

Student: _____

Davis's Drug Guide Scavenger Hunt – 17th Edition

This handout is designed to assist you in locating information in the Davis's Drug Guide. Take advantage of the many resources in this text.

Locate the page or appendix of the following:

1. Insulins and Insulin therapy: _____
2. Information on medication errors and patient safety: _____
3. Drug Classifications: _____
4. Adult and Pediatric Immunization information: _____
5. Pharmacokinetic topics and definitions: _____
6. Natural/Herbal products: _____
7. How is the medication portion of the drug guide designed to make it easier for drug location? _____
8. Locate the reference for Drugs Associated with Increased Risk of Falls in the Elderly:

9. If you were giving medications through a G-tube, where would you locate the 2-page list of DO NOT CRUSH medications? _____

Morphine: Which heading/headings in the morphine profile provide(s) information about the following:

1. Onset, peak, duration of the drug: _____
2. How to prepare the drug for IV administration: _____
3. Drug-to-drug interactions: _____
4. Administration purpose of morphine: _____
5. Drug IV compatibilities/incompatibilities: _____
6. What to monitor during administration: _____
7. Where to locate the ordered dose appropriate for the patient's age/weight: _____
8. Respiratory depression information (list all headings that apply): _____

Answer the following questions as they relate to the specific drug listed:

1. **pantoprazole (Protonix): (IV push):** How will you reconstitute the Protonix vial for IVP administration?

What is the rate for IV push pantoprazole? _____

2. **potassium chloride: Continuous infusion:** What is the dilution requirement for this high-alert medication? _____

Peripheral IV line limit: _____

Central IV line limit: _____

3. **hydromorphone (Dilaudid): Y-site compatibility:** List 2 third-generation cephalosporins that are Y-site compatible with hydromorphone.

4. **lorazepam (Ativan): (IV push):** What are the specific dilution instructions for administering this drug by the IV push route?

5. **heparin: (loading dose):** How will you administer a loading dose of this drug? Be specific: _____

Research the following:

1. Your patient is ordered methylprednisolone (Solu-Medrol) IV push 40 mg every morning. According to the *Davis Drug Guide*, answer the following:

a. Reconstitute with: _____

b. Your patient is receiving sodium bicarbonate by continuous infusion. Is Solu-Medrol Y-site compatible? _____

2. What common primary IV solution is NOT compatible with phenytoin (Dilantin)?

3. Your medical/surgical patient has been admitted with CHF. The patient has a primary IV bag of D5 ½ NSS with 20 mEq of KCL infusing at 80 mL/hr. The patient is also receiving furosemide (Lasix) IV drip (connected to the IVPB port of the primary IV) infusing at 10 mL/hr. The patient is complaining of nausea/vomiting and is ordered ondansetron (Zofran) 4 mg IV push.

a. What drugs are infusing through the same IV tubing in question 3?

b. Are there any compatibility issues with giving IV push ondansetron (Zofran) with the combination of drugs in question "a"? If so, be specific:

Utilize *Davis's Drug Guide* to research the compatibility of the following drug combinations in an IV line.

Answer Yes or No to the following combinations of drugs.

1. Morphine IV and lorazepam IV _____
2. Insulin, regular IV and diphenhydramine IV _____
3. Digoxin IV and sodium bicarbonate IV _____
4. Ondansetron IV and magnesium sulfate IV _____
5. Potassium chloride IV and hydralazine IV _____

Locate 2 drugs from *Davis's Drug Guide* that are listed as *high alert* and explain why:

1. _____
2. _____

CORTICOSTEROIDS:

1. List the 4 different routes for this group of drugs:

2. If you were giving a corticosteroid by the IV route, which route section would you research?

3. If you were giving fluticasone, which route section would you research?

INSULINS:

1. What is the difference in **duration** between regular insulin subcutaneous and regular insulin IV?

2. List the 2 types of insulin glargine and the concentration availability of each one:

3. List 2 insulins that may be mixed with NPH insulin in the same syringe:

4. When mixing NPH with one of the insulins in question 3, which one should be withdrawn in the syringe first?

5. What 2 insulins make up Novolog Mix 70/30?

6. Why would detemir (Levemir) insulin NOT be used for a sliding-scale or coverage insulin?

MISCELLANEOUS:

1. What is the only subcutaneous site for enoxaparin (Lovenox)?

2. When giving morphine or hydromorphone (Dilaudid) by IV push, what is the common diluent instruction for these 2 medications?

3. Your patient has been ordered an aminoglycoside IVPB every 8 hr, and a cephalosporin every 12 hr.

a. List 2 aminoglycosides that require a peak and trough to monitor blood levels during therapy. _____

b. What are the 2 restrictions when administering an aminoglycoside and a cephalosporin concurrently? _____

4. Why does a patient taking metformin (Glucophage) need B12 and folic acid monitored every 1–2 years? _____

5. What is the most common GI adverse reaction/side effect of narcotics?

HEPARIN:

1. Your patient has been admitted with a venous thromboembolism in the left calf. He has been ordered a continuous heparin IV infusion. Answer the following questions regarding this patient.
 - a. How often should the aPTT level be monitored during early therapy?

 - b. What is the desired outcome of the aPTT level without signs of hemorrhage?

 - c. What is the antidote for heparin in case of toxicity/overdose?

 - d. The patient has been ordered 25,000 units of heparin in a 500-mL bag of D5W to infuse at 1000 units/hr. How many mL/hr will you set the IV pump?

ANTIHYPERTENSIVES:

1. You are giving your 60-year-old male patient metoprolol (Lopressor) PO for hypertension this morning. His blood pressure is 134/75.
 - a. What is the heart rate parameter for the administration of PO metoprolol?

2. A patient is ordered the calcium channel blocker, diltiazem (Cardizem LA). You are to administer 90 mg once daily.
 - a. This patient has difficulty swallowing. Can this pill be crushed? If not, why?

3. A patient is ordered valsartan (Diovan).
 - a. What is the pharmacologic class of this drug?

 - b. What lab values should be monitored with this drug?

 - c. Why is it important to monitor the patient's daily weight with this drug?
