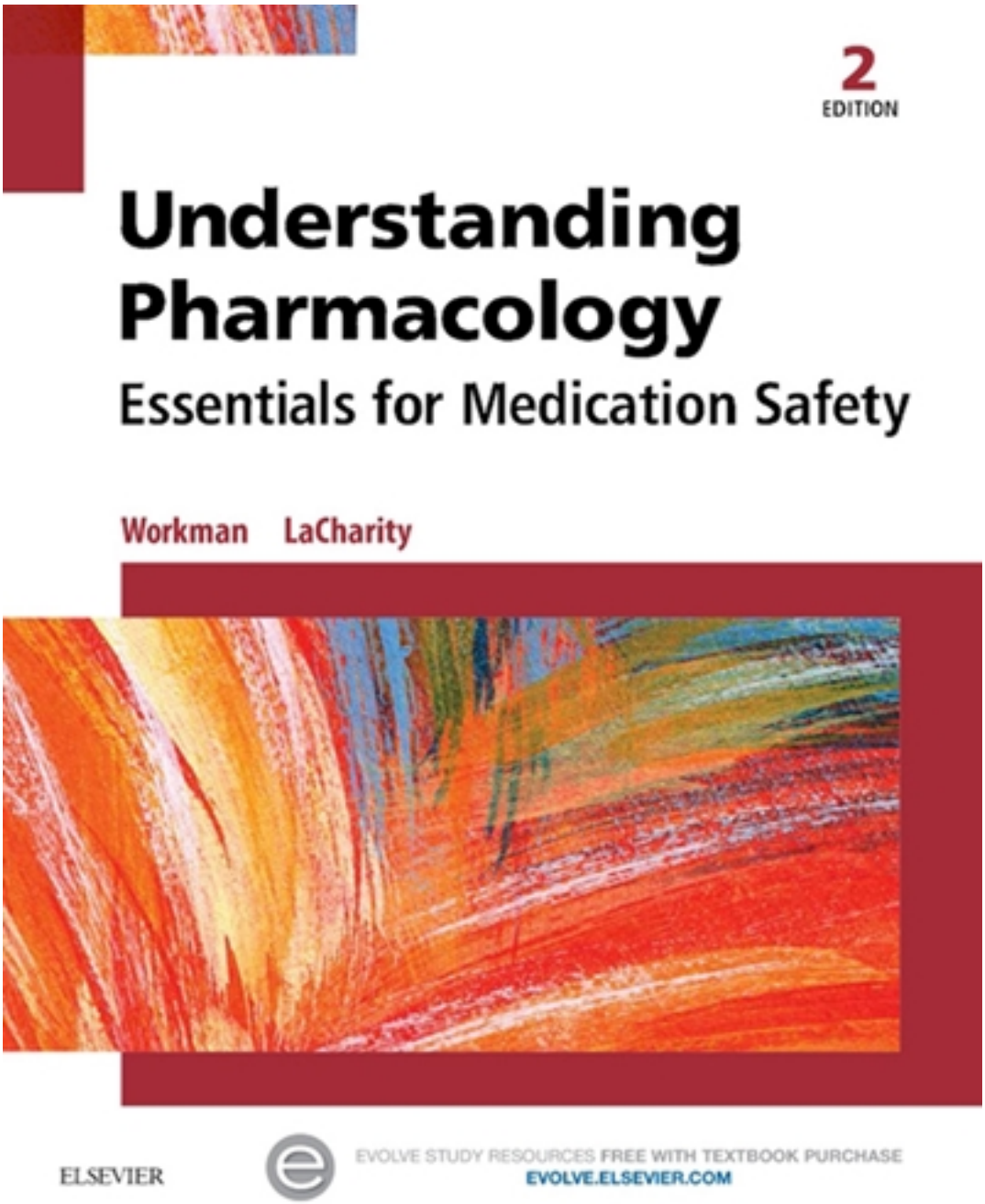
Test Bank for Understanding Pharmacology 2nd Edition by Workman



Test Bank

Chapter 02: Safely Preparing and Giving Drugs
Workman & LaCharity: Understanding Pharmacology: Essentials for Medication Safety, 2nd Edition

MULTIPLE CHOICE

BASIC CONCEPTS

1. How soon should a drug ordered as "STAT" be administered?
   a. Immediately
   b. With the next meal
   c. At the same time every day
   d. Only when the stomach is completely empty

   ANS: A
   A STAT order is written by a prescriber for a drug to be administered once and immediately.

   DIF: Cognitive Level: Remembering REF: p. 29

2. When do most drug errors occur in a hospital setting?
   a. When a patient is in the emergency department
   b. When a patient is scheduled for a procedure
   c. When drugs are being administered to patients
   d. When two patients have the same last name

   ANS: C
   Most drug errors are made while giving drugs. Common errors include giving the wrong drug or giving the wrong dose. Follow the "eight rights" to prevent drug errors.

   DIF: Cognitive Level: Remembering REF: p. 30

3. Which type of drug must always be swallowed without chewing?
   a. Liquid drugs
   b. Time-release drugs
   c. Drugs that taste bad
   d. Drugs that act on the intestinal tract

   ANS: B
   Some pills and capsules are prepared for slow absorption. These drugs are often labeled enteric-coated, time release, or slow release. If chewed, crushed, or opened, these drugs may be absorbed too rapidly. This can irritate the gastrointestinal (GI) system or cause symptoms of overdose.

   DIF: Cognitive Level: Remembering REF: p. 31

4. Which abbreviation means that a drug is to be given orally?
   a. PRN
   b. NPO
   c. PO
   d. PPD

ANS: C
PO means per os or administration of drugs by the mouth.

DIF: Cognitive Level: Remembering REF: p. 32

5. Which needle position is best for an intradermal injection?
   a. Bevel side to the right
   b. Bevel side to the left
   c. Bevel side down
   d. Bevel side up

ANS: D
When giving an intradermal injection, insert the needle at a 10- to 15-degree angle with the bevel facing up. Do not pull back (aspirate) on the plunger of the syringe. Inject the drug so a little bump forms and remove the needle.

DIF: Cognitive Level: Remembering REF: p. 35

6. For which patient condition or problem are rectal drugs avoided?
   a. Fever
   b. Vomiting
   c. Diarrhea
   d. Pregnancy

ANS: C
The patient with diarrhea cannot hold rectal drugs long enough for absorption to take place.

DIF: Cognitive Level: Remembering REF: p. 34

7. Which injection site is located on the front of the thigh?
   a. Deltoid
   b. Dorsogluteal
   c. Ventrogluteal
   d. Vastus lateralis

ANS: D
The vastus lateralis is located in the muscles on the front of the thigh.

DIF: Cognitive Level: Remembering REF: p. 36

8. What is the purpose of using the “Z-track” method of intramuscular injection?
   a. Preventing accidental intravenous injection
   b. Preventing oozing of drug back through the needle path
   c. Reducing the chances of hitting bone or nerve with the needle
   d. Allowing larger amounts (volumes) of drugs to be administered into smaller muscles

ANS: B

Use the Z-track method of IM injection for drugs that are irritating to subcutaneous tissue or that may permanently stain the tissues. After drawing the drug into the syringe, draw in 0.1 to 0.2 mL of air. The air follows the drug into the muscle and stops it from oozing through the path of the needle. After you select and cleanse the site, pull the tissue laterally and hold it. Insert the needle into the muscle; inject the drug and release the tissue as you remove the needle. Releasing the tissue allows the skin to slide over the injection and seal the drug in the muscle.

DIF: Cognitive Level: Remembering REF: p. 37

9. A patient needs a dose of oral potassium for a low serum potassium level (3.4 mEq/dL). Which type of order should the prescriber write?
   a. Standing order
   b. Single order
   c. PRN order
   d. STAT order

   ANS: B
   A single-dose order is an order to give a drug once only. This patient's serum potassium level is close to normal. You should expect that the patient's potassium level would be checked again and another order written by the prescriber if the level was not within the normal range.

   DIF: Cognitive Level: Remembering REF: p. 29

10. What temperature should ear drops be when applying them?
    a. Just above freezing –33 °F
    b. Warmed to 104 °F
    c. Refrigerated to 40 °F
    d. Room temperature

    ANS: D
    Ear drops are drugs given to treat local infection or inflammation and should be kept at room temperature. This helps to prevent dizziness or nausea when the drops are administered.

    DIF: Cognitive Level: Remembering REF: p. 40

11. What is the correct position for a sublingual tablet?
    a. As far back on the top of the tongue as possible without swallowing it
    b. Between the cheek and the gum of the upper teeth
    c. Between the cheek and the gum of the lower teeth
    d. Under the front of the tongue

    ANS: D
    A drug given by the sublingual route, such as nitroglycerin, is placed under the tongue. The blood supply is very good in the mouth; therefore, these drugs dissolve and are absorbed quickly.

    DIF: Cognitive Level: Remembering REF: pp. 39-40

12. When is it acceptable to take a verbal order from the prescriber before giving a drug to a patient?

a. During the nightshift when the prescriber is not at the hospital
b. In an emergency situation such as a cardiac arrest
c. When a patient is experiencing severe pain
d. At any time it is convenient

ANS: B
Verbal orders should be accepted only in emergency situations. As soon as the emergency has been resolved, verbal orders must be written and signed.

DIF: Cognitive Level: Remembering REF: p. 28

13. What is the most important role of the health care worker in preventing drug errors?
a. Always checking the patient's diagnosis before giving a drug
b. Always following the "eight rights" of drug administration
c. Being the one defense for detecting and preventing drug errors
d. Being most likely to detect a drug error that has occurred

ANS: B
When administering drugs, always follow the "eight rights." Many drug errors occur because one or more of the "rights" is not followed.

DIF: Cognitive Level: Remembering REF: p. 27

14. Which statement accurately describes the correct technique for giving subcutaneous drugs?
a. Use a 3/4-inch, 25-gauge needle and a 15-degree angle for injection.
b. Use a 3/8-inch, 25-gauge needle and a 45-degree angle for injection.
c. Use a 1-inch, 22-gauge needle and a 90-degree angle for injection.
d. Use a 2 inch, 25-gauge needle and a 45-degree angle for injection.

ANS: B
For subcutaneous drug administration, small, short needles are used ({3/8} inch, 25 to 27 gauge). Insert the needle at a 45-degree angle for most patients. If the patient is obese, you may need to use a 90-degree angle. If the patient is thin, you may need an angle that is less than 45 degrees.

DIF: Cognitive Level: Remembering REF: p. 35

15. What administration technique should you use when giving a 2-year-old child ear drops?
a. Pull the earlobe down and back.
b. Pull the earlobe up and out.
c. Keep the earlobe straight.
d. Hang the patient's head over the side of the bed.

ANS: A
For children younger than 3 years, pull the earlobe (pinna) down and back. This straightens the ear canal. This helps to ensure that the ear drops are placed where they are needed to be effective.

DIF: Cognitive Level: Remembering REF: p. 40

16. What must you have a patient do after a vaginal drug is administered?
a. Replace the drug in the refrigerator when not in use.

b. Give the drug while the patient is sitting on the toilet.
c. Have the patient empty her bladder after receiving this drug.
d. Keep the patient lying down for 10 to 15 minutes after receiving the drug.

ANS: D
Be sure to have the patient lie down for 10 to 15 minutes after receiving vaginal drugs to ensure that the drugs are fully absorbed.

DIF: Cognitive Level: Remembering REF: p. 40

17. When giving a drug to a patient who is awake but confused, what is the best way to identify that it is the right patient?
a. Check the room and bed number that the patient occupies.
b. Ask the patient to state his or her name and birth date.
c. Check the name on the patient's wristband.
d. Ask the patient if he or she is Mr. or Ms. [name].

ANS: C
When a patient is confused, he or she may not reply with his or her own name and birth date. Beds can be moved and rooms can be changed. In addition, sometimes patients are placed or get into the wrong bed. In this case, the patient's wristband provides the most reliable identification information.

DIF: Cognitive Level: Remembering REF: p. 27

18. What is the best way to make sure that the right patient is receiving a prescribed drug when the patient is alert and oriented?
a. Ask the patient to state his or her social security number.
b. Check the patient's wrist band.
c. Look at the patient's chart.
d. Have the patient state his or her name and birth date.

ANS: D
To make sure that the right patient receives any drug that has been prescribed, The Joint Commission (TJC) recommends checking two unique patient identifiers (name and birth date) before medication administration. An alert and oriented patient can be asked directly.

DIF: Cognitive Level: Remembering REF: p. 27

19. Why are nose drops or sprays most often given?
a. To treat dryness that may lead to nose bleeds.
b. For allergies to pets, pollen, and molds.
c. To treat congestion and infection.
d. For cold and flu symptoms.

ANS: C
Nose drops or sprays are most often used to treat congestion or infection.

DIF: Cognitive Level: Remembering REF: p. 40

ADVANCED CONCEPTS

20. Which technique is used with some intramuscular drug injections but not with subcutaneous or intradermal drug injections?
    a. Ensuring the site selected is appropriate for injection
    b. Cleansing the selected site before inserting the needle
    c. Aspirating the syringe before injecting the drug solution
    d. Checking for allergic or sensitivity reactions to the injection

    ANS: C
    Aspiration is not recommended for IM injection of vaccines or immunizations. For drugs such as penicillin, aspiration may be indicated. When indicated, aspirate the syringe (pull back on the plunger) to make sure that the needle is not in a vein. If the needle is in a vein, blood will appear in the syringe. Remove the needle and discard the drug if this happens. Get a new dose of the drug and a sterile needle and syringe and give the injection in another site.

    DIF: Cognitive Level: Understanding REF: p. 36

21. What is the proper way to prepare skin for a transdermal patch?
    a. Shave the skin that will be underneath the patch.
    b. Leave the old patch on and apply the new one next to it.
    c. Clean and dry the skin where the patch will be applied.
    d. Remove the old patch and apply the new one to the exact same spot.

    ANS: C
    When administering a transdermal patch, first wash your hands and put on gloves. Clean the area of skin where the drug will be applied. Apply topical drugs in a smooth, thin layer, and cover the area. When administering transdermal drugs, remove old patches or doses of the drug. Be sure to remove all traces of the drug from the previous dosage site, and rotate sites to avoid skin irritation or breakdown.

    DIF: Cognitive Level: Understanding REF: p. 39

22. A patient is to receive nitroglycerin ointment, 1 inch STAT, for elevated blood pressure. What must be done before giving this drug?
    a. Shave the hair off the patient's chest.
    b. Place the patient on a heart monitor.
    c. Put on a pair of disposable gloves.
    d. Measure the dose directly on the patient's skin.

    ANS: C
    Wash your hands and put on gloves. Without gloves, if you come into contact with the ointment you may experience the same side effects as a patient (e.g., headache, drop in blood pressure).

    DIF: Cognitive Level: Applying or Higher REF: p. 39

23. To prevent a drug overdose from receiving two doses too close together, what should you do immediately after giving a PRN pain drug?
    a. Ask if the patient's pain has been relieved.
    b. Check the patient's vital signs.
    c. Notify the prescriber.
    d. Document the action.

ANS: D
It is important to document giving PRN (as needed) drugs as soon as possible before another health care worker gives a second dose in response to a patient's statements about pain.

DIF: Cognitive Level: Applying or Higher REF: p. 28

24. The prescriber orders atenolol (Tenormin) 25 mg to be given orally once a day to control a patient's high blood pressure. You check the patient's vital signs and find that the blood pressure is 128/80 mm Hg and the heart rate is 60 beats/min. What should you do first before giving this drug?
    a. Check the order for prescriber limitations on when the drug should be given.
    b. Notify the prescriber and ask if the drug should be given.
    c. Reassess the blood pressure and heart rate in 30 minutes.
    d. Give the drug exactly as prescribed.

    ANS: A
    Prescribers often include limitations about when a drug should or should not be given. You should first check the order for any limitations. Because a heart rate of 60 beats/min is borderline low, and unless there are no limitations, you should notify the prescriber and ask if the drug should be given to this patient.

    DIF: Cognitive Level: Applying or Higher REF: p. 31

25. A patient is prescribed omeprazole (Prilosec) 60 mg once a day orally. The patient is having difficulty with swallowing and has a feeding tube in place. What is your best action?
    a. Open the capsule and mix the contents with water, then give the drug through the feeding tube.
    b. Raise the head of the bed 90 degrees and mix the capsule in applesauce for easier swallowing.
    c. Contact the prescriber and pharmacist about using another drug or another form of the drug.
    d. Hold the tube feeding for at least 30 minutes before giving the drug.

    ANS: C
    Omeprazole comes in time-released capsules, which should not be opened to prevent rapid absorption of the drug and consequent side effects or adverse effects. Mixing the drug with applesauce and asking the patient to swallow it when the patient has difficulty swallowing puts the patient at high risk for aspiration.

    DIF: Cognitive Level: Applying or Higher REF: p. 32

26. A patient with severe postoperative pain is ordered to receive morphine 2 mg intravenously. The patient asks if the drug could be taken by mouth instead. What is your best response?
    a. "Giving the drug intravenously will give you faster pain relief."
    b. "I will call your prescriber and ask if the order can be changed."
    c. "Your surgeon wants you to receive the drug intravenously."
    d. "We can substitute the intravenous drug with an oral drug."

    ANS: A

The intravenous route is used when a drug needs to enter the bloodstream rapidly or a large dose of a drug must be given. The rates of absorption and action are very rapid with this route and this route is best for a patient with severe postoperative pain.

DIF: Cognitive Level: Applying or Higher REF: p. 38

27. The prescriber orders a new drug over the telephone for a nursing home patient who has symptoms of a urinary tract infection. The order is for Gantanol, 2 g now and then 1 g every 12 hours for the next 10 days. What further information is most important for you to obtain from the prescriber?
    a. "How many refills are needed?"
    b. "Do you want the drug given orally or intravenously?"
    c. "Which brand of drug should be given, or is this a generic drug?"
    d. "Does this drug need to be given with a meal or on an empty stomach?"

    ANS: B
    The prescriber must indicate the route of administration for the drug prescribed. Although this drug is available only as an oral drug, the actual drug order needs to include this information. Because this prescription is for an inpatient (nursing home resident) not for a patient taking the drug at home, the refill information is not important at this time. Whether or not the drug should be taken with food or on an empty stomach might be a special instruction, but is not as critical as the correct route.

    DIF: Cognitive Level: Applying or Higher REF: p. 28

28. The prescriber orders all of the following drugs for a patient who had surgery 2 days ago. Which drug order should you administer first?
    a. Alphamine (cyanocobalamin) 100 mcg intramuscularly once
    b. Benadryl (diphenhydramine) 25 mg orally every 8 hours
    c. Compazine (prochlorperazine) 10 mg orally STAT
    d. Dalmane (flurazepam) 30 mg orally at night PRN

    ANS: C
    STAT drugs are prescribed to correct or help an immediate problem; they are given as soon as they are available. If the drug is not available on the unit, you must call the pharmacy for an immediate drug dose. PRN drugs may be important but are given at the patient's indication for a need of the drug. The Benadryl order is written as a standing order and does not indicate an immediate need. Although Alphamine is written as a single-dose drug order, there is no indication for immediate administration.

    DIF: Cognitive Level: Applying or Higher REF: p. 29

29. You ask the patient to state his name and birth date, and the patient responds correctly. Then you give the patient the prescribed drug tablet. The patient says "I haven't ever taken a green pill before." What is your best response?
    a. "Go ahead and take the drug. The same medications from different drug companies may have a different color."
    b. "Go ahead and take the drug. It is likely that your health care provider has prescribed a new drug for you."
    c. "Don't take this drug right now. It is probably not the one prescribed for you."
    d. "Don't take this drug right now. Let me recheck everything to be sure."

ANS: D
When a patient does not recognize a drug that is being given, it is a "red flag" for a possible error. Even though the drug may be newly ordered or may be made by a different manufacturer than what the patient has had in the past, it is always best to recheck the order, the drug, and the patient before proceeding. Although withholding the drug entirely is not completely wrong, there may be no drug error and this response may frighten the patient unnecessarily.

DIF: Cognitive Level: Applying or Higher REF: p. 31

30. Which question is most important for you to ask a patient before administering a new drug?
    a. "Are you allergic to any drugs?"
    b. "Do you know what this drug is for?"
    c. "When was the last time you ate or drank?"
    d. "What other drugs have you taken in the last 24 hours?"

ANS: A
All of these questions are important to know when giving a new drug. The information that is most critical, however, is whether the patient has an allergy to this drug or any other drug. A drug allergy can result in life-threatening effects.

DIF: Cognitive Level: Applying or Higher REF: p. 31

31. When you bring in the next dose of a drug that a patient first received 6 hours ago, the patient reports a "pounding" heart rate ever since taking the last dose. What is your best first action?
    a. Document the report as the only action.
    b. Check the patient's vital signs for changes.
    c. Hold the dose and notify the prescriber immediately.
    d. Reassure the patient that this is an expected response to the drug.

ANS: B
Any side effect or response a patient has after starting a new drug should be investigated, even when it is an expected side effect of the drug. Some drugs may increase the strength of the heartbeat and heart rate either as the intended action or as a side effect. However, any drug that affects heart response can also cause adverse heart problems. Before giving the drug or notifying the prescriber, you should check the patient's vital signs, especially heart rate and quality, heart rhythm, and blood pressure. These changes are important to know for you and the prescriber.

DIF: Cognitive Level: Applying or Higher REF: p. 31

32. A 1-year-old child is prescribed a transdermal drug patch for pain control. To which site should you apply the patch?
    a. On the lower arm where changing the patch is easier
    b. On the back between the shoulders so the child cannot reach it
    c. On the upper chest so that any skin irritation can be seen quickly
    d. On the leg between the knee and the thigh for fastest drug absorption

ANS: B

When a transdermal patch is placed in an area visible to a small child, he or she usually picks at it and may remove it. Placing it between the shoulders on the back removes it from the child's sight and attention. On a small child, circulation is not usually a problem and the drug would be as well absorbed from the back as from anywhere else.

DIF: Cognitive Level: Applying or Higher REF: p. 33

33. Which action is most important when you prepare to administer an oral drug to a patient of any age?
    a. Asking the patient whether he or she prefers a tablet or a capsule
    b. Determining when the patient last ate or drank
    c. Assessing whether the patient has nausea
    d. Checking the patient's ability to swallow

    ANS: D
    A patient who cannot swallow should not take any drug, drink, or food by the oral route. The risk for aspiration is very high and can lead to many serious complications, even death.

    DIF: Cognitive Level: Applying or Higher REF: p. 32

34. Which condition requires that you withhold a drug dose for a patient with a feeding tube?
    a. The drug is in the form of a tablet.
    b. The drug volume is greater than 20 mL.
    c. Carbon dioxide is detected from the feeding tube.
    d. The patient is unconscious and unable to swallow.

    ANS: C
    When carbon dioxide comes from the feeding tube, the tube is in the trachea rather than the stomach. Using this compromised feeding tube for drug administration would result in drug placement into the lungs instead of the stomach, which can cause serious complications.

    DIF: Cognitive Level: Applying or Higher REF: p. 33

35. You prepare to administer an intravenous (IV) push drug, but the skin around the patient's IV site is swollen and red. The patient states that the area hurts, and no blood return is obtained when you aspirate the IV setup. What is your best action?
    a. Continue IV administration of the drug.
    b. Discontinue IV administration and notify the prescriber.
    c. Dilute the drug more before injecting it into the current IV site.
    d. Reassure the patient that this is an expected reaction and offer the prescribed pain medication.

    ANS: B
    These symptoms indicate there has been IV infiltration and the needle is no longer in the vein. No further drugs can be delivered through this IV setup, even if they are well diluted. IV administration of the drug must be discontinued. The prescriber should be notified before restarting IV administration of the drug. The prescriber may change the drug to a different form or prescribe a different drug.

    DIF: Cognitive Level: Applying or Higher REF: p. 38

36. You are receiving a telephone order from a health care provider. After receiving all the information, what is the most important next action to perform?
    a. Notify the supervisor about the verbal order.
    b. Administer the drug as soon as it is available.
    c. Read the order back to the prescriber and ask whether it is correct.
    d. Inform the patient and family that a new drug has been prescribed by the health care provider.

    ANS: C
    For safety, when you contact the prescriber by telephone or follow a verbal order, be sure to write the order, read it back, and ask for confirmation that what you wrote is correct before administering any drug. Be sure to document that you read back the order to the prescriber.

    DIF: Cognitive Level: Applying or Higher REF: p. 28

37. What is the most important action to take after giving a patient a newly prescribed drug for hypertension?
    a. Teach the patient to measure his or her pulse.
    b. Check the patient's blood pressure an hour later.
    c. Ask the patient whether any other family members also have hypertension.
    d. Ask the patient whether he or she has ever taken a drug for hypertension in the past.

    ANS: B
    You must be familiar with the patient's medical diagnosis and the purpose of the drug. Assessing for drug effectiveness is important. After you give a drug, check the patient to make sure that the drug has the desired effect. For example, check the blood pressure for improvement after giving an antihypertensive drug. Be sure to document what you monitored and any other appropriate interventions.

    DIF: Cognitive Level: Applying or Higher REF: p. 28

38. When you bring a sedative for sleep in to the patient, he asks you to leave the drug on his table and he will take it when his television show is over. What should you do?
    a. Insist that he take the drug right now.
    b. Leave it at his bedside as he requests.
    c. Tell him you will bring it back later, after the show.
    d. Document that he refused to take his prescribed drug.

    ANS: C
    You are responsible for documenting that drugs have been taken and must witness that this has occurred. Most drugs, including sedatives, should never be left at the bedside. You have no idea whether it was actually taken by the patient or by someone else. It is possible for a patient to collect drugs left at the bedside and take them all at once.

    DIF: Cognitive Level: Applying or Higher REF: p. 32

MULTIPLE RESPONSE

ADVANCED CONCEPTS

1. Before administering any drug, what should you do? (select all that apply)
   a. Check the order.
   b. Wash your hands.
   c. Instruct the patient that he or she must take the drug.
   d. Find out the patient's family history.
   e. Check the patient's identification band.
   f. Keep drug in container until at the bedside.

   ANS: A, B, E, F
   Before giving any drug, always follow the "eight rights." Always check the written order. Check the patient's identification wristband and ask the patient's name and birth date. Limit interruptions and distractions. Wash your hands and wear clean gloves when needed (e.g., parenteral, rectal routes). Keep drugs in their containers or wrappers until at the patient's bedside. Avoid touching pills or capsules. Never give drugs prepared by someone else. Follow sterile technique when handling syringes and needles. Remain alert to drug names that sound or look alike. Giving the wrong drug can have serious adverse effects.

   DIF: Cognitive Level: Applying or Higher REF: p. 27

2. The patient with an NG tube has orders for several enteral drugs (e.g., capsules, tablets, and liquids). What should you do before giving these drugs? (select all that apply)
   a. Check with the pharmacist about crushing the tablets.
   b. Follow the procedures of the "eight rights."
   c. Aspirate to check for stomach contents.
   d. Open the extended-release capsules.
   e. Inject 150 mL of water to check tube patency.
   f. Place the patient in a supine position.

   ANS: A, B, C
   As with all oral drugs, check the drug orders, which may be written as PO or by feeding tube. Check your drug book or with the pharmacist before crushing tablets or opening capsules. Wash your hands and place the patient upright. Check to make sure that the tube is located in the stomach by withdrawing (aspirating) stomach contents with a syringe, or you can attach an end-tidal carbon dioxide (CO_2) detector to the feeding tube. The presence of carbon dioxide indicates that the tube is in the trachea rather than the stomach. Additionally, if the patient is receiving a tube feeding, check the amount of tube feeding remaining in the stomach (residual). Some drugs are not well absorbed when food is in the stomach (e.g., phenytoin [Dilantin]), and the tube feeding must be stopped for a period before and after administration. Liquid drugs should be diluted and flushed through the tube. Crushed tablets and the contents of opened capsules are first dissolved in water before being given through the tube. To give the drugs, attach a large syringe to the tube, pour the liquid or dissolved drug into the syringe, and let it run in by gravity.

   DIF: Cognitive Level: Applying or Higher REF: pp. 32-34

3. You are teaching a patient about a prescribed sublingual drug. What will you be sure to tell the patient? (select all that apply)
   a. "Keep the drug sterile to avoid infection."
   b. "Do not drink anything until the drug is completely dissolved."
   c. "Place this drug between your jaw and your molar teeth."
   d. "Notify your prescriber if you experience side effects."

e. "Place the drug beside or below the tongue."
f. "Don't swallow this drug."

ANS: B, D, E, F
A drug given by the sublingual route, such as nitroglycerin, is placed under the tongue. The blood supply is very good in the mouth; therefore, these drugs dissolve and are absorbed quickly. The patient should not eat or drink until the drug is completely dissolved. Teach the patient not to swallow or chew while the drug is in the mouth because these drugs are not effective if absorbed through the GI tract. A patient should be taught to notify the prescriber for any side effects.

DIF: Cognitive Level: Applying or Higher REF: pp. 39-40

4. You are giving morning medications to a patient who refuses to take an oral dose of docusate (Colace). What is your best response?
a. "Your prescriber ordered that you must take this drug twice a day."
b. "Docusate will soften your bowel movements so that you do not strain."
c. "This drug will help prevent constipation while you are on bed rest."
d. "Can you tell me why you do not want to take the docusate?"

ANS: D
The patient may have a good reason for refusing to take this drug. For example, he or she may be experiencing diarrhea. Understanding the patient's reason for refusal helps you to understand how to intervene for him or her. A patient has the right to refuse any drug. Be sure that he or she understands why the drug has been prescribed and the consequences of refusing to take it. When a patient refuses to take a drug, document the refusal, including the fact that the patient understands what may happen if the drug is not taken.

DIF: Cognitive Level: Applying or Higher REF: p. 28

5. Safe drug administration requires that the individual giving a drug be knowledgeable about which drug features? (select all that apply)
a. Purpose
b. Actions
c. Brand name
d. Side effects
e. Abnormal reactions
f. Follow-up care

ANS: A, B, D, E, F
You are responsible for providing competent, safe patient care, including giving drugs. To give drugs safely, you should be knowledgeable about the purpose of the drug, its actions, side effects, abnormal reactions, delivery methods, and any necessary follow-up.

DIF: Cognitive Level: Applying or Higher REF: p. 27

6. A patient is to receive an acetaminophen (Tylenol) suppository for an elevated temperature of 102.8° F. What actions must the nurse take? (select all that apply)
a. Ask if the patient is having any diarrhea.
b. Lubricate the blunt end of the suppository.
c. Put on a pair of sterile gloves.

d. Place the patient in the Sims' position.
e. Ask the patient to take a deep breath and bear down.
f. Push the suppository into the rectum about 1 inch.

ANS: A, D, E, F
Diarrhea may make the rectal route of drug administration undesirable because the patient may be unable to hold the drug in the rectum long enough to be absorbed. Disposable gloves should be used, but they do not need to be sterile. The suppository is inserted pointed end first, not blunt end. The Sims' position (with the patient turned to the side and one leg bent over the other) is the best position for giving a rectal suppository. The suppository should be pushed into the rectum about 1 inch for better absorption. Be sure to instruct the patient about how long the suppository should be held in the rectum.

DIF: Cognitive Level: Applying or Higher REF: p. 34

7. A patient with several chronic illnesses is being cared for in a hospital acute care setting. For which events should you expect to apply the principles of the process of medication reconciliation? (select all that apply)
a. The patient is transferred from the ICU to a medical care unit.
b. The patient is transported to radiology for a CT scan.
c. The patient's care is transferred from the evening to the night nurse.
d. The patient is moved from an acute care to a long-term care facility.
e. The patient is relocated to a private room on the same medical care unit.
f. The patient is sent to a different hospital for specialized surgery.

ANS: A, D, F
When a patient visits a health care provider, is admitted to the hospital, or is transferred from unit to unit in the hospital, it is common to receive new prescriptions or to have changes made in currently prescribed drugs. The process of medication reconciliation is used during these transitions of patient care to avoid drug errors such as omissions, duplications, dosing errors, and drug interactions.

DIF: Cognitive Level: Applying or Higher REF: p. 30