

***Dosage Calculations 2nd edition Giangrasso Test
Bank***

SKU: 9780134624679-TEST-BANK

Giangrasso, *Dosage Calculations: A Multi-Method Approach*, 2/e Test Bank
Chapter 2 Safe and Accurate Medication Administration

Question 1

Type: FIB



The image shows a rectangular white label for Levitra (Vardenafil HCl) Tablets. At the top left, it says 'Batch:' and 'Expires:'. Below this, on the left side, is a vertical block of text: 'DESCRIPTION: Each tablet contains vardenafil HCl equivalent to 2.5 mg of vardenafil. DOSAGE: Take one tablet as needed, no more than once per day. See accompanying complete prescribing information for dosage and administration. RECOMMENDED STORAGE: Store at 25°C (77°F); excursions permitted to 15°-30°C (59°-86°F) [see USP Controlled Room Temperature].'. In the center, there is an orange flame-like logo to the left of the text 'LEVITRA® (VARDENAFIL HCl) TABLETS'. Below this, it says 'Equivalent to 2.5 mg vardenafil'. To the right of the logo, it says '30 Tablets'. At the bottom center, it says 'Rx Only' and 'LEVITRA is a registered trademark of Bayer Aktiengesellschaft and is used under license by GlaxoSmithKline and Schering Corporation.'. On the right side, it says 'Manufactured by: Bayer Pharmaceuticals Corporation West Haven, CT 06516 Made in Germany'. Below this, it says 'Distributed and Marketed by: Schering Corporation Kenilworth, NJ 07033'. At the bottom right, it says 'Marketed by: GlaxoSmithKline Research Triangle Park, NC 27709'. On the far right, there is a barcode and the text '08918581, R.1 605 12739 Printed in USA ©2005 Bayer Pharmaceuticals Corporation'. At the bottom right corner, the text 'L3A5' is printed vertically.

Read the label and find the following information:

Strength of the drug _____ mg per tablet

Standard Text:

Correct Answer: 2.5

Rationale:

Global Rationale:

Cognitive Level:

Client Need:

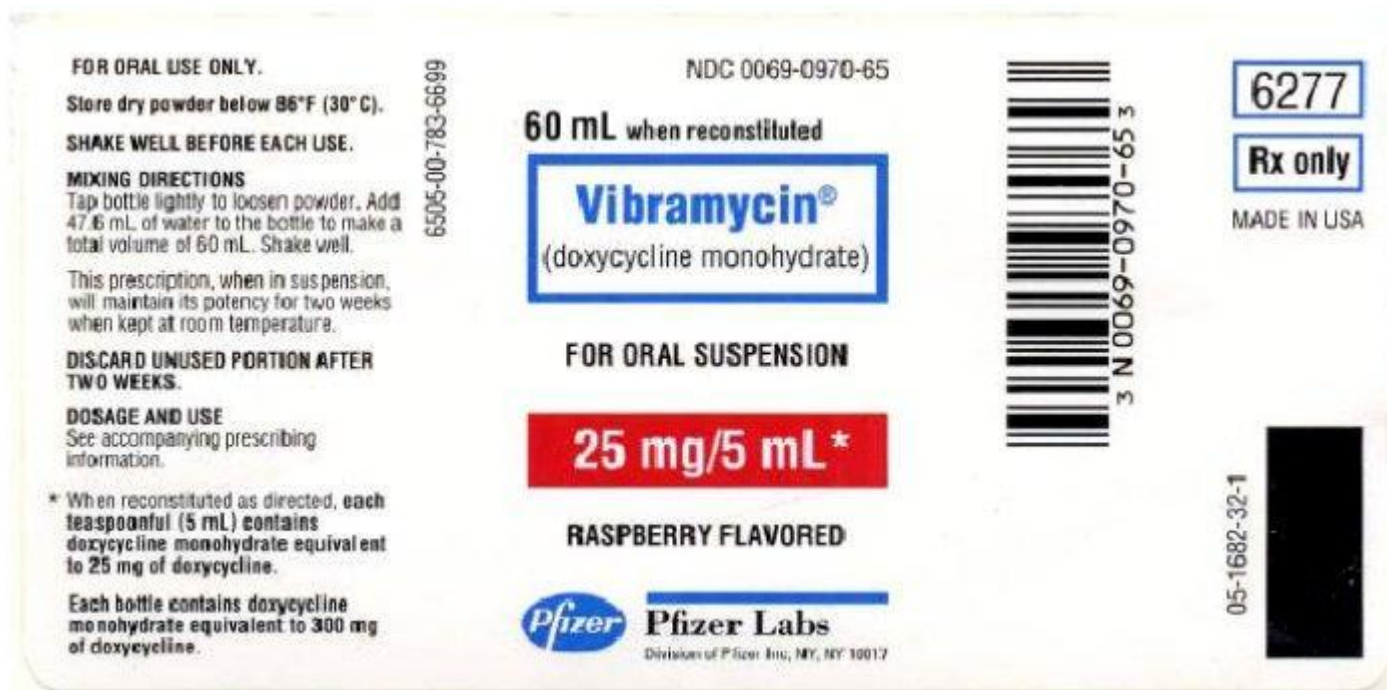
Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.8 Interpret information found on drug labels and in prescribing information.

Question 2

Type: FIB



Read the label and find the following information:

Strength of the drug _____ mg/5 mL

Standard Text:

Correct Answer: 25

Rationale:

Global Rationale:

Cognitive Level:

Client Need:

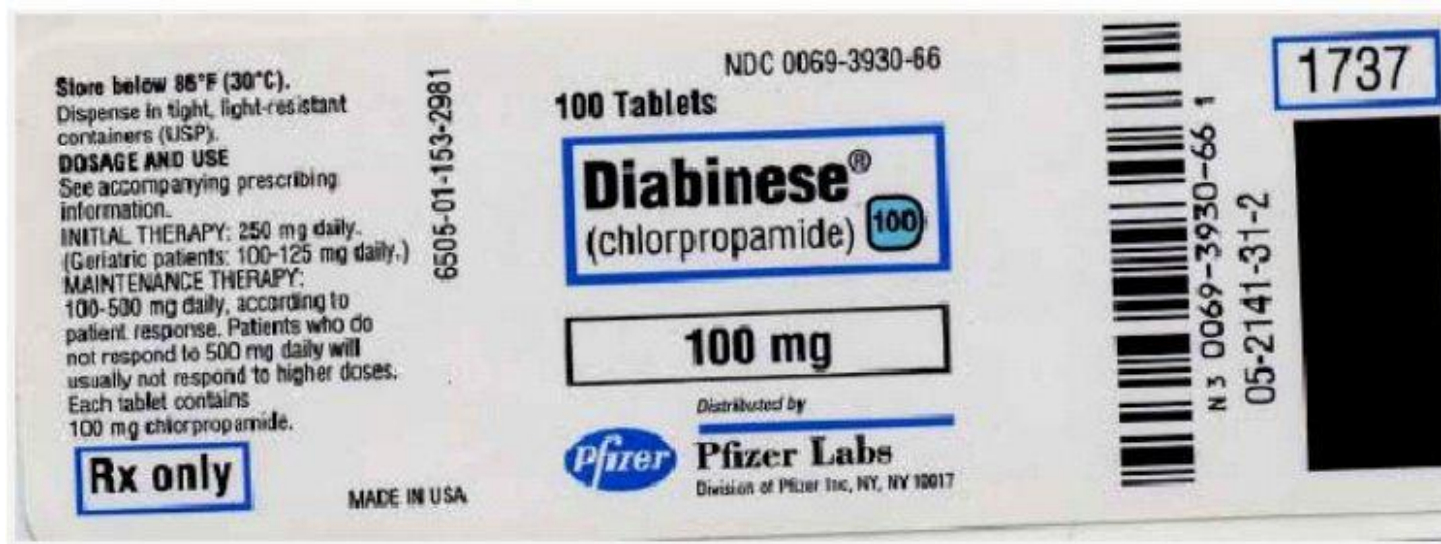
Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.8 Interpret information found on drug labels and in prescribing information.

Question 3

Type: FIB



Read the label and find the following information:

Strength of the drug _____ mg per tablet

Standard Text:

Correct Answer: 100

Rationale:

Global Rationale:

Cognitive Level:

Client Need:

Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.8 Interpret information found on drug labels and in prescribing information.

Question 4

Type: FIB

24 mL*
22
20
18
16
14
12
10
8
6
4

NDC 0054-3068-44

30 mL EXP. LOT

ALPRAZOLAM ^{IV}
Intensol™
Oral Solution (Concentrate)

1 mg per mL

Each mL contains: Alprazolam 1 mg, Alcohol-free.

Usual Dosage: See Package Insert for Complete Prescribing Information. Store at Controlled Room Temperature 15°-30°C (59°-86°F).

R_x only.

4113604

Roxane
Laboratories, Inc.
Columbus, Ohio 43216

059
© RLI, 1999

Pharmacist: See side panel of carton for dispensing information.

NURSE/PATIENT: Please note diagram to the right. Fill dropper to the level of the prescribed dose. For ease of administration, add dose to approximately 30 mL (1 fl oz) or more of juice or other liquid. May also be added to applesauce, pudding or other semi-solid foods. The drug-food mixture should be used immediately and not stored for future use. Return dropper to bottle after use.

PROTECT FROM LIGHT. Discard opened bottle after 90 days.

Alprazolam Intensol™
1 mg per mL

1.0 mL = 1 mg
0.75 mL = 0.75 mg
0.5 mL = 0.5 mg
0.25 mL = 0.25 mg

Read the label and find the following information:

Strength of the drug _____ mg per mL

Standard Text:

Correct Answer: true

Rationale:

Global Rationale:

Cognitive Level:

Client Need:

Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.8 Interpret information found on drug labels and in prescribing information.

Question 5

Type: FIB

A physician's order sheet contains the following entry:

Biaxin (*clarithromycin*) 7.5 mg/kg p.o. q.12h.

How much of the drug will be administered per dose? ____ mg for every kg of bodyweight

Standard Text:

Correct Answer: 7.5

Rationale:

Global Rationale:

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Cognitive Level:

Client Need:

Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.8 Interpret information found on drug labels and in prescribing information.

Question 6

Type: FIB

A physician's order sheet contains the following entry:

Trandate (*labetalol hydrochloride*) 20 mg IV STAT and repeat q.10 minutes as needed to max of 300 mg.

How much of the drug will be administered per dose? _____ mg

Standard Text:

Correct Answer: 20

Rationale:

Global Rationale:

Cognitive Level:

Client Need:

Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.8 Interpret information found on drug labels and in prescribing information.

Question 7

Type: FIB

A physician's order sheet contains the following entry:

Lanoxin (*digoxin*) 125 mcg p.o. daily.

How much of the drug will be administered per dose? _____ micrograms

Standard Text:

Correct Answer: 125

Rationale:

Global Rationale:

Cognitive Level:

Client Need:

Client Need Sub:

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Nursing/Integrated Concepts:

Learning Outcome: 2.8 Interpret information found on drug labels and in prescribing information.

Question 8

Type: FIB

A physician's order sheet contains the following entry:

Paral (*paraldehyde*) 5 mg p.r. stat.

How much of the drug will be administered per dose? _____ mg

Standard Text:

Correct Answer: 5

Rationale:

Global Rationale:

Cognitive Level:

Client Need:

Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.8 Interpret information found on drug labels and in prescribing information.

Question 9

Type: MCSA

Red Check Initial	Order Date	Initial	Exp. Date	Medication, Dosage, Frequency, and Route	Hours	9/10/08	9/11/08	9/13/08
	9/10/08	DM	10/10/08	LANOXIN (DIGOXIN) 0.125MG P.O. DAILY	1000	DM	DM	DM
	9/10/08	DM	10/10/08	LASIX (FUROSEMIDE) 40 MG IV STAT AND THEN Q AM	0800	DM	DM	DM
	9/10/08	DM	10/10/08	K-DUR (POTASSIUM CHLORIDE) 40 MEQ P.O. DAILY	1000	DM	DM	DM
	9/12/08	DM	9/19/08	REGLAN (METOCLOPRAMIDE HYDROCHLORIDE) 10 MG AC AND HS	0900			
					1300			DM
					1800			DM
					2200			DM

Figure C1 - MAR

Review the information provided in the figure. What medication is given more than once per day?

1. Lanoxin
2. Lasix
3. K-dur
4. Reglan

Correct Answer: 4

Rationale 1:

Rationale 2:

Rationale 3:

Rationale 4:

Global Rationale: Only Reglan is ordered to be, and has been, administered more than once per day.

Cognitive Level:

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Client Need:

Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.7 Identify and interpret the components of a Drug Prescription, Physician's Order, and Medication Administration Record.

Question 10

Type: MCSA

Red Check Initial	Order Date	Initial	Exp. Date	Medication, Dosage, Frequency, and Route	Hours	9/10/08	9/11/08	9/13/08
	9/10/08	DM	10/10/08	LANOXIN (DIGOXIN) 0.125MG P.O. DAILY	1000	DM	DM	DM
	9/10/08	DM	10/10/08	LASIX (FUROSEMIDE) 40 MG IV STAT AND THEN Q AM	0800	DM	DM	DM
	9/10/08	DM	10/10/08	K-DUR (POTASSIUM CHLORIDE) 40 MEQ P.O. DAILY	1000	DM	DM	DM
	9/12/08	DM	9/19/08	REGLAN (METOCLOPRAMIDE HYDROCHLORIDE) 10 MG AC AND HS	0900			
					1300			DM
					1800			DM
					2200			DM

Figure C1 - MAR

Review the information provided in the figure. What medication was given at 8:00 a.m.?

1. Lanoxin
2. Lasix
3. K-dur
4. Reglan

Correct Answer: 2

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Rationale 1:

Rationale 2:

Rationale 3:

Rationale 4:

Global Rationale: Lasix was administered at 0800 as indicated in the column titled “hours” on 9/10, 9/11, and 9/12.

Cognitive Level:

Client Need:

Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.7 Identify and interpret the components of a Drug Prescription, Physician’s Order, and Medication Administration Record.

Question 11

Type: MCSA

Red Check Initial	Order Date	Initial	Exp. Date	Medication, Dosage, Frequency, and Route	Hours	9/10/08	9/11/08	9/13/08
	9/10/08	DM	10/10/08	LANOXIN (DIGOXIN) 0.125MG P.O. DAILY	1000	DM	DM	DM
	9/10/08	DM	10/10/08	LASIX (FUROSEMIDE) 40 MG IV STAT AND THEN Q AM	0800	DM	DM	DM
	9/10/08	DM	10/10/08	K-DUR (POTASSIUM CHLORIDE) 40 MEQ P.O. DAILY	1000	DM	DM	DM
	9/12/08	DM	9/19/08	REGLAN (METOCLOPRAMIDE HYDROCHLORIDE) 10 MG AC AND HS	0900			
					1300			DM
					1800			DM
					2200			DM

Figure C1 - MAR

Review the information provided in the figure. What medication is administered intravenously?

1. Lanoxin
2. Lasix
3. K-dur
4. Reglan

Correct Answer: 2

Rationale 1:

Rationale 2:

Rationale 3:

Rationale 4:

Global Rationale: Only Lasix is ordered for IV administration. The other medications are ordered for oral administration.

Cognitive Level:

Client Need:

Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.7 Identify and interpret the components of a Drug Prescription, Physician's Order, and Medication Administration Record.

Question 12

Type: MCSA

Red Check Initial	Order Date	Initial	Exp. Date	Medication, Dosage, Frequency, and Route	Hours	9/10/08	9/11/08	9/13/08
	9/10/08	DM	10/10/08	LANOXIN (DIGOXIN) 0.125MG P.O. DAILY	1000	DM	DM	DM
	9/10/08	DM	10/10/08	LASIX (FUROSEMIDE) 40 MG IV STAT AND THEN Q AM	0800	DM	DM	DM
	9/10/08	DM	10/10/08	K-DUR (POTASSIUM CHLORIDE) 40 MEQ P.O. DAILY	1000	DM	DM	DM
	9/12/08	DM	9/19/08	REGLAN (METOCLOPRAMIDE HYDROCHLORIDE) 10 MG AC AND HS	0900			
					1300			DM
					1800			DM
					2200			DM

Figure C1 - MAR

Review the information provided in the figure. How many doses of Reglan has the client received?

- 1
- 2
- 3
- 4

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Correct Answer: 3

Rationale 1:

Rationale 2:

Rationale 3:

Rationale 4:

Global Rationale: The client has received three doses of Reglan administered on 9/12. While four doses are ordered per day, the 0900 dose was not given and is most likely due to the order being received.

Cognitive Level:

Client Need:

Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.7 Identify and interpret the components of a Drug Prescription, Physician's Order, and Medication Administration Record.

Question 13

Type: MCSA

Red Check Initial	Order Date	Initial	Exp. Date	Medication, Dosage, Frequency, and Route	Hours	9/10/08	9/11/08	9/13/08
	9/10/08	DM	10/10/08	LANOXIN (DIGOXIN) 0.125MG P.O. DAILY	1000	DM	DM	DM
	9/10/08	DM	10/10/08	LASIX (FUROSEMIDE) 40 MG IV STAT AND THEN Q AM	0800	DM	DM	DM
	9/10/08	DM	10/10/08	K-DUR (POTASSIUM CHLORIDE) 40 MEQ P.O. DAILY	1000	DM	DM	DM
	9/12/08	DM	9/19/08	REGLAN (METOCLOPRAMIDE HYDROCHLORIDE) 10 MG AC AND HS	0900			
					1300			DM
					1800			DM
					2200			DM

Figure C1 - MAR

Review the information provided in the figure. What medication was administered immediately?

1. Lanoxin
2. Lasix
3. K-dur
4. Reglan

Correct Answer: 2

Rationale 1:

Rationale 2:

Rationale 3:

Rationale 4:

Global Rationale: Lasix was ordered for STAT, or immediate, administration and then to be given daily after the STAT dose.

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Cognitive Level:

Client Need:

Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.7 Identify and interpret the components of a Drug Prescription, Physician's Order, and Medication Administration Record.

Question 14

Type: FIB

Medication	Hours	9/11	9/12	9/13	9/14	9/15	9/16	9/17
ampicillin 1 g IVPB q.6h.	0600	X	CF	CF	CR	CR		
	1200	X	CK	CK	CR	CR		
	1800	X	CK	CK	CK	CK		
	2400	CF	CR	CR	CK	CF		
digoxin 0.125 mg p.o. daily	0900	SS	CK	CK	CR	CR		
Coumadin 5 mg p.o. daily	0900	SS	CK	CK	CR	CR		
furosemide 40 mg IM stat.	1900	X	X	CK	X	X		

Read the MAR in the table and answer the following question.

How many doses of ampicillin has the patient received?

Standard Text:

Correct Answer: 17

Rationale:

Global Rationale:

Cognitive Level:

Client Need:

Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.7 Identify and interpret the components of a Drug Prescription, Physician's Order, and Medication Administration Record.

Question 15

Type: FIB

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Medication	Hours	11/01 Sun	11/02 Mon	11/03 Tues	11/04 Wed	11/05 Thur	11/06 Fri	11/07 Sat
amlodipine 5 mg p.o. daily	10:00 a.m.	SL	SL	SL	LK	LK		
Epogen 2,000 units subcutaneously three times a week (M/W/F)	10:00 a.m.	X	SL	X	LK	X	X	
Humulin NPH insulin U-100 46 units subcut. AC breakfast	6:30 a.m.	JL	JL	JL	MW	MW		
Colace 100 mg p.o. b.i.d.	10:00 a.m. 2:00 p.m.	SL SL	SL SL	SL SL	LK LK	LK LK		
acetaminophen 650 mg p.o. p.r.n. Temp 102°F or higher								

Read the table and find the following information:

How many doses of Epogen has the patient received?

Standard Text:

Correct Answer: 2

Rationale:

Global Rationale:

Cognitive Level:

Client Need:

Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.7 Identify and interpret the components of a Drug Prescription, Physician's Order, and Medication Administration Record.

Question 16

Type: FIB

Medication	Hours	9/11	9/12	9/13	9/14	9/15	9/16	9/17
Ampicillin 1 g IVPB q.6h.	0600	X	CF	CF	CR	CR		
	1200	X	CK	CK	CR	CR		
	1800	X	CK	CK	CK	CK		
	2400	CF	CR	CR	CK	CF		
digoxin 0.125 mg p.o. daily	0900	SS	CK	CK	CR	CR		
Coumadin 5 mg p.o. daily	0900	SS	CK	CK	CR	CR		
furosemide 40 mg IM stat.	1900	X	X	CK	X	X		

Read the table and find the following information:

How many doses of Coumadin has the patient received?

Standard Text:

Correct Answer: 5

Rationale:

Global Rationale:

Cognitive Level:

Client Need:

Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.7 Identify and interpret the components of a Drug Prescription, Physician's Order, and Medication Administration Record.

Question 17

Type: FIB

DOSAGE AND ADMINISTRATION

ZONEGRAN (zonisamide) is recommended as adjunctive therapy for the treatment of partial seizures in adults. Safety and efficacy in pediatric patients below the age of 16 have not been established. ZONEGRAN should be administered once or twice daily, using 25 mg, 50 mg or 100 mg capsules. ZONEGRAN is given orally and can be taken with or without food. Capsules should be swallowed whole.

Adults over Age 16: The prescriber should be aware that, because of the long half-life of zonisamide, up to two weeks may be required to achieve steady state levels upon reaching a stable dose or following dosage adjustment. Although the regimen described below is one that has been shown to be tolerated, the prescriber may wish to prolong the duration of treatment at the lower doses in order to fully assess the effects of zonisamide at steady state, noting that many of the side effects of zonisamide are more frequent at doses of 300 mg per day and above. Although there is some evidence of greater response at doses above 100–200 mg/day, the increase appears small and formal dose-response studies have not been conducted.

The initial dose of ZONEGRAN should be 100 mg daily. After two weeks, the dose may be increased to 200 mg/day for at least two weeks. It can be increased to 300 mg/day and 400 mg/day, with the dose stable for at least two weeks to achieve steady state at each level. Evidence from controlled trials suggests that ZONEGRAN doses of 100–600 mg/day are effective, but there is no suggestion of increasing response above 400 mg/day (see **CLINICAL PHARMACOLOGY**, Clinical Studies subsection). There is little experience with doses greater than 600 mg/day.

Patients with Renal or Hepatic Disease: Because zonisamide is metabolized in the liver and excreted by the kidneys, patients with renal or hepatic disease should be treated with caution, and might require slower titration and more frequent monitoring (see **CLINICAL PHARMACOLOGY** and **PRECAUTIONS**).

HOW SUPPLIED

ZONEGRAN is available as 25 mg, 50 mg and 100 mg two-piece hard gelatin capsules. The capsules are printed in black with "Eisai" and "ZONEGRAN 25," "ZONEGRAN 50," or "ZONEGRAN 100," respectively. ZONEGRAN is available in bottles of 100 with strengths and colors as follows:

Dosage Strength	Capsule Colors	NDC #
25 mg	White opaque body with white opaque cap.	62856-681-10
50 mg	White opaque body with gray opaque cap.	62856-682-10
100 mg	White opaque body with red opaque cap.	62856-680-10

Read the package insert in the figure and answer the following:

What is the initial recommended maximum adult daily dose of the drug? _____ mg

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Standard Text:

Correct Answer: 100

Rationale:

Global Rationale:

Cognitive Level:

Client Need:

Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.8 Interpret information found on drug labels and in prescribing information.

Question 18

Type: FIB

**RAPTIVA®
[efalizumab]**

For injection, subcutaneous

DESCRIPTION

RAPTIVA® (efalizumab) is an immunosuppressive recombinant humanized IgG1 kappa isotype monoclonal antibody that binds to human CD11a (1). Efalizumab has a molecular weight of approximately 150 kilodaltons and is produced in a Chinese hamster ovary mammalian cell expression system in a nutrient medium containing the antibiotic gentamicin. Gentamicin is not detectable in the final product.

RAPTIVA is supplied as a sterile, white to off-white, lyophilized powder in single-use glass vials for subcutaneous (SC) injection. Reconstitution of the single-use vial with 1.3 mL of the supplied sterile water for injection (non-USP) yields approximately 1.5 mL of solution to deliver 125 mg per 1.25 mL (100 mg/mL) of RAPTIVA. The sterile water for injection supplied does not comply with USP requirement for pH. After reconstitution, RAPTIVA is a clear to pale yellow solution with a pH of approximately 6.2. Each single-use vial of RAPTIVA contains 150 mg of efalizumab, 123.2 mg of sucrose, 6.8 mg of L-histidine hydrochloride monohydrate, 4.3 mg of L-histidine and 3 mg of polysorbate 20 and is designed to deliver 125 mg of efalizumab in 1.25 mL.

DOSAGE AND ADMINISTRATION

The recommended dose of RAPTIVA® (efalizumab) is a single 0.7 mg/kg SC conditioning dose followed by weekly SC doses of 1 mg/kg (maximum single dose not to exceed a total of 200 mg).

RAPTIVA is intended for use under the guidance and supervision of a physician. If it is determined to be appropriate, patients may self-inject RAPTIVA after proper training in the preparation and injection technique and with medical follow-up.

HOW SUPPLIED

RAPTIVA® (efalizumab) is supplied as a lyophilized, sterile powder to deliver 125 mg of efalizumab per single-use vial.

Each RAPTIVA carton contains four trays. Each tray contains one single-use vial designed to deliver 125 mg of efalizumab, one single-use pre-filled diluent syringe containing 1.3 mL sterile water for injection (non-USP), two 25 gauge x 5/8 inch needles, two alcohol prep pads, a package insert with an accompanying patient information insert. The NDC number for the four administration dose pack carton is 50242-058-04.

Read the package insert in the figure and answer the following:

What is the maximum dosage? _____ mg

Standard Text:

Correct Answer: 200

Rationale:

Global Rationale:

Cognitive Level:

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Client Need:

Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.8 Interpret information found on drug labels and in prescribing information.

Question 19

Type: FIB

INDICATIONS AND USAGE

DETROL LA Capsules are once daily extended release capsules indicated for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency.

CONTRAINDICATIONS

DETROL LA Capsules are contraindicated in patients with urinary retention, gastric retention, or uncontrolled narrow-angle glaucoma. DETROL LA is also contraindicated in patients who have demonstrated hypersensitivity to the drug or its ingredients.

PRECAUTIONS

General

Risk of Urinary Retention and Gastric Retention: DETROL LA Capsules should be administered with caution to patients with clinically significant bladder outflow obstruction because of the risk of urinary retention and to patients with gastrointestinal obstructive disorders, such as pyloric stenosis, because of the risk of gastric retention (see CONTRAINDICATIONS).

Controlled Narrow-Angle Glaucoma: DETROL LA should be used with caution in patients being treated for narrow-angle glaucoma.

Reduced Hepatic and Renal Function: For patients with significantly reduced hepatic function or renal function, the recommended dose for DETROL LA is 2 mg daily (see CLINICAL PHARMACOLOGY, Pharmacokinetics in Special Populations).

DOSAGE AND ADMINISTRATION

The recommended dose of DETROL LA Capsules are 4 mg daily. DETROL LA should be taken once daily with liquids and swallowed whole. The dose may be lowered to 2 mg daily based on individual response and tolerability, however, limited efficacy data is available for DETROL LA 2 mg (see CLINICAL STUDIES).

For patients with significantly reduced hepatic or renal function or who are currently taking drugs that are potent inhibitors of CYP3A4, the recommended dose of DETROL LA is 2 mg daily (see CLINICAL PHARMACOLOGY and PRECAUTIONS, Drug Interactions).

HOW SUPPLIED

DETROL LA Capsules 2 mg are blue-green with symbol and 2 printed in white ink. DETROL LA Capsules 4 mg are blue with symbol and 4 printed in white ink. DETROL LA Capsules are supplied as follows:

Bottles of 30		Bottles of 500	
2 mg Capsules	NDC 0009-5190-01	2 mg Capsules	NDC 0009-5190-03
4 mg Capsules	NDC 0009-5191-01	4 mg Capsules	NDC 0009-5191-03
Bottles of 90		Unit Dose Blisters	
2 mg Capsules	NDC 0009-5190-02	2 mg Capsules	NDC 0009-5190-04
4 mg Capsules	NDC 0009-5191-02	4 mg Capsules	NDC 0009-5191-04

Store at 25°C (77°F); excursions permitted to 15-30°C (59-86°F) [see USP Controlled Room Temperature]. Protect from light.

Read the package insert in the figure, and answer the following:

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What is the maximum daily dose? _____ mg

Standard Text:

Correct Answer: 4

Rationale:

Global Rationale:

Cognitive Level:

Client Need:

Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.8 Interpret information found on drug labels and in prescribing information.

Question 20

Type: MCSA

The physician orders a medication to be administered q8h. The first dose is given at 6:00 a.m. What times will this medication be given throughout the day in military time?

1. 0600h - 1400h - 2200h
2. 0600h - 1300h - 2200h
3. 0800h - 1800h - 2400h
4. 0200h - 1000h - 1800h

Correct Answer: 1

Rationale 1:

Rationale 2:

Rationale 3:

Rationale 4:

Global Rationale: The medication was administered at 06:00 a.m., which is 0600h in military time. Adding 8 hours to 0600h would be $0600h + 0800h = 1400h$ in military time. The next dose would be given 8 hours later or $1400h + 0800h = 2200h$. The times of administration are 0600h - 1400h - 2200h.

Cognitive Level:

Client Need:

Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.7 Identify and interpret the components of a Drug Prescription, Physician's Order, and Medication Administration Record.

Question 21

Type: MCSA

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A patient is to receive a medication q.8h. The first dose was administered at 10:00 a.m. What is the time of the next dose in military time?

1. 0600h
2. 1800h
3. 1400h
4. 1600h

Correct Answer: 2

Rationale 1:

Rationale 2:

Rationale 3:

Rationale 4:

Global Rationale: 10 a.m. and 8 hours = 6 p.m., written in military time is 1800h.

Cognitive Level:

Client Need:

Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.7 Identify and interpret the components of a Drug Prescription, Physician's Order, and Medication Administration Record.

Question 22

Type: FIB

A patient is to receive a medication every twelve hours. The first dose was administered at 2100h. At what time will the next dose be administered (expressed as standard time)? ____ a.m. on the next day.

Standard Text:

Correct Answer: 9

Rationale:

Global Rationale:

Cognitive Level:

Client Need:

Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.7 Identify and interpret the components of a Drug Prescription, Physician's Order, and Medication Administration Record.

Question 23

Type: MCSA

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The client receives nimodipine at 2200h and is to receive the next dose in four hours. At what time, written as standard time, will the next dose be administered?

1. 1:00 a.m.
2. 2:00 a.m.
3. 4:00 a.m.
4. 4:00 p.m.

Correct Answer: 2

Rationale 1:

Rationale 2:

Rationale 3:

Rationale 4:

Global Rationale: The medication was administered at 2200h which is 10:00 p.m. Four hours later would be 02:00 a.m.

Cognitive Level:

Client Need:

Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.7 Identify and interpret the components of a Drug Prescription, Physician's Order, and Medication Administration Record.

Question 24

Type: MCSA

If an IV starts at 1800 hours and lasts for 12 hours, at what time will it finish? (Express in standard time.)

1. 8 a.m.
2. 8 p.m.
3. 6 a.m.
4. 6 p.m.

Correct Answer: 3

Rationale 1:

Rationale 2:

Rationale 3:

Rationale 4:

Global Rationale: 1800h is 6 p.m. 12 hours later is 6 a.m.

Cognitive Level:

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Client Need:

Client Need Sub:

Nursing/Integrated Concepts:

Learning Outcome: 2.7 Identify and interpret the components of a Drug Prescription, Physician's Order, and Medication Administration Record.

Question 25

Which of the following is not one of the six rights of medication administration?

Type: NCLEX M/C

1. Drug
2. Route
3. Pharmacy
4. Documentation

Correct Answer: 3

Global Rationale: The six rights of medication administration include right drug, dose, route and form, time, client and documentation.

Learning Outcome: 2.1 Describe the six “rights” of safe medication administration.

Question 26

The standard adult dosage for each drug is determined by:

Type: NCLEX M/C

1. the prescriber
2. the manufacturer
3. the hospital formulary
4. the pharmacist

Correct Answer: 2

Global Rationale: The standard adult dosage for each drug is determined by its manufacturer.

Learning Outcome: 2.1 Describe the six “rights” of safe medication administration.

Question 27

“Right” documentation includes the name, dosage, route, and time of administration. When should you sign your initials on the medication administration record?

Type: NCLEX M/C

1. Immediately before the dose is given, when in the patient room
2. Immediately after the dose is given
3. Immediately before the dose is given, in the medication room
4. Within one hour after administering the medication

Correct Answer: 2

Global Rationale: Initials should be signed on the medication administration record immediately, but never before the dose is administered.

Learning Outcome: 2.1 Describe the six “rights” of safe medication administration.

Question 28

What is the trade name of the following medication?

Exp. Lot 04-B211-R10

NDC 0074-3188-13

Biaxin[®]
Granules
Clarithromycin for
Oral Suspension, USP

250 mg per 5 mL

100 mL (when mixed)

Rx only **abbvie**

Constituting Instructions: Measure 55 mL of water. Add half of the water to the bottle and shake vigorously. Add the remainder of the water to the bottle and shake. When mixed as directed, each teaspoonful (5 mL) contains 250 mg clarithromycin. Contains 5 g clarithromycin/100 mL once reconstituted. When mixed as directed, each teaspoonful (5 mL) contains 250 mg clarithromycin in a fruit punch-flavored, aqueous vehicle. Store granules below 25°C (77°F). Shake well before each use. Keep tightly closed. After mixing, store below 25°C (77°F) and use within 14 days. Do Not Refrigerate. Usual dose; Children: 15 mg/kg/day divided in 2 equal doses. See package insert for adult dose and full prescribing information. Dosage may be administered without regard to meals. AbbVie Inc., North Chicago, IL 60064, U.S.A.

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Type:

1. Biacin
2. Clarithromycin
3. AbbVie
4. Granules

Correct Answer: 1

Global Rationale: Trade names of medications will have the trademark symbol beside it OR have the first letter of the name in an uppercase letter.

Learning Outcome: 2.5 Compare the trade and generic names of drugs.

Question 29

What is the generic name of the following medication?

Keep this and all drugs out of the reach of children.

Dispense in tight container as described in the USP.

NDC 0456-2101-08

Lexapro
escitalopram oxalate

Oral Solution - 5mg/5mL
Equivalent to 1mg escitalopram/mL

8 fl oz (240 mL)

LOT NO. 189462

EXP. DATE Aug. 2013

Pharmacist: Must be dispensed with Medication Guide

Store at 25° C (77° F)—Excursions permitted to 15° to 30° C (59° to 86° F)

See package insert for full prescribing information.

Licensed from H. Lundbeck A/S

RMC 5372
Rev. 10/04

FOREST PHARMACEUTICALS, INC.
Subsidiary of Forest Laboratories, Inc.
St. Louis, Missouri 63045

Type: NCLEX M/C

1. Lexapro
2. escitalopram oxalate

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3. Lundbeck
4. oxalate

Correct Answer: 2

Global Rationale: Generic medication names will begin with a lowercase letter.

Learning Outcome: 2.5 Compare the trade and generic names of medications.

Question 30

Using the following image, how many times will you instruct the patient to take the medication?

OFFICIAL STATE PRESCRIPTION

Primary Care Associates
1234 Spring Street, Manhattan, Kansas 10001
(913) 999-5678

CERT#: FXXXXX DEA#: XXXXXX

Patient Name Steven James

Address 124 Winding Lane Date 10/22/20

City Manhattan State KS Zip 10001 Age 64 Sex ☒ M ☐ F

Rx
Dilantin (phenytoin sodium) 100 mg
1 cap po t.i.d.
90

Refills: 2 300 mg

Prescriber Signature Alicia Rodriguez NP

no substitution

Substitution is mandatory unless the words "no substitution" appear in the box above.

Type: NCLEX M/C

1. Once per day
2. Twice per day
3. Three times per day
4. Weekly

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Correct Answer: 3

Global Rationale: The prescription indicates a frequency of t.i.d = three times per day.

Learning Outcome: 2.8 Interpret information found on drug labels and in prescribing information.

Question 31

Using the image below:

1. The metformin HCl is given _____ times per day.
2. 0.125 mg of _____ is to be given daily.
3. Reglan is to be given 30 minutes _____ meals and at bedtime.
4. The Duragesic film is to be removed in _____ hours.

PHYSICIAN'S ORDERS				
ORDER DATE	DATE DISC		2/28/52 Episcopal Aetna	4/20/2013
4/20/13	4/30/13	<i>Omnicef (cefdinir) 300 mg PO q12h for 10 days</i>		
4/20/13	4/27/13	<i>digoxin 0.125 mg PO daily</i>		
4/20/13	4/27/13	<i>Glucophage (metformin HCl) 850 mg PO b.i.d. with breakfast and dinner</i>		
4/20/13	4/27/13	<i>Reglan (metoclopramide) 10 mg PO 30 minutes before meals and at bedtime</i>		
4/20/13	4/23/13	<i>Duragesic transdermal film ER 25 mg per hour. Remove in 72 hours.</i>		
4/20/13	4/27/13	<i>Lasix 40 mg PO daily</i>	Jane Myers 23 College Ave Salt Lake City Utah 46022	Dr. Juan Rodriguez #212332
PLEASE INDICATE BEEPER # →		222		

Type: FIB

Correct Answers:

1. Twice
2. Digoxin
3. Before
4. 72

Rationale 1: The order reads b.i.d. = twice per day.

Rationale 2: As written on the MAR

Rationale 3: As written on the MAR

Rationale 4: As written on the MAR

Global Rationale:

Learning Outcome: 2.8 Interpret information found on drug labels and in prescribing information.

Question 32

The physician orders Morphine sulfate 5 mg q4h prn for pain. What is missing from this order?

Type: non-NCLEX M/C

1. Route
2. Frequency
3. Dose
4. Reason

Correct Answer: 1

Global Rationale: A medication order must include the name of the medication, the dose, the route, the frequency of administration, and the reason for the medication.

Learning Outcome: 2.8 Interpret information found on drug labels and in prescribing information.

Question 33

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The physician's order reads: Timoptic (timolol maleate) 0.5% ophthalmic solution 1 drop to right eye. What information is missing from the order?

Type: non-NCLEX M/C

1. Route
2. Dose
3. Frequency
4. Reason

Correct Answer: 3

Global Rationale: A medication order must include the name of the medication, the dose, the route, the frequency of administration, and the reason for the medication.

Learning Outcome: 2.8 Interpret information found on drug labels and in prescribing information.

Question 34

The doctor's order from May 01, 2050, reads: Morphine sulfate 5 mg subcutaneously q3h prn for pain. Expires: May 3, 2050. You administer the first dose on May 02, 2050, at 1455hrs. Fill in the MAR below.

PRN Medication		Medication Dosage Route & Time	Doses Given				
Order Date	Expiration Date		Date				
			Time				
			Initial				

Type: Long hand/essay

Correct Answer:

PRN Medication		Medication Dosage Route & Time	Doses Given				
Order Date	Expiration Date	Morphine 5mg subcutaneously q3h prn	Date	May 2, 2050			
May 1, 2050	May 3, 2050		Time	1455			
			Initial	AB			

Global Rationale:

Learning Outcome: 2.8 Interpret information found on drug labels and in prescribing information.

Question 35

The doctor's order from March 3, 2050, reads: metformin 500 mg t.i.d. p.o. You administer the doses at 0700 and 1500 on March 5, 2050. The order expires one week after it was initially written. Fill in the MAR below.

Medication		Medication Dosage Route & Time	Doses Given				
Order Date	Expiration Date		Date				
			Time				
			Initial				
			Time				
			Initial				
			Time				
			Initial				

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Type: Long hand/essay

Correct Answer:

Medication		Medication Dosage Route & Time	Doses Given				
Order Date	Expiration Date		Date	March 3, 2050	March 4, 2050	March 5, 2050	
March 3, 2050			Time	0700	0700	0700	
			Initial		<i>AB</i>	<i>AB</i>	
			Time		1500	1500	
			Initial		<i>AB</i>	<i>AB</i>	
			Time	2300	2300	2300	
			Initial	<i>CD</i>	<i>CD</i>	<i>CD</i>	

Global Rationale:

Learning Outcome: 2.8 Interpret information found on drug labels and in prescribing information.

Question 36

Using the package insert found in the image. Answer the questions below:

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HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use ALIMTA safely and effectively. See full prescribing information for ALIMTA.

ALIMTA (pemetrexed disodium) Injection, Powder, Lyophilized, For Solution for Intravenous Use

Initial U.S. Approval: 2004

INDICATIONS AND USAGE

ALIMTA® is a folate analog metabolic inhibitor indicated for:

- Locally Advanced or Metastatic Nonsquamous Non-Small Cell Lung Cancer:
 - Initial treatment in combination with cisplatin. (1.1)
 - Maintenance treatment of patients whose disease has not progressed after four cycles of platinum-based first-line chemotherapy. (1.2)
 - After prior chemotherapy as a single agent. (1.3)
- Mesothelioma: in combination with cisplatin. (1.4)

Limitations of Use:

- ALIMTA is not indicated for the treatment of patients with squamous cell non-small cell lung cancer. (1.5)

DOSAGE AND ADMINISTRATION

- Combination use in Non-Small Cell Lung Cancer and Mesothelioma: Recommended dose of ALIMTA is 500 mg/m² i.v. on Day 1 of each 21-day cycle in combination with cisplatin 75 mg/m² i.v. beginning 30 minutes after ALIMTA administration. (2.1)
- Single-Agent use in Non-Small Cell Lung Cancer: Recommended dose of ALIMTA is 500 mg/m² i.v. on Day 1 of each 21-day cycle. (2.2)
- Dose Reductions: Dose reductions or discontinuation may be needed based on toxicities from the preceding cycle of therapy. (2.4)

DOSAGE FORMS AND STRENGTHS

- 100 mg vial for injection (3)
- 500 mg vial for injection (3)

CONTRAINDICATIONS

History of severe hypersensitivity reaction to pemetrexed. (4)

WARNINGS AND PRECAUTIONS

- Premedication regimen: Instruct patients to take folic acid and vitamin B₁₂. Pretreatment with dexamethasone or equivalent reduces cutaneous reaction. (5.1)
- Bone marrow suppression: Reduce doses for subsequent cycles based on hematologic and nonhematologic toxicities. (5.2)
- Renal function: Do not administer when CrCl <45 mL/min. (2.4, 5.3)
- NSAIDs with renal insufficiency: Use caution in patients with mild to moderate renal insufficiency (CrCl 45-79 mL/min). (5.4)
- Lab monitoring: Do not begin next cycle unless ANC ≥1500 cells/mm³, platelets ≥100,000 cells/mm³, and CrCl ≥45 mL/min. (5.5)
- Pregnancy: Fetal harm can occur when administered to a pregnant woman. Women should be advised to use effective contraception measures to prevent pregnancy during treatment with ALIMTA. (5.6)

ADVERSE REACTIONS

The most common adverse reactions (incidence ≥20%) with single-agent use are fatigue, nausea, and anorexia. Additional common adverse reactions when used in combination with cisplatin include vomiting, neutropenia, leukopenia, anemia, stomatitis/pharyngitis, thrombocytopenia, and constipation. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Eli Lilly and Company at 1-800-LillyRx (1-800-545-5979) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

- NSAIDs: Use caution with ibuprofen or other NSAIDs. (7.1)
- Nephrotoxic drugs: Concomitant use of these drugs and/or substances which are tubularly secreted may result in delayed clearance. (7.2)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling

Revised: 08/2010

Type: Long hand/essay

1. What is the trade name of the medication?
2. What is the generic name of the medication?
3. What illnesses is the medication used for?
4. What is the standard dose of the medication?
5. What medication should this medication be combined with?

Correct Answers:

- 1: Altima
- 2: pemetrexed disodium
- 3: Non-small cell lung cancer and mesothelioma
- 4: 500 mg/m² on day 1 of each 21-day cycle
- 5: cisplatin

Global Rationale:

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Learning Outcome: 2.8 Interpret information found on drug labels and in prescribing information.

Question 37

Complete the table by filling in the shaded areas.

Type: Long hand/essay

Abbreviation	Meaning
	Before meals
q2h	
Susp	
	Teaspoon
XL or XR	

Correct Answer:

Abbreviation	Meaning
ac	Before meals
q2h	Every two hours
Susp	Suspension
t or tsp	Teaspoon
XL or XR	Extended release

Global Rationale

Learning Outcome: 2.4 Identify common abbreviations used in medication administration.

Question 38

Complete the table by filling in the shaded areas.

Type: Long hand/essay

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Abbreviation	Meaning
	Gastrostomy tube
PO	
t.i.d. or T.I.D.	
	gram
kg	
ER	
gtt	
	capsule
	Delayed release
	Immediately

Correct Answer:

Abbreviation	Meaning
GT	Gastrostomy tube
PO	By mouth
t.i.d. or T.I.D.	Three times per day
g	gram
kg	Kilogram
ER	Extended release
gtt	drop
cap	capsule
DR	Delayed release
Stat	Immediately

Global Rationale:

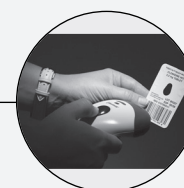
Learning Outcome: 2.4 Identify common abbreviations used in medication administration.

Chapter

2

Safe and Accurate Drug Administration

Chapter Overview



Chapter 2 is a general introduction to the drug administration process. It introduces the student to the role of the person who administers patient medication and the various forms and routes by which medications are administered. The student will begin to develop a vocabulary of terms necessary to understand pertinent information about drugs and their administration, which will aid in understanding the responsibilities of administering drugs safely. Safety, documentation, and accuracy are stressed throughout the text. Recent *Joint Commission* recommendations are included, and the “Six Rights” of medication administration are discussed extensively. The student will learn how to interpret drug prescriptions, medication orders, medication administration records (MAR), drug labels and package inserts, and military time. The roles of the FDA and other organizations concerned with decreasing medication errors are discussed.

Instructor's Notes

- The PowerPoint slides are particularly useful in presenting the material in this chapter. Slides of drug prescriptions, medication orders, medication administration records, drug labels, and package inserts can be projected as the instructor explains their various components.
- Demonstrate actual examples of various forms of drugs (inhalers, tablets, capsules, patches, suppositories), if available.
- Students who have learned this material in other courses may review this chapter quickly.
- Discuss the abbreviations to be avoided in medication orders and documentation (the “Do Not Use List”).

- Emphasize the importance of the need to be vigilant regarding drugs that “Look Alike-Sound Alike.”
- The *Nurse Alert* newsletter of the Institute of Safe Medication Practice is a good reference for medication safety issues; see Appendix B.
- Interpreting a drug order is very important for the rest of the course and should be stressed.
- If the Internet is accessible in the classroom, pharmaceutical company web sites (for example, dailymed.nlm.nih.gov/) can be used to view actual labels and prescribing information for drugs.

Key Terms

automated medication dispensing cart (ADC)	Institute for Safe Medication Practice (ISMP)	prn
A.M./P.M.	intracardiac (IC)	q.i.d.
bar code	intradermal (ID)	registration symbol (®)
b.i.d.	intramuscular (IM)	route
body surface area (BSA)	intrathecal	safe dose range
buccal	intravenous (IV)	side effect
capsule	local/systemic	standing order
computerized physician order entry (CPOE)	lot number	stat
controlled substance	medication administration record (MAR)	subcutaneous (subcut)
delayed-release (DR)	medication order	sublingual (SL)
dosage strength	metered dose inhaler (MDI)	suspension
dry powder inhaler (DPI)	meters squared (m ²)	sustained release (SR)
elixir	military time	syrup
enteral	national drug code (NDC)	tablet
enteric-coated	nebulizer	t.i.d.
epidural	oral (PO)	topical
extended release (XL)	package insert	trade name
Federal Drug Administration (FDA)	parenteral	trademark (™)
generic name	pharmacist	transdermal
inhalation	prescriber	unit dose
	prescription	United States Pharmacopoeia (USP)

Answers to Chapter 2 Additional Exercises

1. montelukast
2. Zocor
3. 100 mL
4. 200 mg/5 mL
5. 80 mg/20 mg per mL
6. (a) Anusol supp
(b) 6 A.M.
(c) 4
(d) Bonivar, Humulin N, Humulin R
(e) December 16
7. (a) Omnicef & Glucophage
(b) 4
(c) 25 mg/h, transdermal
(d) by mouth
(e) 2

8. (a) milnacipran HCl, tablets
 (b) fibromyalgia
 (c) 12.5 mg once
 (d) No, Savella is not approved for use in pediatrics
 (e) 200 milligrams daily

9.

Standard Time	Military Time
9:30 a.m.	0930h
2:43 p.m.	1443h
midnight	2400h
11:20 p.m.	2320h
9:48 a.m.	0948h
11:40 p.m.	2340h
8:42 p.m.	2042h
2:15 a.m.	0215h
12:02 a.m.	0002h
7:15 a.m.	0715h

10. (a) Administer 500 mg of Glucophage (trade name) metformin (generic name) by mouth twice a day
 (b) Administer 10,000 units of heparin subcutaneously every 8 hours
 (c) Administer one-half inch of NITRO-BID 2% (trade name) nitroglycerin ointment (generic name) to chest wall every 6 hours
 (d) Administer 5 mg of Accupril (trade name) quinapril hydrochloride (generic name) by mouth once a day
 (e) Administer 650 mg of Tylenol (trade name) acetaminophen (generic name) by mouth as needed when fever is over 101 degrees
11. (a) Time and Route
 (b) Route
 (c) Time and Route
 (d) Dose and Route
 (e) Route
12. (a) 10 mg
 (b) 10 mg
 (c) 10 mg
 (d) 5 mg

Chapter 2 Examination Questions

Study the drug labels shown in • Figure 2.1 and supply the following information:

(01)00362856389013

NDC 62856-389-01

Rx only

Halaven[®]
(eribulin mesylate) Injection

1 mg/2 mL
(0.5 mg/mL)

For intravenous Use

203025

STERILE SOLUTION

Store at 25° C (77°F); excursions permitted to 15°-30°C (59°-86°F). Do not freeze or refrigerate.

DOSAGE AND USE

See accompanying prescribing information.

CAUTION: Cytotoxic Agent

SINGLE USE VIAL-discard unused portion.

Distributed by: Eisai Inc., Woodcliff Lake, NJ 07677

(a)

NDC 0173-0178-55

Three Times Daily
(After Initial Titration)

100 mg

WELLBUTRIN[®]
(bupropion HCl)
Tablets

WARNING: Do not use with other medicines that contain bupropion HCl.

Federal Law requires dispensing of WELLBUTRIN[®] with the Medication Guide under this label.

Each film-coated tablet contains 100 mg bupropion HCl. See prescribing information for dosage information. Store at room temperature between 59°F and 86°F (15°C to 30°C). Keep dry and out of the light.

Manufactured for: GlaxoSmithKline Research Triangle Park, NC 27709 Made in Germany

100 Tablets Rx only

Rev. 10/14

(b)

NDC 0703-4239-01

Rx only

CARBOplatin
Injection

600 mg/60 mL
(10 mg/mL)

Sterile, Aqueous Solution
For IV Use
60 mL Multi-Dose Vial

Cytotoxic Agent

Each mL contains 10 mg carboplatin, USP and 10 mg mannitol in water for injection.

CONTAINS NO PRESERVATIVES.

READ ACCOMPANYING PACKAGE INSERT FOR COMPLETE DIRECTIONS FOR USE.

Store at 20° to 25°C (68° to 77°F) (See USP Controlled Room Temperature).

PROTECT FROM LIGHT.

Mid. In The Netherlands For: Teva Pharmaceuticals USA Sellersville, PA 18960

Iss. 11/2011 93.149.038-A

Batch no.:

Expiry:

(c)

• Figure 2.1
Drug Labels for Questions 1–5.

- 1. What is the generic name of Halaven?
- 2. How many tablets are in the bupropion container?
- 3. What is the strength of the carboplatin?

4. What is the route of administration for eribulin mesylate?
5. What is the dosage strength for the drug whose NDC number is 0173-0178-55?

Study the portion of a MAR in • Figure 2.2 and answer questions 6–10 below.

Order	time	18	19	20	21
nifedipine 20 mg po b.i.d.	0900h	AD	AD	AD	AD
	1700h	BK	BK	BK	BK
digoxin 0.25 mg po daily	0900h	X	AD	AD	AD
sucralfate 1 g po q.i.d.	0900h	AD	AD	AD	AD
	1300h	BK	BK	BK	BK
	1700h	BK	BK	BK	BK
	2100h	WW	WW	WW	WW

• Figure 2.2

6. How many drugs were administered at 1 P.M. on the 18th?
7. On what date and time was the digoxin first administered?
8. What are the initials of the nurse who administered the nifedipine at 5:00 P.M. on the 20th?
9. What was the route of administration of the sucralfate?
10. How many doses of nifedipine were administered on the 19th?

Use Figure 2.3 to answer questions 11 and 12.

DECLOMYCIN®
DEMECLOCYCLINE HYDROCHLORIDE
FOR ORAL USE

Adults: Usual daily dose, four divided doses of 150 mg each or two divided doses of 300 mg each.

For children above eight years of age: Usual daily dose, 3–6 mg per pound body weight per day, depending on the severity of the disease, divided into two to four doses.

Gonorrhea patients sensitive to penicillin may be treated with demeclocycline administered as an initial oral dose of 600 mg followed by 300 mg every 12 hours for four days to a total of 3 grams.

HOW SUPPLIED
 DECLOMYCIN® demeclocycline hydrochloride capsules. 150 mg are two-tone, coral colored, soft gelatin capsules, printed with LL followed by 09 on the light side in blue ink, are supplied as follows:
 NOC 0005-9208-23 – Bottle of 100

• Figure 2.3

Portion of a package insert for questions 11–12.

11. What is the generic name of the drug?
12. What is the form of the drug?
13. Interpret the following order: *acarbose 75 mg po b.i.d.*
14. What is missing from the following order: *paroxetine 50 mg daily*
15. Order: *linezolid 600 mg po q12h*. How many mg will you administer?

For the partial orders in questions 16–20, indicate how many milliliters you would administer.

16. 60 mL daily
17. 60 mL b.i.d.
18. 60 mL t.i.d.
19. 60 mL daily in two divided doses
20. 60 mL q12h

Answers to Chapter 2 Examination Questions

- | | |
|---|------------------------|
| 1. eribulin mesylate | 2. 100 tab |
| 3. 600 mg/60 mL or 10 mg/mL | 4. intravenous |
| 5. 100 mg/tab | |
| 6. 1 (sucralfate) | 7. 19th at 9:00 A.M. |
| 8. BK | 9. By mouth |
| 10. 2 | 11. demeclocycline HCl |
| 12. Capsule | |
| 13. Administer acarbose seventy-five milligrams mg by mouth two times a day | |
| 14. Route of administration | 15. 600 mg |
| 16. 60 mL | 17. 60 mL |
| 18. 60 mL | 19. 30 mL |
| 20. 60 mL | |