

N322 Pharmacology
Proctored ATI Remediation Template

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Assessment Name: RN Pharmacology 2023
Semester: Fall 25'

Main Category: Management of Care

Subcategory: Information Technology

Topic: Safe Medication Administration and Error Reduction: Clarifying a Provider's Prescription

- Correctly interpret medication prescriptions, verifying completeness and clarity
- Use a unit-dose system to decrease errors. If. Not available, calculate the correct medication dose.
- Check a drug reference to ensure the dose I within the usual range.

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Medication Administration

Topic: Connective Tissue Disorders: Teaching About Infliximab

- Monitor the injection site and stop the medication if manifestations of irritation occur
- IV infusion reactions (infliximab): Flu-like findings, hypotension, and possible anaphylaxis.
- Subcutaneous injection-site irritation: Redness, swelling, pain, and itching.

Topic: Endocrine Disorders: Client Teaching About Antidiuretic Hormones

- Both medications simulate natural ADH effects, with vasopressin being more potent than desmopressin.
- Antidiuretic hormone (vasopressin) is sometimes used during CPR to temporarily decrease blood flow to the periphery and increase flow to the brain and heart.
- Depending on therapeutic intent, effectiveness can be evidenced by the client increasing height and weight.

Topic: Growth Factors: Route of Administration for Epoetin Alfa

- Anemia related to chronic kidney disease
- Hematopoietic growth factors act on the bone marrow to increase production of red blood cells.
- For clients who have anemia caused by taking zidovudine for HIV/AIDS

Topic: Non-Opioid Analgesics: Identifying a Contraindication for Receiving Acetaminophen

- Liver damage will occur with an acetaminophen overdose.
- Damage to the kidneys can interfere with medication excretion, leading to medication accumulation and adverse effects.
- When two or more medications that are hepatotoxic are combined, the risk for liver damage is increased.

Topic: Opioid Agonists and Antagonists: Client Teaching About Oxycodone

- Oxycodone: Oral, rectal.
- Stop opioids if the client's respiratory rate is less than 12/min and notify the provider.
- Have naloxone and resuscitation equipment available.

Topic: Safe Medication Administration and Error Reduction: Performing Medication Reconciliation

- Acceptable identifiers included the client's name, an assigned identification number, telephone number, birth date, or another person-specific identifier.
- Use barcode scanners to identify clients.
- Check for allergies by asking clients, looking for an allergy.

Topic: Vitamins and Minerals: Teaching About Ferrous Sulfate Elixir

- Oral: Ferrous gluconate, ferrous fumarate.
- Stools can become black or dark green when taking an iron preparation. This usually resolves with continued use.

- Dilute liquid iron with water or juice, drink with a straw, and rinse mouth after swallowing.

Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions

Topic: Cardiac Glycosides and Heart Failure: Teaching About Adverse Effects of Digoxin

- Monitor lithium levels. Adjust dosage if needed.
- NSAIDs decrease blood flow to the kidneys, which reduces the diuretic effect.
- Concurrent use of antihypertensives can have additive hypotensive effect.

Topic: Depressive Disorders: Identifying a Contraindication of Fluoxetine

- Observe for CNS depression. Notify the provider if effects occur.
- Avoid activities that require alertness (driving, operating heavy equipment/machinery).
- Avoid alcohol and other anti-anxiety medications due to potentiated depressant effects such as severe respiratory depression.

Topic: Medications Affecting Coagulation: Contraindications for Antiplatelet Medications

- Contraindicated in clients who have low platelet counts (thrombocytopenia) or uncontrollable bleeding.
- Use cautiously in clients who have hemophilia, increased capillary permeability, dissecting aneurysm, peptic ulcer disease, severe hypertension, hepatic or kidney disease, or threatened abortion.
- Avoid concurrent use when possible.

Topic: Medications Affecting Urinary Output: Identifying Adverse Effects of Furosemide

- Assess/monitor for manifestations of dehydration: dry mouth, increased thirst, oliguria, and lethargy and report findings to the provider
- Report urine output less than 30 mL/hr. Notify provider of finding (may need to withhold medication).
- Advise clients to avoid sudden changes of position and arise slowly from lying down or sitting.

Topic: Mycobacterial, Fungal, and Parasitic Infections: Adverse Effects of Rifampin

- Use a non-hormonal form of contraception.
- Body fluids may have red-orange color which is an expected and non-harmful effect of medication.
- Avoid the use of alcohol while taking this medication as it can increase the risk of liver damage.

Subcategory: Dosage Calculations

Topic: Dosage Calculation: IV Infusion Rate

- Using desired over have
- What is the volume the nurse should infuse
- Total infusion time

Topic: Dosage Calculations: Calculating a Dose of Acyclovir

- Can be given PO, IV, and topical
- Most effective when started early
- Dosing may be weight-based.

Subcategory: Expected Actions/Outcomes

Topic: Endocrine Disorders: Evaluating a Client Who Is Taking Levothyroxine

- Levothyroxine can increase the anticoagulant effects of warfarin by breaking down vitamin K
- Monitor prothrombin time and international normalized ratio.
- Report bleeding (Bruising, petechiae)

Topic: Peptic Ulcer Disease: Evaluating Effectiveness of Famotidine

- Clients should avoid smoking, which can delay healing
- Famotidine can be administered IV for acute situations
- Notify the provider for any indication of obvious or occult GI bleeding (coffee-ground emesis)

Subcategory: Pharmacological Pain Management

Topic: Opioid Agonists and Antagonists: Teaching About Medications for Breakthrough Cancer Pain

- For clients who have cancer, administer opioids on a fixed schedule around the clock.
- Warn clients not to increase dosage without consulting the provider.
- Follow controlled substance procedures.

Main Category: Reduction of Risk Potential

Subcategory: Therapeutic Procedures

Topic: Miscellaneous Pain Medications: Monitoring Adverse Effects of Anesthesia

- Respiratory arrest from paralyzed respiratory muscles
- Hypotension due to histamine release
- Prolonged apnea low pseudocholinesterase activity

Main Category: Physiological Adaptation

Subcategory: Fluid and Electrolyte Imbalances

Topic: Medications Affecting Urinary Output: Identifying the Adverse Effects of Furosemide

- Increase in triglycerides level
- Monitor electrolyte levels
- Monitor blood glucose

Topic: Medications Affecting Urinary Output: Therapeutic Effects of Spironolactone

- Administered for heart failure.
- Therapeutic effects can take 48 to 72 hr.
- Potassium-sparing diuretic are combined with other diuretics for potassium-sparing effects to treat hypertension and edema.

Topic: Vitamins and Minerals: Medications for a Client Who Has an Electrolyte Imbalance

- Iron preparations
- Vitamin B12
- Potassium Chloride.

Main Category: Clinical Judgement

Subcategory: Generate Solutions

Topic: Medications Affecting Blood Pressure: Anticipated Provider Prescriptions

- Use of NSAIDS can decrease the antihypertensive effect of ACE inhibitors.
- Diuretics can contribute to first-dose hypotension
- Antihypertensive medications can have an additive hypotensive effect.

Subcategory: Prioritize Hypotheses

Topic: Angina and Antilipemic Agents: Identifying Priority Risk for a Client Taking Simvastatin

- Obtain baseline liver function
- Monitor liver function tests after 12 weeks and then every 6 months.
- Medication might be discontinued if liver function tests are above the expected reference range

Topic: Endocrine Disorders: Priority Findings for a Client Who Is Taking Levothyroxine

- Monitor prothrombin time and international normalized ratio
- Decreased dosages of warfarin may be needed
- Report bleeding (bruising, petechiae)