

Davis's Drug Guide for Nurses Scavenger Hunt

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

Locate the page or appendix of the following:

1. IM and subcutaneous injection sites:

2. Abbreviations and symbols that may cause medication errors:

3. Drug classifications:

4. Adult & pediatric immunization information:

5. Pharmacokinetic topics and definitions:

6. Common medical abbreviations:

7. How is the medication portion of *Davis's Drug Guide* designed to make it easier for drug location?

Morphine: Where can you find the following information? 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. What the drug is used for:

5. Drug compatibilities/incompatibilities:

6. What to monitor during administration:

7. If the ordered dose is appropriate for the patient's age/weight:

8. Client education & precautions:

9. Respiratory depression information (list all headings that apply):

Define the following:

1. Direct IV:

2. Continuous infusion:

3. Intermittent infusion:

4. Compatibility:

5. Incompatibility:

6. Y-site:

7. Bolus:

Research the following:

8. Your patient is ordered Solu-Medrol IV 40 mg every morning. According to *Davis's Drug Guide*, answer the following:

A. Reconstitute with:

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

9. What primary common IV solution CANNOT be used with Dilantin?

10. Your medical/surgical patient has been admitted with CHF. The patient has D5½ NSS 20 mEq of KCL infusing at 80 ml/h. The patient is also receiving Lasix intermittently (connected to the primary IV) and is currently infusing at 10 ml/h. The patient is complaining of nausea/vomiting and is ordered Zofran 4 mg IV. The 4-mg dose can be given by direct IV.

A. What combination of drugs is going through the same tubing?

B. Are there any compatibility issues? If so, what are they?

Utilize the compatibility charts in the Medication Safety Tools in *Davis's Drug Guide* to complete the following:

Compatible? Answer Yes or No to the following combinations of drugs: (Hint: Look closely at the route.)

- 1. Morphine IV & Lorazepam IV _____
- 2. Insulin, Regular IV & Diltiazem IV _____
- 3. Meperidine IM & Hydroxyzine IM _____
- 4. Morphine IM & Prochlorperizine IM _____
- 5. Potassium Chloride IV & Cefepime IV _____

Locate two drugs from *Davis's Drug Guide* that are listed as HIGH-ALERT and explain why:

- 1. _____

2. _____

CORTICOSTEROIDS:

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

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

3. If you were giving Flovent, in which route section would this be found?

INSULINS:

1. Which is the only type of insulin that can be given by the IV route?

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

3. When mixing NPH and regular insulins, which one is withdrawn into the syringe first?

4. What two insulins make up Humulin 70/30?

5. Why would you NOT use insulin detemir (Levemir) 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 direct IV, what is the common diluent instruction with these two medications?

3. When administering Ativan (lorazepam) by direct IV, what should be done immediately before withdrawing medication from the vial?

4. List one morphine oral suspension drug:

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

6. Your patient has been admitted with liver cancer and has a large amount of abdominal ascites. Due to this, he is to receive albumin (human) for hypoproteinemia.
 - A. What albumin % solution would you expect the physician to order?

 - B. What should be the IV infusion rate of this albumin?

 - C. Why shouldn't albumin be mixed in sterile water?

ANTIHYPERTENSIVES:

1. You are giving your patient atenolol for hypertension this morning. The blood pressure is 134/75. What other vital sign must be measured before administering beta blockers?

Why?

What is the beta blocker parameter for this vital sign?

2. Cardizem LA is a calcium channel blocker. You are to administer 90 mg once daily.

What does LA mean?

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?

Why is it important to monitor the daily weight with this drug?

What lab values should be monitored with this drug?
