Student:		
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Davis's Drug Guide Scavenger Hunt #1 – 18th 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?		
<u>Morph</u> follow	nine: Which heading/headings in the morphine profile provide(s) information about the ing:		
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: (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: Y-site compatibility: List 2 third-generation cephalosporins that are Y-site compatible with hydromorphone. 4. **lorazepam**: (IV push): What are the specific dilution instructions for administering this drug by the IV push route? 5. <u>heparin</u>: (loading dose): How will you administer a loading dose of this drug? Be specific: _____ Research the following: 1. Your patient is ordered methylprednisolone 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 methylprednisolone Y-site compatible? 2. What common primary IV solution is NOT compatible with phenytoin? 3. A medical/surgical patient has been admitted with Congestive Heart Failure (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

primary IV bag of D5 ½ NSS with 20 mEq of KCL infusing at 80 mL/hr. The patient is also receiving furosemide 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 4 mg IV push.

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

Utilize <i>Davis's Drug Guide</i> to research the compatibility of the following drug combinations in an IV line.					
Answe	er Yes or No to the following combinations of drugs. 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.					
<u>CORTI</u>	COSTEROIDS:				
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?				
INSULI	<u>INSULINS</u> :				
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:				

Are there any compatibility issues with giving IV push ondansetron with the combination of

drugs in question "a"? If so, be specific:

b.

4.	Wher first?	n mixing NPH with one of the insulins listed above, which one should bewithdrawn in the syringe		
5.	What	What 2 insulins make up Novolog Mix 70/30?		
6.	Why	would detemir insulin NOT be used for a sliding-scale or coverage insulin?		
<u>MISC</u>	<u>ELLANE(</u>	DUS:		
1.	What	is the <u>only</u> subcutaneous site for enoxaparin?		
2.		the nurse is administering morphine or hydromorphone by IV push, what is the common at instruction for these 2 medications?		
3.	The p	atient 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?		
1.	Why o	does a patient taking metformin need B12 and folic acidmonitored every 1–2 years?		
5.	What	is the most common GI adverse reaction/side effect of narcotics?		

HEPARIN:

1.	•	A patient has been admitted with a venous thromboembolism in the left calf. They have 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 the nurse set the IV pump?			
<u>ANTI</u>	HYPERTI	ENSIVES:			
1.	The n	surse is giving a patient metoprolol PO for hypertension. Their blood pressure is 134/75.			
	a.	What is the heart rate parameter for the administration of PO metoprolol?			
2.	A pat daily.	ient is ordered the calcium channel blocker, diltiazem. The medication order is for 90 mg once			
	a.	This patient has difficulty swallowing. Can this pill be crushed? If not, why?			
3.	A pat	ient is ordered valsartan.			
	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?			