

Pharm ATI Remediation

Management of Care

Alternative Therapy for Benign Prostate Hypertrophy

- Take iron supplement on an empty stomach
- Expect dark green or black color of stool
- Expect Therapy use can last 1-2 months.

Safety and Infections Control

- 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

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

Pharmacological and Parenteral Therapies

Calculating Dosage for Potassium Elixir

Types of Calculation

- Solid Oral Medications
- Liquid oral medication
- Injectable medications
- Correct doses by weight
- IV infusion rates

Monitoring for Adverse Effects of Lisinopril

- Angioedema, rash and cough
- Hyperkalemia
- Diarrhea
- Hypotension

Adverse Reactions

- Allergies
- N/V/D
- Superinfection (secondary infection)

Identifying an Allergic Reaction to Amoxicillin

- N/V/D
- SOB
- Rash

Teaching a Client about Clozapine

- Change position slowly (to prevent orthostatic hypotension)
- Prevent dry mouth by fluid intake
- Observe for possible sexual adverse effects – discuss with provider if they are not tolerable

Monitor the Effectiveness of Naloxone

- Depending on the therapeutic intent, effectiveness can be evidenced by:
 - Relief of pain
 - Cough suppression
 - Resolution of diarrhea

Priority Finding to Report to the Provider

- Monitor kidney function
- Monitor cardiac status and electrolyte levels
- Monitor I&O

Medications That Interact with Carbamazepine

- Abilify (aripiprazole)
- amitriptyline
- aspirin
- Aspirin Low Strength (aspirin)
- Benadryl (diphenhydramine)
- codeine
- Cymbalta (duloxetine)

Evaluating Use of Anti-Infective Medications

- Effectiveness depends on therapeutic intent
- Improvement of symptoms (clear breath sounds, no night sweats, increased appetite, no rise in temperatures)
- 3 negative sputum cultures for TB – this could take 3-6 months

Priority Actions for a Client who has heart failure

- Monitor daily weight and I&O
- Assess for shortness of breath
- Administer oxygen as prescribed

Medications for High Cholesterol

- Pravastatin
- Fluvastatin
- Rosuvastatin

Identifying a Contraindication for Receiving Acetaminophen

- Pregnancy
- Peptic Ulcer Disease
- Bleeding Disorders

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 – do not shake
- NPH and premixed insulins will appear cloudy

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.

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
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Teaching about lithium Carbonate

- Report any increases in tremors
- Maintain adequate fluid intake
- Educate client to follow a healthy diet and regular exercise program

Monitory for Laboratory Values

- Furosemide
- Ethacrynic Acid
- Bumetanide

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

Nursing Actions for IV Infiltration

- Stop infusion
- Apply warm, moist compresses to the site
- Document patients finding

Initiating Therapy

- Evaluate for allergies to soybeans, safflower, eggs
- A micron filter on IV tubing is needed
- Get a CBC, PT/aPTT, iron levels

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

Identifying Manifestations of Fluid Volume Deficit

- Dizziness
- Dry mouth / dry skin
- Muscle weakness and lethargy

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

Laboratory Values to report

- PT/INR
- Calcium
- Phosphate
- magnesium