

Pharm ATI Remediation

Management of Care

Vitamins and Minerals: Alternative Therapy for Benign Prostate Hypertrophy

Take iron on an empty stomach

Anticipate a harmless dark green or black color of stool

Therapy use can last 1-2 months.

Safety and Infections Control

Medications Affecting Coagulation: Reviewing Laboratory Findings for a Client Receiving Heparin:

Heparin Toxicity Nursing Actions

Administer protamine, binds with heparin and forms heparin-protamine complex that has no anticoagulant properties.

Protamine should be administered slowly IV, no faster than 20mg/min or 50mg in 10 min.

Do not exceed 100mg in 2 hour period.

Psychosocial Integrity

Substance Use Disorders: Client Teaching about nicotine replacement options

Nicotine Lozenge

Client education:

Allow the lozenge to slowly dissolve in mouth for 20-30 mins

Avoid oral intake 15 min prior to or during lozenge use

Follow directions of product

Limit lozenge use to five in 6-hour period or maximum of 20/day.

Pharmacological and Parenteral Therapies

Dosage Calculation: Calculating Dosage for Potassium Elixir

Types of Calculation

Solid Oral Medications

Liquid oral medication

Injectable medications

Correct doses by weight

IV infusion rates

Medications Affecting BP: Monitoring for Adverse Effects of Lisinopril

Angioedema, rash and cough

Hyperkalemia

Diarrhea

Hypotension

Antibiotics Affecting the Bacterial Cell Wall: Adverse Reactions

Allergy, hypersensitivity to penicillin or cephalosporin

GI upset

Superinfection

**Antibiotics Affecting the Bacterial Cell Wall:
Identifying an Allergic Reaction to Amoxicillin**

GI upset

SOB

Rash

**Psychotic Disorders: Teaching a Client about
Clozapine**

Change position slowly

Prevent dry mouth by fluid intake

Observe for possible sexual adverse effects and notify the provider if they are intolerable.

**Opioid Agonists and Antagonists: Monitor the
Effectiveness of Naloxone**

Depending on the therapeutic intent, effectiveness can be evidenced by

Relief of pain

Cough suppression

Resolution of diarrhea

**Antibiotics Affecting the Bacterial Cell Wall: Priority
Finding to Report to the Provider**

Monitor kidney function

Monitor cardiac status and electrolyte levels

Monitor I&O

**Chronic Neurologic Disorders: Medications That
Interact with Carbamazepine**

Abilify (aripiprazole)

amitriptyline.

aspirin.

Aspirin Low Strength (aspirin)

Benadryl (diphenhydramine)

codeine.

Cymbalta (duloxetine)

erythromycin.

Chronic Neurologic Disorders: Assessing a Client's Response to Phenytoin

CNS effects: Nystagmus, sedation, ataxia, double vision, cognitive impairment

Gingival hyperplasia: Softening and overgrowth of gum tissue, tenderness, and bleeding gums (consider folic acid supplement)

Skin rash (stop medication if rash appears)

Cardiovascular effects: dysrhythmias, hypotension (administer slow; 50 mg/min and in dilute solution)

Endocrine and other effects: Coarsening of facial features, hirsutism, and interference with vitamin D metabolism (consume enough Vit. D)

Interference with vitamin K-dependent clotting factors causing bleeding in newborns

Mycobacterial, Fungal, and Parasitic Infections: Evaluating Use of Anti-Infective Medications

Effectiveness depends on therapeutic intent

Improvement of TB symptoms such as clear breath sounds, no night sweats, increased appetite, no afternoon rises in temperature

Three negative sputum culture for TB (takes 3-6 mo)

Improvement of manifestations

Improvement of findings of systemic fungal

infections, such as clear breath sounds and negative chest x-rays

Heart Failure and Pulmonary Edema: Priority Actions for a Client who has heart failure

Monitor daily weight and I&O

Assess for shortness of breath

Administer oxygen as prescribed

Antilipemic Agents: Medications for High Cholesterol

Pravastatin

Fluvastatin

Rosuvastatin

Pitavastatin

Nonopioid Analgesics: Identifying a Contraindication for Receiving Acetaminophen

Pregnancy

Peptic Ulcer Disease

Bleeding Disorder

Older adult clients

Diabetes Mellitus: First Action when Mixing Insulins in One syringe

When mixing short acting insulin with longer acting insulin, draw the short acting insulin up into the syringe first, then the longer acting insulin,

Rotate vial between palms to disperse particles throughout the vial

NPH and premixed insulins will appear cloudy

Airflow Disorders: Teaching about Fluticasone Metered-Dose Inhaler

You need to shake before use and clean the device after use

Inhale the beta2-agonist before inhaling the glucocorticoid.

The beta2-agonist promotes bronchodilation and enhances absorption of the glucocorticoid.

Medications Affecting Coagulation: Safe Administration of Enoxaparin

Usually oral, once a day, at the same time every day

Monitor PT(18-24) and INR (2-3) levels

Obtain baseline and monitor CBC, platelet count, Hct levels

Bipolar Disorders: Teaching about lithium Carbonate

Report increases in tremors

Maintain adequate fluid intake

Educate client to follow a healthy diet and regular exercise

Medications Affecting Urinary Output: Monitor for Laboratory Values

Furosemide

Ethacrynic Acid

Bumetanide

Torsemide

Individual considerations of medication administration: Risk factors for adverse reactions in older adult clients

Reduced liver and kidney function, may require proportionally smaller medication dose

Decreased GI motility and gastric emptying time

Slower absorption rate

Intravenous Therapy: Nursing Actions for IV Infiltration

Stop infusion

Apply warm, moist compresses to the site

Document patients finding

Total Parenteral Nutrition: Initiating Therapy

Evaluate for allergies to soybeans, safflower, eggs

A micron filter on IV tubing is needed

Get a CBC, PT/aPTT, iron levels

Intravenous Therapy: Selecting a Site to Initiate IV Therapy

Distal vein first on nondominant hand

Site that is not painful or bruised

A vein that is resilient with soft, bouncy sensation on palpation

Physiological Adaption

Fluid Imbalances: Identifying Manifestations of Fluid Volume Deficit

Dizziness (orthostatic/postural hypotension)

Dry mouth, dry skin

Muscle weakness and lethargy

Bipolar disorders: Assessing a client who is taking lithium for an electrolyte imbalance

Monitor Calcium levels

BUN and Creatine levels

Can cause hypoparathyroidism\

Reduction of Risk Potential

Depressive Disorders: Laboratory Values to report

PT/INR

Calcium

Phosphate

magnesium