Review calculations related to medications, Basic Safety and Infection Control, and Pain Management.

Review assessment, interventions, monitoring, and care for conditions/situations commonly encountered including:

- Acute asthma
- Allergy to medication
- Chest pain
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Dehydration
- Diabetes, hypoglycemia
- Hypertension
- Migraine headache
- Pneumonia
- Respiratory distress

Review action, preparation, monitoring, and precautions related to medications commonly used, such as

- IM injection, 90° angle of insertion
- IM injection, infant or young child: anterolateral thigh
- Identify number of units shown in image of syringe
- Use of nebulizer: breathe through mouth until all medication used
- PPD test, angle of insertion: intradermal
- Changes of aging make elderly people sensitive to effects of medications
- Acetaminophen (Tylenol®), tablets and frequency per day of maximum safe dose
- Albuterol per nebulizer, adverse effects of twitching and nervousness
- Diltiazem SR (Cardizem-sustained release®), symptoms of toxicity
- Interpret insulin sliding scale
- Insulin injection sites in abdomen, at least 2 inches from navel
- Insulin lispro (Humalog®): onset 10 – 30 minutes, peak 30 – 90 minutes
- Ketorolac (Toradol®), calculate mL for mg dose
- Levofloxacin (Levacin®), administer by slow IV infusion over 1 hour

Review laboratory results, including

- Warfarin (Coumadin ®), monitored with PT/INR
- Metformin (Glucophage®), monitor liver function (AST, ALT)
- Hemoglobin A1C test: elevated places patient at higher risk of complications
Review **calculations** commonly encountered, such as
- Number of flu vaccine doses in 10 mL vial
- Number of mL for mg dose
- Number of tablets and frequency per day for maximum dose of acetaminophen
- Interpret insulin sliding scale

Review principles and practices related to **safety and infection prevention**, including
- Handwashing in full view of patient
- Acetaminophen (Tylenol®), tablets and frequency per day of maximum safe dose
- Check for penicillin allergy before administering cefalozin (Ancef®)
- Patient must be accompanied when leaving after opioid ketorolac (Toradol®)

Review **assessment and nursing actions** commonly performed, such as
- Positive PPD: localized swelling of 10 – 15 mm
- Pain assessment, patient’s description of pain
- Hypoglycemia, cold and clammy skin
- BP finding to report to provider
- Setting priorities among voice mails – pain medication prescription for cancer patient
- O₂ saturation criteria for effectiveness of albuterol per nebulizer, return to baseline
- Lung sounds in acute asthma, wheezing
- When patient reports allergy, ask for description of symptoms which occurred
- Chest pain, quickly assess for additional symptoms of AMI such as weakness, diaphoresis, nausea and vomiting
- Give juice and crackers to patient who is hypoglycemic after fasting for labs
- Use antecubital site for IV hydration
- Respiratory distress: administer O₂; alert provider to evaluate promptly

**Patient Teaching**
- Position for taking BP: sit with back supported, feet flat on floor, arm extended and supported at heart level
- Daily weight for patient who has CHF, report unexplained weight gain of 2 lbs in one day or 5 lbs in one week
- Drawing up correct number of units of insulin
- Adverse effect of albuterol
- Number of tablets and frequency daily for maximum dose of acetaminophen
- Insulin sliding scale
- Indications of toxicity diltiazem (Cardizem®)
- Significance of hemoglobin A1C result
- Insulin injection sites
- Insulin lispro (Humalog®), onset and peak