

Polypharmacy Project

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N322 Introduction to Pharmacology

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**PLEASE INSERT YOUR CLIENT SCENARIO HERE – THIS WILL BE PAGE TWO OF THE DOCUMENT**

**Background:** Karen is a 40-year-old female that presents to the emergency department with complaints of severe abdominal pain with an onset of 7 days ago. Karen states that the pain has gradually increased over the past week and now is currently rating the pain at 10/10. She states that she started taking her ibuprofen to assist in alleviating the pain, but it is no longer helping at all. She states that when her pain started getting worse, she developed nausea and vomited twice this morning. Her emesis was dark, and blood tinged. Her most recent bowel movements have been dark, almost black, she states. Other significant assessments include abdominal tenderness and reports of increased symptoms of GERD over the last month. Karen had a pituitary tumor surgical excision 1 month ago and has an extensive past medical history.

**Economics:** Karen is self-employed as an attorney and has her own office. Her annual income is greater than \$100,000/year.

**Insurance:** Karen purchases her own medical insurance which costs \$2000/month. It covers 75% of medication costs.

**Allergies:** NSAIDS

**Diet:** No added salt & low-concentration sweets

**Medical diagnosis:** Cushing's disease, gastroesophageal reflux disease, recurrent constipation, hypertension, depression, type 2 diabetes mellitus.

**Current medications include the following:**

Hydrocortisone is 15 mg every am and 5 mg in the afternoon.

Metoprolol tartrate 25 mg by mouth twice a day

Spirolactone-hydrochlorothiazide 50 mg/ 50 mg: take 1 tablet by mouth daily.

Prozac 20 mg by mouth twice a day

Saxagliptin 5 mg once daily by mouth

Atorvastatin 10 mg by mouth daily

Tresiba 20 units SC daily

MiraLAX 17 g by mouth daily

Bismuth subsalicylate 525 mg (30ML) by mouth every 6 hours PRN.

Ibuprofen 400 mg by mouth every 6 hours.

<b>Drug #1</b>	<b>Drug Name (Generic): Hydrocortisone</b> <b>Drug Name (Trade or Brand): Cortenema</b> <b>Drug Pharmacologic Class: Glucocorticoid, Therapeutic: Corticosteroid, anti-inflammatory (Jones &amp; Bartlett, 2024)</b>
<b>How is the medication taken: (include dose, route, and frequency)</b>	<b>This medication is taken 15 mg by mouth every morning and 5 mg by mouth in the afternoon (Jones &amp; Bartlett, 2024).</b>
<b>Specific Directions not included above:</b>	<b>This medication must be taken with food to decrease GI irritation (Jones &amp; Bartlett, 2024). The patient should never stop abruptly taking this medication due to the risk of adrenal crisis (Jones &amp; Bartlett, 2024). The patient should follow the prescribed routine of the medication so the body can mimic the body's natural cortisol rhythm (Jones &amp; Bartlett, 2024).</b>

<b>Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)</b>	<b>This medication may increase blood glucose, which affects Saxagliptin and Tresiba (Drugs.com,2025). This medication can cause fluid retention and hypokalemia, which interacts with Spironolactone-HCTZ (Drugs.com,2025). The medication increases the risk of GI bleed with Ibuprofen and Bismuth subsalicylate (Drugs.com,2025).</b>
<b>Lifestyle interactions:</b> <b>(Daily tobacco use, alcohol, drugs, etc.)</b>	<b>The use of alcohol can increase GI irritation and bleeding risk. Dosage adjustment can be caused by stress and illness (Jones &amp; Bartlett, 2024).</b>
<b>Does any of the client's past medical history contradict the use of this medication?</b>	<b>The client's past medical history that contradicts the use of the medication is diabetes, hypertension, and GERD, as these may be worsened by corticosteroids; it is required after pituitary surgery for adrenal insufficiency (Jones &amp; Bartlett, 2024).</b>
<b>What is the indication for use of this medication</b>	<b>Based on this medication, the indication for the use of this medication is replacement</b>

<p>based on the client's past medical history? (If you are unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)</p>	<p>therapy for adrenal insufficiency following pituitary tumor excision for Addison's disease (Jones &amp; Bartlett, 2024).</p>
<p>What would you teach the client about taking this medication? You must prioritize 2 (see rubric)</p>	<ol style="list-style-type: none"> <li>1. Patient should not stop taking abruptly due to the risk of adrenal crisis (Jones &amp; Bartlett, 2024).</li> <li>2. Monitor blood glucose and blood pressure regularly (Jones &amp; Bartlett, 2024).</li> </ol>
<p>How much would medication cost per month if paying out of pocket?</p>	<p>\$15-25 (GoodRX.com, 2025)</p>

<p>Drug #2</p>	<p>Drug Name (Generic): Metoprolol Tartrate</p> <p>Drug Name (Trade): Lopressor</p> <p>Drug Class: Pharmacological: Beta-1 selective adrenergic blocker, Therapeutic: Antihypertensive, antianginal (Jones &amp; Bartlett, 2024)</p>
<p>How is the medication taken: (include dose, route,</p>	<p>This medication is taken 25 mg by mouth twice a day (Jones &amp; Bartlett, 2024)</p>

<b>and frequency)</b>	
<b>Specific Directions not included above:</b>	<b>This medication is taken with meals for better absorption (Jones &amp; Bartlett, 2024). The patient should not stop suddenly due to the risk of rebound hypertension or angina (Jones &amp; Bartlett, 2024).</b>
<b>Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)</b>	<b>This medication causes additive blood pressure lowering with Spironolactone-HCTZ. May mask hypoglycemia symptoms, which is a concern with Tresiba and Saxagliptin (Drug.com, 2025).</b>
<b>Lifestyle interactions:</b> <b>(Daily tobacco use, alcohol, drugs, etc.)</b>	<b>The patient should avoid alcohol because alcohol enhances hypotensive effects (Jones &amp; Bartlett, 2024).</b>
<b>Does any of the client's past medical history</b>	<b>This medication is contraindicated in severe bradycardia or heart block (Drugs.com,</b>

<b>contradict the use of this medication?</b>	2025). Be cautious with depression; it may worsen and use caution with diabetes; look for hypoglycemia signs (Drugs.com, 2025).
<b>What is the indication for use of this medication based on the client's past medical history? (If you are unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)</b>	Based on past medical history, and indication to use this medication is Hypertension.
<b>What would you teach the client about taking this medication? You must prioritize 2 (see rubric)</b>	<ol style="list-style-type: none"> <li>1. Monitor blood pressure and pulse daily, hold if heart rate is less than 60 (Jones &amp; Bartlett, 2024).</li> <li>2. Change the position slowly to prevent dizziness (Jones &amp; Bartlett, 2024).</li> </ol>
<b>How much would medication cost per month if paying out of pocket?</b>	\$10-20 (GoodRX.com, 2025)
<b>Drug #3</b>	<b>Drug Name (Generic): Spironolactone-hydrochlorothiazide</b>

	<p><b>Drug Name (Trade): Aldactazide</b></p> <p><b>Drug Class: Pharmacological: Potassium-sparing diuretic and thiazide diuretic combination, Therapeutic: Antihypertensive, diuretic (Jones &amp; Bartlett, 2024)</b></p>
<p><b>How is the medication taken: (include dose, route, and frequency)</b></p>	<p><b>50/50 mg by mouth once daily (Jones &amp; Bartlett, 2024)</b></p>
<p><b>Specific Directions not included above:</b></p>	<p><b>This medication should be taken with food in the morning to avoid an upset stomach and nocturia and avoid potassium supplements and salt substitutes (Jones &amp; Bartlett, 2024).</b></p>
<p><b>Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)</b></p>	<p><b>This medication can cause an electrolyte imbalance with Hydrocortisone (Drug.com, 2025).</b></p> <p><b>This medication causes an additive hypotension effect with Metoprolol (Drug.com, 2025)</b></p>

	<p><b>This medication may raise the risk of hypoglycemia when taken with Saxagliptin (Drug.com, 2025).</b></p>
<p><b>Lifestyle interactions:</b>  (Daily tobacco use, alcohol, drugs, etc.)</p>	<p><b>A patient taking this medication should avoid salt substitutes or high potassium foods (Jones &amp; Bartlett, 2024). Patient must stay hydrated and make sure to keep daily monitors of weight (Jones &amp; Bartlett, 2024). Alcohol use increases dizziness and hypotension (Jones &amp; Bartlett, 2024).</b></p>
<p><b>Does any of the client's past medical history contradict the use of this medication?</b></p>	<p><b>Must be cautious with diabetes, as blood sugar can be affected due to the electrolyte shifts (Drug.com, 2025).</b></p> <p><b>This medication is contraindicated in anuria or severe renal impairment (Drug.com, 2025).</b></p>
<p><b>What is the indication for use of this medication based on the client's past medical history? (If you</b></p>	<p><b>Based on past medical history, an indication for use of this medication is hypertension and fluid retention (Jones &amp; Bartlett, 2024).</b></p>

<p>are unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)</p>	
<p>What would you teach the client about taking this medication? You must prioritize 2 (see rubric)</p>	<p>1. Report muscle cramps or irregular heartbeat (potassium imbalance) (Jones &amp; Bartlett, 2024).</p> <p>2. Take in the morning to prevent sleep disturbance (Jones &amp; Bartlett, 2024).</p>
<p>How much would medication cost per month if paying out of pocket?</p>	<p>\$6-11 (GoodRX.com, 2025)</p>
<p>Drug # 4</p>	<p>Drug Name (Generic): Fluoxetine</p> <p>Drug Name (Trade): Prozac</p> <p>Drug Class: Pharmacological: SSRI antidepressant, Therapeutic: Antidepressant (Jones &amp; Bartlett, 2024)</p>
<p>How is the medication taken: (include dose, route, and frequency)</p>	<p>20 mg by mouth twice daily (Jones &amp; Bartlett, 2024)</p>
<p>Specific Directions not included above:</p>	<p>This medication may take up 4-6 weeks for full effect. Take this medication in the</p>

	<b>morning to minimize insomnia and must continue even if the patient feels better (Jones &amp; Bartlett,2024).</b>
<b>Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)</b>	<p><b>This medication increases bleeding risk with NSAIDs, which include Ibuprofen, Bismuth subsalicylate (Drug.com, 2025).</b></p> <p><b>This medication can raise blood sugar with Saxagliptin (Drug.com, 2025).</b></p>
<b>Lifestyle interactions: (Daily tobacco use, alcohol, drugs, etc.)</b>	<b>While on this medication, the patient should avoid alcohol because it can increase Central nervous system depression risk, (Jones &amp; Bartlett, 2024).</b>
<b>Does any of the client's past medical history contradict the use of this medication?</b>	<b>Diabetes may alter glucose regulation, and is contraindicated with MAOIs (Drug.com, 2025).</b>

<p><b>What is the indication for use of this medication based on the client's past medical history? (If you are unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)</b></p>	<p>The client, having major depressive disorder, indicated the use of this medication (Jones &amp; Bartlett, 2024).</p>
<p><b>What would you teach the client about taking this medication? You must prioritize 2 (see rubric)</b></p>	<ol style="list-style-type: none"> <li>1. Report suicidal thoughts immediately (Jones &amp; Bartlett, 2024).</li> <li>2. Do not stop abruptly; tapering is required under provider direction (Jones &amp; Bartlett, 2024).</li> </ol>
<p><b>How much would medication cost per month if paying out of pocket?</b></p>	<p>\$10-20 (GoodRX.com, 2025)</p>
<p><b>Drug # 5</b></p>	<p><b>Drug Name (Generic): Saxagliptin</b></p> <p><b>Drug Name (Trade): Onglyza</b></p> <p><b>Drug Class: Pharmacological: Dipeptidyl peptidase-4 (DPP-4) inhibitor, Therapeutic:</b></p>

	<b>Antidiabetic (Jones &amp; Bartlett, 2024)</b>
<b>How is the medication taken: (include dose, route, and frequency)</b>	<b>5 mg orally by mouth once daily (Jones &amp; Bartlett, 2024)</b>
<b>Specific Directions not included above:</b>	<b>This medication can be taken with or without food, at the same time daily (Jones &amp; Bartlett, 2024).</b>
<b>Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)</b>	<p><b>This medication may cause Hypoglycemia risk increases when combined with Tresiba (Drugs.com, 2025).</b></p> <p><b>This medication can cause the risk of fluid retention and heart failure when combined with Metoprolol or diuretics (Drugs.com, 2025).</b></p>
<b>Lifestyle interactions:</b>  <b>(Daily tobacco use, alcohol, drugs, etc.)</b>	<b>The use of alcohol can increase the risk of hypoglycemia (Jones &amp; Bartlett, 2024).</b>
<b>Does any of the client's past medical history contradict the use of this medication?</b>	<b>The patient has hypertension, and possible cardiac strain must be cautious in patients with heart disease, (Jones &amp; Bartlett, 2024). And one must be cautious with a patient</b>

	who has a renal impairment or history of pancreatitis (Jones & Bartlett, 2024).
What is the indication for use of this medication based on the client's past medical history? (If you are unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)	The indication for this use of this medication, based on past medical history, is her having Type 2 diabetes mellitus.
What would you teach the client about taking this medication? You must prioritize 2 (see rubric)	<ol style="list-style-type: none"> <li>1. Recognize and treat signs of hypoglycemia (shakiness, sweating, confusion) (Jones &amp; Bartlett, 2024).</li> <li>2. Monitor for symptoms of heart failure (swelling, shortness of breath, rapid weight gain) (Jones &amp; Bartlett, 2024).</li> </ol>
How much would medication cost per month if paying out of pocket?	Approx. \$200-300/month
Drug # 7	<p>Drug Name (Generic): Atorvastatin Calcium</p> <p>Drug Name (Trade): Lipitor</p> <p>Drug Class: HMG-CoA reductase inhibitor; antihyperlipidemic</p>

<p><b>How is the medication taken: (include dose, route, and frequency)</b></p>	<p><b>10 mg PO daily at bedtime</b></p>
<p><b>Specific Directions not included above:</b></p>	<ul style="list-style-type: none"> <li>● <b>Take it at the same time each day (Mayo Clinic, 2025).</b></li> <li>● <b>Swallow the tablet whole. Do not break, crush, or chew it. Take this medicine with or without food (Mayo Clinic, 2025).</b></li> </ul>
<p><b>Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)</b></p>	<p><b>Myopathy risk with corticosteroids; hepatotoxicity risk with alcohol. (Phelps, 2023).</b></p>
<p><b>Lifestyle interactions:</b> <b>(Daily tobacco use, alcohol, drugs, etc.)</b></p>	<p><b>Do not drink substantial amounts of alcohol with atorvastatin. This could cause unwanted effects on the liver (Mayo Clinic, 2025).</b></p> <p><b>Tell your doctor if you regularly drink grapefruit juice. Drinking substantial amounts of grapefruit juice (more than 1.2 liters each day) while you take this medicine may</b></p>

	increase your risk of muscle injury and could result in kidney problems (Mayo Clinic, 2025).
Does any of the client's past medical history contradict the use of this medication?	Caution in patients with active liver disease or unexplained elevated liver enzymes (Mayo Clinic, 2025).
What is the indication for use of this medication based on the client's past medical history? (If you are unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)	When combined with a healthy diet, atorvastatin lowers blood levels of triglycerides (fats) and cholesterol. This medication may help avoid health issues brought on by fats clogging blood arteries, such as heart attacks, strokes, and chest pain. In people who have risk factors for cardiac problems, it may also be used to prevent specific kinds of heart and blood vessel issues (Mayo Clinic, 2025).
What would you teach the client about taking this medication? You must prioritize 2 (see rubric)	<ol style="list-style-type: none"> <li>1. Report unexplained muscle pain, tenderness, or weakness (Mayo Clinic, 2025).</li> <li>2. If you experience any of these symptoms: headache, upper right stomach pain, light-colored feces, vomiting, dark urine, appetite loss, weight loss, or yellow eyes or skin, call</li> </ol>

	<b>your doctor immediately. These could indicate damage to the liver (Mayo Clinic, 2025).</b>
<b>How much would medication cost per month if paying out of pocket?</b>	<b>\$15–25 (GoodRx, 2025).</b>
<b>Drug # 8</b>	<b>Drug Name (Generic): Insulin degludec</b>  <b>Drug Name (Trade): Tresiba</b>  <b>Drug Class: Long-acting insulin</b>
<b>How is the medication taken: (include dose, route, and frequency)</b>	<b>20 units SC/SQ daily</b>
<b>Specific Directions not included above:</b>	<b>Rotate injection sites and inject at the same time each day (Mayo Clinic, 2025).</b>
<b>Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)</b>	<b>Risk of hypoglycemia when combined with other antidiabetic agents (i.e., Saxagliptin) or beta-blockers (i.e., Metoprolol) (Mayo Clinic, 2025).</b>
<b>Lifestyle interactions:</b>	<b>Hypoglycemia (low blood sugar) can result from taking too much insulin degludec. In addition, using insulin degludec in conjunction with another antidiabetic medication,</b>

<b>(Daily tobacco use, alcohol, drugs, etc.)</b>	<b>altering your insulin routine (such as the kind, strength, or injection site), skipping or delaying a meal or snack, exercising more than usual, or consuming alcohol can all result in low blood sugar (Mayo Clinic, 2025).</b>
<b>Does any of the client's past medical history contradict the use of this medication?</b>	<b>No contraindication in type 2 diabetes mellitus when used appropriately (Mayo Clinic, 2025).</b>
<b>What is the indication for use of this medication based on the client's past medical history? (If you are unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)</b>	<b>Basal insulin coverage for type 2 diabetes mellitus (Mayo Clinic, 2025).</b>
<b>What would you teach the client about taking this medication? You must prioritize 2 (see rubric)</b>	<ol style="list-style-type: none"> <li><b>1. Monitor blood glucose levels regularly to maintain the target range (Mayo Clinic, 2025).</b></li> <li><b>2. Recognize and manage hypoglycemia. Recognize and treat hypoglycemia promptly (Mayo Clinic, 2025).</b></li> </ol>

<b>How much would medication cost per month if paying out of pocket?</b>	<b>\$600–650 (GoodRx, 2025)</b>
<b>Drug # 9</b>	<b>Drug Name (Generic): Polyethylene glycol 3350</b>  <b>Drug Name (Trade): MiraLAX</b>  <b>Drug Class: Osmotic laxative</b>
<b>How is the medication taken: (include dose, route, and frequency)</b>	<b>17 g PO daily mixed with water or juice</b>
<b>Specific Directions not included above:</b>	<ul style="list-style-type: none"> <li>● <b>Ensure adequate daily hydration while taking this medication (Menees et al., 2022).</b></li> <li>● <b>Bowel movement usually occurs within 1–3 days of starting therapy (Menees et al., 2022).</b></li> <li>● <b>Take exactly as prescribed; do not exceed the recommended dose (Drugs.com,</b></li> </ul>

	<p>2025).</p> <ul style="list-style-type: none"><li>● <b>Avoid prolonged use without consulting a healthcare provider (Menees et al., 2022).</b></li></ul>
<p><b>Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)</b></p>	<ul style="list-style-type: none"><li>● <b>No major drug interactions: long-term use may alter absorption of oral meds. (Phelps, 2023).</b></li><li>● <b>May have additive effects with other laxatives, leading to diarrhea or electrolyte imbalance. (Drugs.com, 2025)</b></li><li>● <b>Safe for chronic constipation management (Phelps, 2023).</b></li><li>● <b>Contraindicated in patients with bowel obstruction, gastrointestinal perforation, or known hypersensitivity (Mayo Clinic, 2025).</b></li><li>● <b>Use with caution in patients with kidney disease or dehydration (Menees et al., 2022).</b></li></ul>

<p><b>Lifestyle interactions:</b></p> <p><b>(Daily tobacco use, alcohol, drugs, etc.)</b></p>	<p><b>Encourage adequate hydration. (Phelps, 2023).</b></p>
<p><b>Does any of the client's past medical history contradict the use of this medication?</b></p>	<ul style="list-style-type: none"> <li>● <b>Report any signs of gastrointestinal bleeding (e.g., black, or bloody stools), severe abdominal pain, or diarrhea lasting longer than a few days. Do not use it for extended periods without medical guidance (Menees et al., 2022).</b></li> <li>● <b>Avoid NSAIDs concurrently (Phelps, 2023).</b></li> </ul>
<p><b>What is the indication for use of this medication based on the client's past medical history? (If you are unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)</b></p>	<p><b>Relieve constipation related to medications. (Phelps, 2023).</b></p>
<p><b>What would you teach the client about taking this medication? You must prioritize 2 (see rubric)</b></p>	<p><b>1. Report any signs of gastrointestinal bleeding (e.g., black, or bloody stools), severe abdominal pain, or diarrhea lasting longer than a few days. Do not use it for extended periods without medical guidance (Menees et al., 2022).</b></p>

	<b>2. Avoid NSAIDs concurrently. (Phelps, 2023).</b>
<b>How much would medication cost per month if paying out of pocket?</b>	<b>\$14.43-\$29.21 (GoodRX, 2025)</b>
<b>Drug # 10</b>	<b>Drug Name (Generic): Bismuth subsalicylate</b>  <b>Drug Name (Trade): Pepto-Bismol</b>  <b>Drug Class: Antidiarrheal and antacid</b>
<b>How is the medication taken: (include dose, route, and frequency)</b>	<b>525 mg (30 mL) PO every 6 hrs. PRN</b>
<b>Specific Directions not included above:</b>	<ul style="list-style-type: none"> <li>● <b>Shake the liquid suspension well before use.</b></li> <li>● <b>May cause temporary darkening of tongue or stool (benign).</b></li> <li>● <b>Use only for short-term relief; contact a healthcare provider if diarrhea persists</b></li> </ul>

	<b>for more than 2 days (Mayo Clinic, 2025).</b>
<b>Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)</b>	<b>Caution when used with corticosteroids (e.g., hydrocortisone) or SSRIs (e.g., fluoxetine) in patients at risk for gastrointestinal bleeding (Mayo Clinic, 2025).</b>
<b>Lifestyle interactions:  (Daily tobacco use, alcohol, drugs, etc.)</b>	<b>Avoid alcohol to reduce gastric irritation. (Phelps, 2023).</b>
<b>Does any of the client's past medical history contradict the use of this medication?</b>	<b>Contraindicated with NSAID allergy and GI bleed. (Phelps, 2023).  Use caution in patients with bleeding disorders or kidney disease (Mayo Clinic, 2025).</b>
<b>What is the indication for use of this medication based on the client's past medical history? (If you are unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)</b>	<b>Short-term management of nausea or GI upset. (Phelps, 2023).  Appropriate for diarrhea related to medications or acute gastrointestinal symptoms.</b>

<p><b>What would you teach the client about taking this medication? You must prioritize 2 (see rubric)</b></p>	<p><b>1. Take only as needed for short-term relief; do not exceed recommended doses or use for more than 48 hours without consulting a healthcare provider. Report blood in stool or persistent diarrhea.</b></p> <p><b>2. Avoid taking NSAIDs unless instructed by a healthcare provider. Limit alcohol and maintain hydration (Drugs.com, 2025).</b></p>
<p><b>How much would medication cost per month if paying out of pocket?</b></p>	<p><b>\$10–15 (GoodRx, 2025)</b></p>

<p><b>Drug # 11</b></p>	<p><b>Drug Name (Generic): Ibuprofen</b></p> <p><b>Drug Name (Trade): Motrin</b></p> <p><b>Drug Class: NSAID (non-opioid analgesic)</b></p>
<p><b>How is the medication taken: (include dose, route, and frequency)</b></p>	<p><b>400 mg PO q6h PRN</b></p>

<p><b>Specific Directions not included above:</b></p>	<ul style="list-style-type: none"> <li>● <b>Take food to reduce stomach upset. (Phelps, 2023).</b></li> <li>● <b>Avoid exceeding the recommended dose or using it for prolonged periods without provider guidance (Drugs.com, 2025).</b></li> <li>● <b>Do not use it in patients with active GI bleeding, peptic ulcer disease, or NSAID allergy (Mayo Clinic, 2025)</b></li> </ul>
<p><b>Does this medication interact with any other medication(s) on this list? (see rubric for further instruction)</b></p>	<p><b>Severe risk of gastrointestinal bleeding when used with corticosteroids (hydrocortisone) or SSRIs (fluoxetine) (Mayo Clinic, 2025).</b></p>
<p><b>Lifestyle interactions:</b> <b>(Daily tobacco use, alcohol, drugs, etc.)</b></p>	<p><b>To lower the risk of gastrointestinal irritation or bleeding when using NSAIDs, abstain from alcohol (Mayo Clinic, 2025).</b></p> <p><b>Avoid using other NSAID-containing drugs at the same time (Drugs.com, 2025).</b></p>
<p><b>Does any of the client's past medical history</b></p>	<p><b>Karen's NSAID allergy and current symptoms, which include dark, tarry stools</b></p>

<b>contradict the use of this medication?</b>	<b>and blood-tinged emesis, indicate that the medication is contraindicated (Mayo Clinic, 2025).</b> <b>Patients with recent GI bleeding episodes or a history of peptic ulcer disease should not take this medication (Drugs.com, 2025).</b>
<b>What is the indication for use of this medication based on the client's past medical history? (If you are unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)</b>	<b>Initially, for pain, unsafe in this case. Safe alternatives (i.e., acetaminophen) should be considered for pain control (Mayo Clinic, 2025).</b>
<b>What would you teach the client about taking this medication? You must prioritize 2 (see rubric)</b>	<b>1. Discontinue ibuprofen immediately due to allergy and risk of serious GI bleeding (Mayo Clinic, 2025).</b> <b>2. Consult a healthcare provider for safe alternative analgesics, such as acetaminophen, to manage pain (Drugs.com, 2025).</b>

<b>How much would medication cost per month if paying out of pocket?</b>	<b>\$5–10 (GoodRx, 2025)</b>
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**Is there anything about this medication regimen scenario that might indicate a potential difficulty in maintaining compliance with the orders as listed?**

Maintaining continuous adherence to Karen's pharmaceutical regimen may be challenging due to several obstacles. In this scenario, Karen's usage of NSAIDs in conjunction with long-term steroid therapy was the cause of her hospital admission due to significant abdominal pain and symptoms of gastrointestinal (GI) bleeding. Mucosal damage and an increased risk of bleeding are known consequences of this interaction, especially in individuals who already have gastrointestinal illnesses (García-Rayado et al., 2018; Ho et al., 2020). According to Maher et al. (2014) and Hanlon et al. (2020), the patient's polypharmacy regimen comprises both planned and as-needed medications administered at various times and by different routes, increasing complexity and the risk of missed or incorrect dosages.

Karen's treatment plan also calls for the special administration of several drugs. For instance, bismuth subsalicylate can result in dark stools, which may frighten the patient and lower adherence, while hydrocortisone and saxagliptin must be given regularly and

with consideration for timing and nutrition (Jones & Bartlett Learning, 2024). Despite having a documented NSAID sensitivity, Karen's use of ibuprofen suggests that she may not have understood the directions for her drug. Since severe pain and recent surgery can make it difficult for a patient to maintain regular medication practices, this noncompliance may be the result of pain-related stress or disorientation during recovery (Kim & Parish, 2021; CDC, 2024).

There are also possible drug interactions in her present regimen. For example, hydrocortisone could worsen electrolyte imbalances or hide hypoglycemia symptoms when used with saxagliptin and metoprolol (Amini et al., 2023; Drugs.com, 2024). Ibuprofen use increases the risk of bleeding and ulceration in GERD patients (Ho et al., 2020). These elements suggest that without careful physician monitoring and patient education, Karen's current regimen may pose serious adherence and safety issues.

**Is there anything about this medication regimen scenario that might assist the client in maintaining the medication regimen as ordered?**

Despite the difficulties, several things might help Karen continue taking her prescription drugs as directed. One of the most prevalent obstacles to adherence is lessened by Karen's regular access to drugs due to her stable socioeconomic situation and full health insurance (GoodRx, 2024; Gellad et al., 2023). Her professional background as an attorney suggests that she has a high degree

of health literacy and organizational skills, which may improve her capacity to schedule medications and recognize the significance of adherence (Phelps, 2023).

Furthermore, it appears that she already understands the long-term advantages of regular pharmaceutical use based on her experience treating chronic conditions. By simplifying complicated dose schedules, tools like pill organizers, digital reminders, or synchronized pharmacy refill services could help her comply with her regimen (Böhm et al., 2021). An organized care plan that prioritizes education, responsibility, and organization could be quite successful in encouraging compliance because Karen is driven to maintain her health to support her personal and professional lives.

**What suggestions might you make to the prescriber and/or client (or questions you might ask the prescriber) to help this client scenario? (Think about decreasing the potential for interaction(s) through medication reduction, other potential medications, diet changes, lifestyle changes, etc.)**

Several evidence-based suggestions can be made to improve Karen's prescription schedule and lower the hazards associated with polypharmacy. Because of her NSAID allergy and history of gastrointestinal bleeding, stopping ibuprofen should be the top priority. Since they present lower gastrointestinal concerns, alternative pain management methods such as acetaminophen should be taken into consideration (Ho et al., 2020). Since proton pump inhibitors effectively prevent NSAID-induced gastropathy, it is advisable to continue pantoprazole for gastric protection (Targownik et al., 2022).

To lessen pill burden and increase adherence, medication simplification should be investigated next. By reducing the number of daily doses, fixed-dose combination treatments and extended-release formulations can improve compliance (Böhm et al., 2021). As a crucial part of managing polypharmacy, the healthcare team should also regularly perform medication reconciliation to find and remove unnecessary or inappropriate medications (Jandu et al., 2025).

A key component of improving adherence is still education, regardless of professional and academic backgrounds. Individualized instruction on drug timing, possible side effects, and methods for identifying and reporting adverse responses should be given by nurses (Gellad et al., 2023). Retention may be improved by reinforcing these lessons with written instructions or visual schedules, particularly in complex regimens (Hanlon et al., 2020).

Furthermore, Cushing's related symptoms can be lessened, and general health outcomes can be improved by incorporating lifestyle and supportive measures such as stress management, a balanced diet, enough sleep, and moderate physical activity (Phelps, 2023). When paired with interdisciplinary cooperation and patient-centered communication, these approaches result in a safer, easier-to-manage treatment plan that supports both lifestyle and medical objectives.

**What would the patient's monthly out-of-pocket expense be for all 10 medications? (Total Cost for all 10 meds)?**

When adding up Karen's cost for medications, the total monthly retail cost for all ten medications ranges between \$885.43 and \$1,105.21, with the patient's estimated monthly out-of-pocket expense totaling between \$221.36 and \$276.30 (GoodRx, 2025). These estimates highlight the significant variation in cost among medications, particularly those for chronic conditions such as diabetes and hyperlipidemia, emphasizing the importance of cost considerations in medication adherence and overall patient care.

### **Reflective Statement of Experience:**

#### **Da'Zja**

My experience working on this polypharmacy project was highly informative and eye-opening. This case project highlighted the challenges of managing multiple chronic conditions in the context of an acute illness. I learned more about polypharmacy risk, drug-drug interaction, side effects, and the complexity of adherence. Acknowledging that Karen's use of ibuprofen combined with hydrocortisone and GERD placed her at elevated risk for gastrointestinal bleeding, a life-threatening condition requiring immediate attention. This polypharmacy project supported the roles of the nurse, being the client's advocate, educator, and caregiver. I understand the importance of medication reconciliation, identifying interactions, and prompt communication with the provider. It's also important to understand that the patient's socioeconomic and educational level influences adherence to a medication regimen. Someone with a lower socioeconomic and educational level would struggle with adherence to a medication regimen. It is important as a nurse to understand the role in patient safety by

identifying high risks, anticipated complications, and advocating for appropriate interventions. Also, nurses should emphasize the importance of assessing socioeconomic status, educational level, health literacy, and motivation as these strongly influence adherence. As a nurse, I will prioritize client-centered strategies to help improve adherence, reduce polypharmacy risks, and ensure safe and effective care.

### **Brittney**

My knowledge of the complexities of polypharmacy and its implications for patient safety, particularly among vulnerable populations managing multiple chronic health conditions, has improved because of this project. I found that identifying potentially hazardous drug interactions before they happen requires constant clinical awareness while applying critical thinking. For instance, early detection of polypharmacy-related adverse responses can avoid hospitalization and long-term difficulties in situations such as Karen's. To maximize drug management and guarantee that every member of the healthcare team contributes to patient safety, interprofessional teamwork between nurses, doctors, and pharmacists is essential. While Stosic et al. (2022) reaffirms that efficient, patient-centered communication promotes adherence and gives patients the power to actively take part in their care, Schulz et al. (2021) stress the necessity of thorough medication reviews and interdisciplinary communication to reduce medication errors. This study made me realize that, to enhance outcomes and advance safe, evidence-based treatment for individuals dealing with the difficulties of polypharmacy, nursing practice must go beyond the delivery of medications to include patient advocacy, proactive monitoring, and interdisciplinary teamwork.





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### N322 Polypharmacy Grading Rubric

Criteria	Excellent 40 points	Acceptable 31-39 points	Unacceptable 0-30 points	Points Earned
<p>Each drug should have a complete breakdown within the tables provided, which includes the following:</p> <ul style="list-style-type: none"> <li>● Drug class</li> <li>● Generic name</li> <li>● Trade name</li> <li>● How is the medication taken (include dose, route, frequency)</li> </ul>	<p>All key components were addressed within the paper and were accurate.</p>	<p>The student provided the required information for some of the medications, but not all and/or the answers provided were inaccurate. (Each individual component for each medication is worth one point)</p>	<p>The student failed to address a sufficient number of the listed components within the paper and/or the components were addressed but were inaccurate. (Each individual component for each medication is worth one point)</p>	<p>___/40</p>
Criteria	Excellent	Acceptable	Unacceptable	Points Earned

	10 points	8-10 points	0 - 7 points	
<p>Specific Directions not included above:</p> <ul style="list-style-type: none"> <li>Is there any type of medication on the patient list that have specific directions?</li> </ul> <p>(Before bed, before breakfast, 30 minutes before meals, etc..)</p>	All key components were addressed within the paper.	The student did list some of the medications that required specific directions, however some of the medications included specific directions that were not addressed and/or were inaccurate. (For each medication, this question is worth one point)	Student failed to answer the questions and/or the answers were inaccurate. (For each medication, this question is worth one point)	___/10
Criteria	Excellent 0 points	Acceptable 16-19	Unacceptable 0-15 points	Points Earned
<p>Does this medication have any potentially serious interactions with any other medication(s) on this list, and/or potential interactions that should be closely monitored due to co-administration?</p> <ul style="list-style-type: none"> <li>Do any of the medications interact with each other?</li> </ul> <p>(Please note: if there is an</p>	All medications were reviewed and student explained medication interactions.	The student did list some of the potential interactions of the medication(s) but failed to address all potential interactions that are serious and/or need close monitoring. (for each medication listed this question is worth two points)	Student failed to answer question and/or the student did list some of the potential interactions of the medication(s) but failed to address all potential interactions that are serious and/or need close monitoring. (for each medication	___/20

<p>interaction between two medications, you MUST list that interaction on BOTH medications to receive full credit. You may utilize the same verbiage/wording on each medication; we want to know you are thinking about it when considering each medication)</p>			<p>listed this question is worth two points)</p>	
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Criteria	Excellent 5 points	Acceptable 4 points	Unacceptable 0 -3 points	Points Earned
<p>Lifestyle interactions:</p> <ul style="list-style-type: none"> <li>● What lifestyle factors counteract with the medications?</li> </ul> <p>(tobacco user, ETOH use – 3 beers daily)</p>	<p>Student showed knowledge why lifestyle would counteract with medications</p>	<p>The student listed lifestyle interactions for some of the medications, but not all and/or the interactions listed were not priority or were incorrect. (For each medication, this question is worth half a point)</p>	<p>Student failed to answer question, or the student listed lifestyle interactions for some of the medications, but not all and/or the interactions listed were not priority or were incorrect. (For each medication, this question is worth half a point)</p>	<p>___/5</p>

<b>Criteria</b>	<b>Excellent</b> <b>10 points</b>	<b>Average</b> <b>8-9</b>	<b>Unacceptable</b> <b>0-7 points</b>	<b>Points Earned</b>
<ul style="list-style-type: none"> <li>Does any of the client's past medical history contradict the use of this medication?</li> </ul>	<p>Student showed knowledge why the client's past medical history would contradict the use of the medication(s).</p>	<p>Student provided answers to the question(s) but failed to answer all the questions and/or the answers provided were inaccurate. (For each medication, this question is worth one point)</p>	<p>Student failed to answer question or Student provided answers to the question(s) but failed to answer all the questions and/or the answers provided were inaccurate. (For each medication, this question is worth one point)</p>	___/10
<b>Criteria</b>	<b>Excellent</b>	<b>Acceptable</b>	<b>Unacceptable</b>	<b>Points Earned</b>

	10 points	8-9 points	0-7 points	
<ul style="list-style-type: none"> <li>What is the indication for use of this medication based on the client's past medical history? (If you are unable to determine an indication based on past medical history, please list potential indications for use of the medication in general)</li> </ul>	Student showed knowledge of medications and what conditions correspond with medications	The student provided appropriate indications for some of the medications but failed to capture all of the appropriate indications for use. (For each medication, this question is worth one point)	Student failed to answer the question, or the student provided appropriate indications for some of the medications but failed to capture all of the appropriate indications for use. (For each medication, this question is worth one point)	___/10
Criteria	Excellent 20 points	Acceptable 16-19 points	Unacceptable 0-15 points	Points Earned
<p>What would you teach the client about taking this medication?</p> <ul style="list-style-type: none"> <li>What education is needed for medication? (For each medication listed the student must prioritize two topics for client)</li> </ul>	Student showed the importance of medication education, and appropriate prioritized client education for the scenario provided.	The student provided some appropriate education for the client but failed to capture all of the appropriately prioritized education for the client. (Each topic of education is worth one point)	Student failed to answer the question OR The student provided some appropriate education for the client but failed to capture all of the appropriately prioritized education for the client. (Each topic of education is worth one point)	___/20

<p>education)  (You must consider all component(s) of the medication list when answering this question... if there are potential interactions with other medication this may be a priority over general education for this one medication)</p>				
<p><b>Criteria</b></p>	<p><b>Excellent</b>  <b>10 points</b></p>	<p><b>Acceptable</b>  <b>8-9 points</b></p>	<p><b>Unacceptable</b>  <b>0-7 points</b></p>	<p><b>Points Earned</b></p>
<p>Is there anything about this medication regimen/ scenario that might indicate a potential difficulty in maintaining compliance with the orders as listed?</p> <ul style="list-style-type: none"> <li>● Why would the patient have difficulty maintaining the medication regiment?</li> </ul> <p>(Please consider all factors in the scenario and all information provided within your chart – including cost,</p>	<p>Student had knowledge on why a patient would have difficulty with medication regiment</p>	<p>The student indicated some potential reasons that the client may have difficulty, however the student failed to indicate a reason OR an appropriate reason for some of the medications (This question is worth one point for each medication)</p>	<p>Student failed to answer the question OR the student indicated some potential reasons that the client may have difficulty, however the student failed to indicate a reason OR an appropriate reason for some of the medications (This question is worth one point for each medication)</p>	<p>___/10</p>

insurance, frequency of administration, etc)				
<b>Criteria</b>	<b>Excellent</b> <b>10 points</b>	<b>Acceptable</b> <b>8-9 points</b>	<b>Unacceptable</b> <b>0-7 points</b>	<b>Points Earned</b>
<p>Is there anything about this medication regimen/ scenario that might assist the client in maintaining the medication regimen as ordered?</p> <ul style="list-style-type: none"> <li>● What factors are present to remain compliant?</li> </ul> <p>(Please consider all factors in the scenario and all information provided within your chart – including cost, insurance, frequency of administration, etc.</p>	Student had knowledge on medication compliance	The student answered the question appropriately for some of the medications but failed to indicate all of the factors that are present that assist with compliance. (This question is worth one point for each medication)	Student failed to answer the question OR The student answered the question appropriately for some of the medications but failed to indicate all of the factors that are present that assist with compliance. (This question is worth one point for each medication)	___/10
<b>Criteria</b>	<b>Excellent</b> <b>15 points</b>	<b>Acceptable</b> <b>8-9 points</b>	<b>Unacceptable</b> <b>0 points</b>	<b>Points Earned</b>
<ul style="list-style-type: none"> <li>● How much would this medication cost per month if the</li> </ul>	Student showed research on medication costs	The student provided accurate research for some of the medications, but failed to provide research for	Student failed to answer the question OR The student provided accurate research for some of the medications, but	___/15

<p>patient were to pay for them out of pocket? (best assessment based off of research)</p> <ul style="list-style-type: none"> <li>● What would the client’s monthly out-of-pocket expense for all 10 medications?</li> </ul>		<p>all medications (This question is worth one point for each medication, with the total cost being worth 5 points)</p>	<p>failed to provide research for all medications (This question is worth one point for each medication, with the total cost being worth 5 points)</p>	
<p><b>Criteria</b></p>	<p><b>Excellent</b> <b>20 points</b></p>	<p><b>Acceptable</b> <b>16-19 points</b></p>	<p><b>Unacceptable</b> <b>0-15 points</b></p>	<p><b>Points Earned</b></p>
<p>The student must appropriately format the paper and include all of the following:</p> <ul style="list-style-type: none"> <li>● Entire document must include appropriate citations, a reference page, a title page, page numbers, running head, all with appropriate formatting per APA (10 points – each missing or inaccurate portion</li> </ul>	<p>The document included a title page, the rubric, the client scenario, and a reference page which included five references that were cited within the document. APA formatting was consistent with the APA manual.</p>	<p>The document did not meet all of the criteria for formatting/ referencing. See “criteria” to the left for further breakdown.</p>	<p>The document did not meet all of the criteria for formatting/ referencing. See “criteria” to the left for further breakdown.</p>	<p>___/20</p>

<p>per APA is worth one point)</p> <ul style="list-style-type: none"> <li>● The student provided a rubric attached for grading (3 points)</li> <li>● The student included the provided client scenario on page two of the document (2 points)</li> <li>● The paper included a minimum of five references which were cited within the document (each reference with one citation is worth 5 points)</li> </ul>				
<p><b>Criteria</b></p>	<p><b>Excellent</b> <b>20 points</b></p>	<p><b>Acceptable</b> <b>16-19 points</b></p>	<p><b>Unacceptable</b> <b>0-15 points</b></p>	<p><b>Points Earned</b></p>
<p>What suggestions might you make to the prescriber and/or client (or questions you might ask the prescriber) to help this client scenario? (think about decreasing the</p>	<p>The student was able to identify one potential idea or question to present to the prescriber or client. This question showed evidence of good critical thinking.</p>	<p>The student was able to identify one potential idea or question to present to the prescriber or client, however there was a much higher priority</p>	<p>The student failed to answer the question OR the student answered the question, however the students answer was dangerously inaccurate.</p>	<p>___/20</p>

<p>potential for interaction(s) through medication reduction, other potential medications, diet changes, lifestyle changes, etc)</p> <p>Elaborate on this, explaining why you feel it should be addressed, why it is a priority and provide evidence behind your presentation.</p>		<p>question/suggestion/issue within the scenario that should have been addressed.</p>		
<p><b>Criteria</b></p>	<p><b>Excellent</b> <b>10 points</b></p>	<p><b>Acceptable</b> <b>8-9 points</b></p>	<p><b>Unacceptable</b> <b>0-7 points</b></p>	<p><b>Points Earned</b></p>
<ul style="list-style-type: none"> <li>● Reflective statement of experience should include the following:                     <ul style="list-style-type: none"> <li>-insight into the project itself (a specific example within the project and its implications)</li> <li>-A basic understanding of</li> </ul> </li> </ul>	<p>The students provided reflection showed good insight into the project itself, polypharmacy, and the nurses role in client advocacy</p>	<p>The student provided a reflection, however the reflection lacked one of the following.</p> <ul style="list-style-type: none"> <li>-insight into the project itself (a specific example within the project and its implications).</li> <li>-A basic understanding of</li> </ul>	<p>Student failed to reflect on their project OR the student addressed only of the topics of reflection</p>	<p>___/10</p>

polypharmacy -A reflection on this student nurse's role in this scenario as a client advocate/educator/caregiver		polypharmacy -A reflection on this student nurse's role in this scenario as a client advocate/educator/caregiver		
<b>Total Points</b>				<u>    </u> /200