Calculating Drug Dosages 2nd edition Castillo Test Bank

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Chapter 1: Safety in Medication Administration

MULTIPLE CHOICE

1. The following medication order is in the patient's medication administration record (MAR):

   methylPREDnisolone 40 mg PO daily at 0900.

   After reading the order, the nurse correctly determines:
   A "PO" is an inappropriate abbreviation.
   B the medication order is written correctly.
   C 40 mg should be written as 40mg.
   D tall man lettering indicates that the drug is a narcotic.

   ANS: B

Feedback
The medication order has all the required components (drug name, dose, route, and frequency of administration) for a drug order. "PO" is an appropriate abbreviation; 40 mg is written correctly with a space between the dose and the unit of measurement. Tall man lettering is used to distinguish the drug from another drug with a similar name.

2. Which of the following accurately describes the "Boxed Warning" found on a drug label?
   A It is primarily is used to identify the safe dose for the patient.
   B It is commonly found on all drug labels.
   C It identifies serious potential risks and side effects related to drug use.
   D It protects the patient by providing information to decrease side effects.

   ANS: C

Feedback
A drug label with a boxed warning provides information to healthcare professionals and patients regarding the serious risks and side effects related to the drug. The Boxed Warning is not the primary source for identifying the patient's drug dosage. The warning is found on specific prescription medications and does not provide information to reduce or decrease side effects.

3. When practicing safety in the administration of medication, for which of the following medication orders should a nurse seek clarification ***before*** the administration of the medication?
   A Regular insulin 5 u subcut now.

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B Enoxaparin 80 mg subcut every 12 hours.
C Benadryl 50 mg PO PRN every 6 hr for itching.
D Ondansetron 4 mg IVP stat.

ANS: A

Feedback
The "u" should never be used in a medication order; rather, for safety, the word "units" should be spelled out. The other answer options contain the required components needed to safely carry out the medication order.

4. A nurse is reviewing a drug label with a drug name written with tall man lettering. Which statements shows the nurse has a correct understanding of tall man lettering on a drug label?
   A "The tall man lettering means this is a high alert drug."
   B "The tall man lettering helps me distinguish this drug with other drugs that have similar names."
   C "The tall man lettering means that this drug must have a Boxed Warning."
   D "The tall man lettering helps me quickly identify that this drug is an injectable drug."

ANS: B

Feedback
Tall man lettering highlights a portion of the drug name to help distinguish from similar drug names. It is not used to identify high alert drugs, highlight a boxed warning, or identify injectable drugs.

5. The following medication orders are found in the patient's MAR:

   Metformin HCl 500 mg PO daily at 0900.
   Hydrochlorothiazide 25 mg PO every 12 hr at 0900 and 2100.
   Digoxin .25 mg PO daily at 0900.

   In reading the medication orders for the 0700–1500 shift, the nurse determines that which of the following is the ***priority*** nursing intervention?
   A Clarify the metformin HCl order.
   B Clarify the hydrochlorothiazide order.
   C Clarify the digoxin order.
   D Prepare to administer the 0900 medications.

ANS: C

Feedback

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The digoxin medication order is lacking a zero before the decimal fraction (.25). Safe practice recommends using a zero before a decimal point when the dose is less than one. The metformin HCl and the hydrochlorothiazide orders are written correctly. The order should be clarified before preparing the 0900 medications.

6. In the administration of medications, when should the nurse document the administration of medications?
   A 30 minutes before administering to the patient.
   B Immediately before administering to the patient.
   C At the end of the shift.
   D Immediately after administering to the patient.

   ANS: D

Feedback
The last "Right of Medication Administration" is the documentation of medications. The documentation is done immediately after administering the medications to the patient.

7. The following medication is ordered for the patient:

   Calcitriol Oral Solution 2 µg PO Daily

   After reading the order, what is the ***initial*** action needed by the nurse?
   A Clarify the written medication dose of 2 µg.
   B Look up the dose in a drug reference book.
   C Transcribe the medication order onto the MAR.
   D Ask the patient the daily dose taken at home.

   ANS: A

Feedback
The initial action is for the nurse to clarify the drug dose because it is written with the error-prone letter/symbol "µ." To avoid medication errors, it is recommended that the "µ" not be used in medication orders. Instead the abbreviation "mcg" is to be used for microgram.

8. Recommendations by the Institute of Medicine for reducing medication errors help enhance safe nursing practice by:
   A shifting primary responsibility for drug therapy onto patients and families.

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B referring patients and families to the pharmacist for drug therapy questions.
C answering drug therapy questions when a new prescription is ordered.
D promoting ongoing communication between patients and healthcare providers.

ANS: D

Feedback
The Institute of Medicine recommendations include the establishment of collaborative partnership between patients and healthcare providers to assist in educating, consulting, and listening to patient's concerns. Ongoing communication between patients and healthcare providers keeps the focus on the needs of the individual patient and promotes safety.

9. In consulting a drug reference book, the nurse reads that certain medications are classified as "high-alert" medications. In the administration of high-alert medications, what is the priority action of the nurse?
   A Inform the patient of the harmful side effects.
   B Double-check the dose with another nurse prior to administering the drug.
   C Provide drug literature to the family to assist with monitoring for harmful effects.
   D Seek assistance from the pharmacist to explain the effects of the drug.

ANS: B

Feedback
High-alert medications have an increased risk of patient harm. Safe practice in the administration of high-alert medications requires the nurse to double check the dose with another nurse prior to the administration of the drug. Informing the patient and family of the drug's harmful effects may be indicated for some patients, but the prevention of a medication error is critical. Drug literature may be helpful for some families, but not all. The nurse should seek assistance from the pharmacist whenever there is a question, but this is not specific for high-alert medications.

10. All of the following medication orders are found in a patient's MAR. Select the medication order that requires clarification ***before*** administration.
    A Captopril 12.5 mg PO at 0700 and 1700
    B Regular insulin 7 units subcut 30 minutes before breakfast.
    C Ketorolac 15 mg IM stat
    D Morphine sulfate 45.0 mg PO every 5 hr for pain.

ANS: D

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Feedback
The ordered dose of morphine sulfate, 45.0 mg, has a trailing zero, which may lead to an error in the administration of the ordered dose. The medication orders for captopril, Regular insulin, and ketorolac contain the required components of a medication order.

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