Pharmacology Made Insanely Easy!
The most important thing in pharmacology is not so much to obtain more and more facts as to **TRANSFORM** the way you think about them.

*Loretta Manning*
Create
Retention
Accelerate
More with less
What concerns me is not the way things are, but rather the way people think things are.

- Epictetus, Philosopher
REMEMBER!!!
It’s not what you KNOW, but what you REMEMBER that counts!
Which of these clients should the nurse question the provider of care regarding the appropriateness for an order to administer an anticholinergic medication?

1. A client going to surgery for GI surgery.
2. A client who is presenting with Parkinson’s symptoms from an antipsychotic drug.
3. A client who has glaucoma.
4. A client who is going to surgery for an exploratory lap.
During the history, a client reports a previous allergic reaction to penicillin. The provider of care orders cefaclor (Ceclor). What is the highest priority of care?

a. Immediately start an IV.
b. Identify wrist bracelet for correct client identity.
c. Verify accuracy of order.
d. Monitor BUN and creatinine prior to administering the medication.
GI: nausea, vomiting, diarrhea

Increase in glucose values

Naphylaxis may occur; alcohol may cause vomiting

Ephrotoxicity

Thrombocytopenia

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“Words are of course the most powerful DRUG used by mankind.”
CORA COUMADIN

Check VS, platelet count, PT

Observe for bleeding

Review bleeding protocol (i.e., electric razors, soft toothbrushes, etc.)

Avoid ASA, may use acetaminophen
Which statement made by the client discharged on Coumadin would indicate a need for further teaching?

1. “I will need to use an electric razor.”
2. “I will observe my bowel movements for blood.”
3. “I will eat more broccoli and green leafy vegetables in my diet.”
4. “I will need to have periodic blood tests to evaluate my levels.”
After receiving shift report, which of these clients should be assessed initially?

1. A 30-year-old client receiving morphine and is complaining of lightheadedness.
2. A 40-year-old client receiving morphine and is complaining of dizziness when getting out of bed quickly.
3. A 50-year-old client receiving morphine and has R-24 that have increased from 18.
4. A 60-year-old client receiving morphine and has R-14 that have decreased from 22.
AS YOU WANDER THROUGH LIFE, WHATEVER BE YOUR GOAL, KEEP YOUR EYE UPON THE DONUT, AND NOT UPON THE HOLE.
PHARMACO-KARAOKE

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AMINO MICE

Gentamycin
Amikacin
Kanamycin
Neomycin
Streptomycin
Tobramycin

8th Cranial Nerve Monitor BUN Creatinine I & O

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THREE AMINO MICE
(sung to the tune of “Three Blind Mice”)

One can’t feel,
One can’t hear.
One can’t pee —
They’re toxic mice, all three.

Vestibular function and audiograms
Should always be studied in patient
care plans [or “as part of your plan”]
Grab BUNs and creatinine quick as you can,
Yes! Three amino mice.
Which of these clinical data findings would be the highest priority to report to the provider of care for a client who has been taking gentamicin (Garamycin) ?

1. BUN – 15.
2. Nausea.
3. Temp.– 98.9 degrees F.
4. Tinnitus.
Which statement made by the UAP indicates the nurse should intervene with a client who is taking Streptomycin?

1. “The client’s temperature is 99.1 degrees F.”
2. “The client does not seem to hear me.”
3. “The client is requesting to walk.”
4. “The client is drinking a lot of water.”
What should be the priority plan for a client who is taking streptomycin?

1. Monitor the vital signs prior to administering the medication.
2. Monitor the AST / ALT.
3. Monitor the BUN / creatinine.
4. Monitor the serum glucose.
RUDOLPH THE RED-NECK REINDEER

Rudolph the red-neck reindeer
Had an adverse side effect
From the drug Vancomycin,
Must keep all labs in check.

Caution with renal failure,
Hearing loss and allergies,
Take a temp and blood cultures,
‘Specially a CBC!!!
What action should be a priority for a client who is receiving vancomycin (Vancocin) over 30 minutes and begins presenting with a flushed neck and face?

1. Assess the client’s temperature immediately.
2. Administer the antihistamine that was ordered.
3. Immediately discontinue the med. and call Dr.
4. Slow the rate of the medication infusion.
AMPHOTERRIBLE
AMPHOTERICIN B

Verse 1
Am-pho-ter-i-cin B
    Foe of Fun-gus, You see
But’s hard on the Kid-neys.
    Am-pho-ter-i-cin B

Verse 2
Will kill Hist o plas mo sis
    Coc cid io my co sis,
This drug’s really ferocious.
    Am-pho-ter-i-cin B
Chorus
Strict I & O *(click finger x2)*
Kidney functions must know *(finger x2)*
ALT below 60 *(note: these are liver fx tests that also need to be watched)*
AST below 40
Keep IV a’flow. *(click finger x2)*
Verse 3
So watch for low K+ levels,
And Dig Toxic signs as well.
Catch problems before they swell.
Am-pho-ter-i-cin B
What lab values would be a most important to evaluate for a client who is taking Amphotericin B?

1. AST / ALT.
2. Serum amylase.
3. Serum glucose.
4. Serum lipase.
What clinical assessment finding should be a priority to report to the provider of care for a client who is taking Amphotericin B?

1. Anorexia.
2. Muscle cramps.
3. Spiked T waves.
4. Skin hot and dry.
SOGGY SID

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DIABETES INSIPIDUS

Dry

DI

+ O, daily weight

IL

ow specific gravity

LU

urinates lots

UTE

reat = pituitary hormone

rE

hydrate
S-I-A-D-H 
(Syndrome of Inappropriate Antidiuretic Hormone)
Lyrics ©  (Sing to tune: BINGO) Darlene A. Franklin, RN MSN

Chorus
This hormone stops the PeePee.

Verse 1
Brain tumors, trauma, and bad bugs 
A complication might be—
This hormone stops the PeePee.

Verse 2
Low output, sodium; gained weight 
And high S. gravity (specific gravity)
This hormone stops the PeePee.
S-I-A-D-H
(Syndrome of Inappropriate Antidiuretic Hormone)
Lyrics © (Sing to tune: BINGO) Darlene A. Franklin, RN MSN
Verse 3
But, **Diabetes Insipidus**
   The opposite you’ll see
   Pee, Pee...Give IVs...
   Pee Pee...Give IVs...
   Pee, Pee...Give IVs...
   **Vas-o-pressin** they need!
Verse 4
High output, sodium; pounds lost,
   And low S. gravity (specific gravity)
   Pee, Pee...Give IVs...
   Pee Pee...Give IVs...
   Pee, Pee...Give IVs...
   **Vas-o-pressin** they need!

http://www.marvistavet.com/assets/images/dog_IV.gif
Which statement indicates a client with diabetes insipidus (DI) needs additional information during the hospital discharge teaching?

1. “I will weigh myself daily using the same scales.”
2. “I will drink liquids equal to the amount of my urine output.”
3. “I will always wear my medical alert bracelet.”
4. “I will wean myself off the vasopressin.”
Which clinical outcome would indicate a therapeutic response from vasopressin?

1. Blood glucose – 120 g/dl.
2. Oxygen saturation level of – 96%.
3. Heart rate – 88 / minute.
4. Urine specific gravity – 1.015.
What would be the highest priority of care for a client with syndrome of inappropriate anti-diuretic hormone (SIADH)?

1. Instruct the UAP to encourage the client to drink fluids.
2. Advise client to report large amounts of urine output.
3. Evaluate for signs and symptoms of dehydration.
4. Instruct the LPN to report a weight gain of 2.5 pounds.
BETA$_2$-ADRENERGIC AGONISTS
Puff the Magic Drug
(sung to the tune of “Puff the Magic Dragon”)

Verse 1
Puff, Puff on my inhaler
Rescue me please.
From bronchitis and asthma
Cough, Cough (actually do cough) and COPD.

Verse 2
It works on beta receptors
Î vital capacity.
While Î BP and HR
Are major concerns to me.

Verse 3
I puffed too much on my inhaler
Rescue me please,
From shaky hands and racing heart
And weakness in my knees.

Verse 4
I should have listened to my provider
1-3 min. please
From bronchitis and asthma
When using with a steroid inhaler

Verse 5
I puffed on my inhaler
Got rid of my wheeze.
Now I blow up balloons and exercise
I am now breathing with ease!

A client received 2 extra doses of albuterol for relief of bronchoconstriction from COPD. What is priority of care?

a. Notify provider of care.
b. Document bradycardia.
c. Complete appropriate report and document complications of lethargy.
d. Document tachycardia and tremors and notify provider of care.
“Pharmacology is always changing; our response is what our thoughts make it.”
It is not the mountain that gets moved that makes a difference, it is the little steps taken one at a time.