

ATI Remediation- Pharmacology

1. Vitamins and Minerals: Alternative therapy for benign prostate hypertrophy
 - a. Saw palmetto is used to treat and prevent urinary symptoms in men with benign prostatic hyperplasia.
 - b. Adverse effects of saw palmetto may include GI upset and headache
 - c. May have antiandrogenic effects while on this medication
2. Safe Medication Administration and Error Reduction: Completing an incident report for a medication error
 - a. Make sure you administer the medication with the right route
 - b. Omit or delay doses as necessary due to clients' status
 - c. Determine if the medication prescription is complete
3. Chronic Neurologic Disorders: Adverse effects of cholinesterase inhibitors
 - a. Diaphoresis
 - b. Increased GI secretions
 - c. Increased salivation
4. Miscellaneous Pain Medications: Adverse Effects of Ergotamine
 - a. Muscle Pain
 - b. Paresthesia in fingers and toes
 - c. Peripheral ischemia
5. Peptic Ulcer Disease: Treating about ranitidine
 - a. This medication is a pregnancy risk category B
 - b. Client should avoid smoking because it can delay healing
 - c. Ranitidine can be taken with or without food
6. Airway Disorders: Monitoring effects of Prednisone
 - a. Monitor for the effectiveness of long-term control of asthma
 - b. Resolution of acute exacerbation as demonstrated by absence of shortness of breath, clear breath sounds, and return of respiratory rate
 - c. Monitor for adverse effects such as fluid retention, weight gain, and edema
7. Antilipemic Agents: Assessment prior to starting therapy with lovastatin
 - a. Make sure the client is not pregnant
 - b. Ask the client if she is breast feeding because that is contraindicated with this medication
 - c. Assess the client to see if she has any liver disease
8. Endocrine Disorders: Evaluating the therapeutic effect of levothyroxine
 - a. Decreased TSH levels and the evaluation of TSH should not be done until 6 to 8 weeks following the start of the treatment
 - b. T4 levels within expected reference range
 - c. Absence of hypothyroidism manifestations like depression, weight gain, bradycardia, anorexia, cold intolerance, dry skin, and menorrhagia
9. Endocrine Disorders: Identifying the need for dosage adjustment of methimazole
 - a. The T4 levels are still increased

- b. The patient is still showing signs of hyperthyroidism like anxiety, tachycardia, and palpitations
 - c. The patient is still experiencing weight gain
10. Medications effecting coagulation: Treatment for deep vein thrombosis
- a. Rivaroxaban
 - b. Dabigatran
 - c. Coumadin
11. Adverse Effects, Interactions, and contraindications: Using an Epinephrine auto injector
- a. Use epinephrine for an IM injection or through IV
 - b. Use epinephrine to constrict blood vessels, improve cardiac function, and promote bronchodilation of the pulmonary system
 - c. It can be administered every 5 to 15 minutes
12. Antibiotics affecting the bacterial cell wall: Contraindications for a client who has an anaphylactic reaction to penicillin
- a. A history of severe allergic reactions to penicillin, cephalosporins, or imipenem is a contraindication for penicillin's
 - b. Use cautiously for client who have or are at risk for kidney dysfunction
 - c. Clients who are allergic to one penicillin are cross-allergic to other penicillin's and are at risk for cross-sensitivity to cephalosporins
13. Bipolar disorders: Intervention for a lithium level
- a. For a lithium level below 1.5- manifestations at low levels often improve over time
 - b. For a lithium level of 1.5 to 2.0- withhold the medication and notify the provider
 - c. For a lithium level of 2.0- 2.5- administer an emetic to clients who are alert and perform gastric lavage or administer urea, mannitol, or aminophylline to increase the rate of excretion
14. Complication of diabetes mellitus: Primary intervention for diabetic ketoacidosis
- a. Low doses of insulin should be given to the patient
 - b. Give the patient insulin through IV
 - c. Administer IV fluids to help with dehydration
15. Growth factors: Preparing to administer epoetin alfa
- a. Obtain a baseline blood pressure in clients who have chronic kidney disease
 - b. Administer by subcutaneous or IV bolus injection
 - c. Do not mix the medication with any other medication in the syringe
16. Medications affecting coagulation: Self-administration of enoxaparin
- a. Provide the client with instructions regarding self-administrations
 - b. Rotate site between right and left sides of the abdomen
 - c. Do not rub the site right after the injection
17. Medications affecting urinary output: Client teaching of spironolactone
- a. Monitor potassium levels and initiate cardiac monitoring for blood potassium greater than 5
 - b. Monitor electrolytes and for manifestations of hyperkalemia (Weakness, fatigue, dyspnea, and dysrhythmias)

- c. Caution is recommended when administering ACE Inhibitors, angiotensin receptor blockers, and direct renin inhibitors
- 18. Vitamins and Minerals: Administration of ferrous sulfate elixir
 - a. Take Iron on an empty stomach
 - b. Take with food if GI adverse effect occur
 - c. Space doses at approximately equal intervals throughout the day to most efficiently increase red blood cell production
- 19. Gastrointestinal therapeutic procedures: Preparing to administer total parenteral nutrition
 - a. Do not mix the medications with tube feeding formula
 - b. Adhere to the guidelines for safe administration
 - c. Liquid preparations are preferred
- 20. Individual Considerations of medication administration: Risk factors for adverse reactions in older adult clients
 - a. Decreased gastrointestinal motility and gastric emptying time, resulting in a slower rate of absorption
 - b. Decreased hepatic enzyme function
 - c. Decreased body water, increased body fat, and decreased lean body mass
- 21. Opioid Agonists and Antagonists: Administering pain medication to a client who has moderate pain
 - a. Obtain the patient's baseline vital signs
 - b. Hold the medication if the respiratory rate is under 12
 - c. Have naloxone and resuscitation equipment available
- 22. Safe medication administration and error reduction: priority action when administering a controlled substance
 - a. Make sure to use two identifiers of the client when administering the medicine
 - b. Provide education to the client about the medication they are receiving
 - c. Make sure you are frequently assessing the client's vital signs

References

- ATI (2019). *Content mastery series review module: RN Pharmacology for Nursing* (11th ed.). Assessment Technologies Institute, LLC.
- Frandsen, Gernalyn. (2020). *Abrams Clinical Drug Therapy: rationales for nursing practice*. S.l.: Wolters Kluwer Medical.