ mL}$$

PROFICIENCY TEST 4

Mental Drill in Liquids-for-Injection Problems

Name: _____

As you develop proficiency in solving problems, you will be able to calculate many answers without a calculator. This drill combines your knowledge of equivalents and dosages. Solve these problems and write only the amount to give. If necessary, round to the nearest tenths. See Appendix A for more information.

Order

1. 0.5 g IM

Supply

250 mg/mL

$$0.5 \text{ g} \cdot \frac{1000 \text{ mg}}{1 \text{ g}} \cdot \frac{1 \text{ mL}}{250 \text{ mg}} = 2 \text{ mL}$$

2. 10 mEq IV

40 mEq/20 mL

$$10 \text{ mEq} \cdot \frac{20 \text{ mL}}{40 \text{ mEq}} = 5 \text{ mL}$$

3. 0.5 mg IM

0.25 mg/mL

2 mL

4. 100 mg IM

0.2 g/2 mL

$$100 \text{ mg} \cdot \frac{1 \text{ g}}{1000 \text{ mg}} \cdot \frac{2 \text{ mL}}{0.2 \text{ g}} = 1 \text{ mL}$$

In these practice problems, determine whether the dose is safe, calculate the amount needed, and state how the order should be administered. Round the lb to kg weight conversions to the nearest hundredth. Round the final answer to the nearest tenths. Answers appear at the end of this chapter. Follow the steps used in the examples.

- Order: cefuroxime 200 mg IV q6h in 10 mL D5½NS

Infant: 6 months; weight, 8 kg

Supply: 750-mg vial of powder. Directions: Dilute with 8 mL sterile water for injection to make 90 mg/mL; stable for 3 days if refrigerated.

Literature: The safe dose is 50 to 100 mg/kg/24 hours given q6–8h. Concentration for IV use: 50 mg/mL (minimum dilution) over 30 minutes

$50 \text{ mg} \cdot 8 \text{ kg} = 400 \text{ mg}$
 $100 \text{ mg} \cdot 8 \text{ kg} = 800 \text{ mg}$

Safe dosage

$200 \text{ mg} \cdot \frac{1 \text{ mL}}{90 \text{ mg}} = 2.2 \text{ mL}$
 $\rightarrow 20 \text{ mL/hr}$
- Order: trimethoprim/sulfamethoxazole 75 mg IV q12h in 75 mL D5W over 1 hour

Child: 3 years; weight, 15 kg

Supply: Vial labeled 80 mg/5 mL

Literature: Safe dose for a child is 8 to 10 mg/kg/24 hours given q12h. Concentration for IV use: 1 mL in 15 to 25 mL (supply is a liquid)

$8 \text{ mg} \cdot 15 \text{ kg} = 120 \text{ mg}$
 $10 \text{ mg} \cdot 15 \text{ kg} = 150 \text{ mg}$

Safe dosage

$75 \text{ mg} \cdot \frac{1 \text{ mL}}{80 \text{ mg}} = 4.7 \text{ mL}$
 Set pump 75 mL/hr
- Order: tobramycin 100 mg IV q8h in 50 mL D5½NS

Child: 12 years; weight, 40 kg

Supply: vial 80 mg/2 mL

Literature: The safe dose is 3 to 5 mg/kg/24 hours given q8h. Concentration for IV use: 2 mg/mL (minimum dilution) over 15 to 30 minutes

$3 \text{ mg} \cdot 40 \text{ kg} = 120 \text{ mg}$
 $5 \text{ mg} \cdot 40 \text{ kg} = 200 \text{ mg}$

not safe. Order dose is too high
- Order: cefotaxime 900 mg IV q6h in 25 mL D5½NS

Child: 5 years; weight, 18 kg

Supply: 1 g powder. Directions: Dilute with 10 mL sterile water for injection to make 95 mg/mL; stable in the refrigerator 10 days.

Literature: The safe dose is 50 to 200 mg/kg/24 hours given q6h. Concentration for IV use: 50 mg/mL; give over 30 minutes

$50 \text{ mg} \cdot 18 \text{ kg} = 900 \text{ mg}$
 $200 \text{ mg} \cdot 18 \text{ kg} = 3600 \text{ mg}$

Safe

$900 \text{ mg} \cdot \frac{1 \text{ mL}}{95 \text{ mg}} = 9.5 \text{ mL}$
 $900 \text{ mg} \rightarrow 30 \text{ mL/hr} = 25 \text{ mL/30 min}$
- Order: nafcillin 150 mg IV q8h in 10 mL D5½NS

Infant: 3 months; weight, 6 kg

Supply: 500-mg vial of powder. Directions: Add 1.7 mL sterile water for injection to make 500 mg/2 mL; stable for 48 hours if refrigerated.

Literature: The safe dose is 100 to 200 mg/kg/24 hours given q6h. Concentration for IV use: 6 mg/mL (minimum dilution) over 30 to 60 minutes

$100 \text{ mg} \cdot 6 \text{ kg} = 600 \text{ mg}$
 $200 \text{ mg} \cdot 6 \text{ kg} = 1200 \text{ mg}$

not safe b/c the dilution does not match the requirements
- Order: morphine 2.5 mg IVP q4h

Child: 8 years; weight, 30 kg

Supply: morphine injection 1 mg/mL

Literature: 0.05 to 0.1 mg/kg/q4h IVP. Dilute 2 to 10 mg in at least 5 mL (minimum dilution) NS. Administer over 4 to 5 minutes.

$0.05 \text{ mg} \cdot 30 \text{ kg} = 1.5 \text{ mg}$
 $0.1 \text{ mg} \cdot 30 \text{ kg} = 3 \text{ mg}$

Safe
- Order: dexamethasone 4 mg IVP bid

Child: 6 years; weight, 25 kg

Supply: dexamethasone 4 mg/mL injection

Literature: 0.08 to 0.3 mg/kg/day divided q6–12h. Give undiluted IVP over 30 seconds or less.

$0.08 \text{ mg} \cdot 25 \text{ kg} = 2 \text{ mg}$
 $0.3 \text{ mg} \cdot 25 \text{ kg} = 7.5 \text{ mg}$

not safe b/c what's ordered is too high
- Order: diphenhydramine 25 mg IVP q4–6h

Child: 12 years; weight, 45 kg

Supply: 50 mg/mL injection

Literature: 12.5 to 25 mg IV q4–6h; maximum dose, 300 mg/24 hours. Give undiluted IVP over 1 minute.

Safe dose.

$25 \text{ mg} \cdot 6 \text{ hr} = 150 \text{ mg}$
 $25 \text{ mg} \cdot 4 \text{ hr} = 100 \text{ mg}$

$25 \text{ mg} \cdot \frac{1 \text{ mL}}{50 \text{ mg}} = 0.5 \text{ mL}$ (continued)



The Centers for Disease Control and Prevention
 CEU's for this program.

0.1 ANS/IACET Continuing Education
 (Ten 60-minute contact hours earned)
 and is awarded
 01/16/2025

in the following educational activity
 (Web Based) - WB4424R
 WB4424R
 Vaccine Administration (e-Learning)

SELF-TEST 5

Parenteral Medication Calculations (Continued)

9. Order: digoxin maintenance dose IVP 50 mcg/day
 Infant: 15 lb \rightarrow 6.82 kg $6 \text{ mcg} \cdot 6.82 \text{ kg} = 40.92 \text{ mcg}$
 Supply: 0.1 mg/mL injection $7.5 \text{ mcg} \cdot 6.82 \text{ kg} = 51.15 \text{ mcg}$
 Literature: 6 to 7.5 mcg/kg/day. Give undiluted or diluted in 4 mL D5W or NS over 5 minutes.
10. Order: methylprednisolone IVP 60 mg bid \rightarrow 120 mg
 Child: 9 years; weight, 80 lb \rightarrow 36.36 kg $0.5 \text{ mg} \cdot 36.36 \text{ kg} = 18.18 \text{ mg}$
 Supply: methylprednisolone 40 mg/mL $1.7 \text{ mg} \cdot 36.36 \text{ kg} = 61.81 \text{ mg}$
 Literature: 0.5 to 1.7 mg/kg/day. Give each 500 mg over 2 to 3 minutes.

Safe. $50 \text{ mcg} \frac{1 \text{ mL}}{100 \text{ mcg}} = 0.5 \text{ mL}$

not safe b/c the order amount is too high

CRITICAL THINKING

TEST YOUR CLINICAL SAVVY

You are working in a pediatric unit and taking care of 5-year-old Georgia Smith. Although she usually has a sweet disposition, she has her moments when she will not do anything she doesn't want to do. She is receiving IV fluids continuously and is ordered an oral medication three times a day that has an aftertaste. Each time the medication is brought to her, she refuses to take it.

- What are techniques to help her take the medication?
- Are there other alternatives you could use regarding the medication? How would you implement any of these alternatives?
- Are there strategies to suggest to the family to promote easier compliance?
- Besides reducing the possibility of fluid overload, what are some other reasons IV infusion pumps are used with children?

Another client, 14-year-old Sean McBrady, is unable to swallow pills.

- What are some alternatives to the medication?
- Are there contraindications to any of the medication alternatives?
- What are some ways to get children to swallow pills?
- What would you suggest to the family to promote easier administration?

PUTTING IT TOGETHER:
 CLINICAL CASE STUDIES

...UMG TAB
 ...AHEAD Discard After
 ...ology, Gener
 ...neurology
 ...ty of