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. Pediatric Fluid and Electrolyte Requirements: ______________________
2. Abbreviations and symbols that may cause medication errors: ______________________
3. Drug Classifications: ______________________
4. Adult & 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 two page list of DO NOT CRUSH medications: ______________________

Morphine: Where can you find the following information for Morphine? List the HEADING or HEADINGS that apply:
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/wt: ______________________
8. Client education & precautions: ______________________
9. 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 vial of this drug to give it by IV push route? __________________________

   What is the rate for direct IV Pantoprazole? __________________________

2. **Potassium Chloride**: Continuous infusion: What is the dilution requirement for this high alert medication? __________________________________________

3. **Hydromorphone**: Y-site Compatibility: List two 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 IV push route?
   __________________________________________

5. **Heparin**: (loading dose): How will you administer a loading dose of this drug?
   __________________________________________

Research the following:

1. Your patient is ordered Solumedrol 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 the Solumedrol Y-site compatible? __________________________

2. What common primary IV solution CANNOT be used with Dilantin (phenytoin)? __________________________________________

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 Lasix (furosemide) intermittently (connected to the primary IV) and is currently infusing at 10 mL/hr. The patient is complaining of nausea/vomiting and is ordered Zofran (ondansetron) 4 mg IV push. (See questions next page)
a. What drugs are infusing through the same IV tubing?

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

Utilize Davis’s Drug Guide to research the compatibility of the following drug combinations. (may also refer to the compatibility chart on DavisPlus) Compatible? Answer Yes or No to the following combinations of drugs.

1. Morphine IV & Lorazepam IV
2. Insulin, Regular IV & Diphenhydramine IV
3. Digoxin IV & Sodium Bicarbonate IV
4. Ondansetron IV & Magnesium Sulfate IV
5. Potassium Chloride IV & 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 four 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, in which route section would this be found?
   _______________________

Corticosteroids:
INSULINS:

1. What is the only type of insulin that is given by the inhalation route?
   __________________________

2. List the two types of Insulin Glargine and the concentration availability of each one:
   __________________________________________

3. List two 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 two 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 Lovenox (enoxaparin)?
   __________________________

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

3. Your patient has been ordered an aminoglycoside IVPB every 8 hrs, and a cephalosporin every 12 hrs.
   a. List 2 aminoglycosides that must have 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 need B12 and folic acid monitored every 1-2 years? __________________________

5. What is the most common GI 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 atenolol for hypertension this morning. His blood pressure is 134/75. He is ordered the beta blocker, metoprolol.
   
a. What is the heart rate parameter for the administration of metoprolol? 
       __________________________

2. A patient is ordered the calcium channel blocker, 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 Diovan (valsartan). What is the pharmacologic class of this drug? 
       __________________________
   
a. Why is it important to monitor the patient’s daily weight with this drug? 
       __________________________
   
b. What lab values should be monitored with this drug? 
       __________________________