Workman: Understanding Pharmacology

Chapter 02: Safely Preparing and Giving Drugs

Test Bank

MULTIPLE CHOICE

1. What is the best way for the nurse 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 name.
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.

PTS: 1 DIF: Cognitive Level: Understanding (Comprehension)
REF: p. 29 TOP: Nursing Process Step: N/A
MSC: Client Needs Category: Safe and Effective Care Environment

2. When is it acceptable for the nurse to take a verbal order from the prescriber before giving a drug to a patient?
a. During the night shift 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 necessary
ANS: B
A prescriber's drug order should be in written form and include all the minimal information required by the U.S. government. Verbal orders should only be accepted in emergency situations. As soon as the emergency is resolved, verbal orders must be written and signed. For safety, when a nurse contacts a prescriber or follows a verbal order, the nurse should be sure to write the order, read it back, and ask for confirmation that what was written is correct.

PTS: 1 DIF: Cognitive Level: Remembering (Knowledge)
REF: p. 30 TOP: Nursing Process Step: N/A
MSC: Client Needs Category: Safe and Effective Care Environment

3. The nurse is giving morning medications to a patient who refuses to take an oral dose of docusate (Colace). What is the nurse's 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
A patient has the right to refuse to take any drug. Although it is important that the patient understand why the drug has been prescribed and the consequences of refusing to take it, the nurse should investigate why the patient prefers not to take a drug. For example, if a patient is having diarrhea and understands the action of docusate, refusing the drug is not only the patient's right, but is also the right action to take.

PTS: 1 DIF: Cognitive Level: Applying (Application) or higher
TOP: Nursing Process Step: Assessment
MSC: Client Needs Category: Safe and Effective Care Environment

4. What is the most important role of the nurse in preventing drug errors?
a. Always checking the patient's diagnosis before giving a drug
b. Always following the "six 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
Drug errors can occur any time while a drug is in the control of the health care professional or the patient. Because nurses give most drugs to patients, nurses are the final defense for detecting and preventing drug errors. To prevent drug errors, nurses should always follow the "six rights."

PTS: 1 DIF: Cognitive Level: Understanding (Comprehension)
REF: p. 31 TOP: Nursing Process Step: N/A
MSC: Client Needs Category: Safe and Effective Care Environment

5. The prescriber orders atenolol (Tenormin) 25 mg to be given orally once a day to control a patient's high blood pressure. The nurse takes the patient's vital signs and finds that the blood pressure is 128/80 mm Hg and the heart rate is 60 beats per minute. What does the nurse 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. The nurse should first check the order for any limitations. Because a heart rate of 60 beats per minute is borderline low, and unless there are no limitations, the nurse may want to notify the prescriber and ask if the drug should be given to this patient.

PTS: 1 DIF: Cognitive Level: Applying (Application) or higher
TOP: Nursing Process Step: Implementation
MSC: Client Needs Category: Physiological Integrity

6. 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 the nurse's 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.

PTS: 1 DIF: Cognitive Level: Applying (Application) or higher
TOP: Nursing Process Step: Implementation
MSC: Client Needs Category: Physiological Integrity

7. For which route of parenteral drug administration does the nurse use a 3/8-inch 25-gauge needle?
a. Intracardiac
b. Subcutaneous
c. Intramuscular
d. Intravenous
ANS: B
A small needle (3/8 inch, 25-27 gauge) is used for giving intradermal and subcutaneous drugs. Intramuscular injections require a longer, larger needle (1-1.5 inches, 22-20 gauge). Intravenous drugs can be given using this size of needle, but should be given by the physician.

PTS: 1 DIF: Cognitive Level: Understanding (Comprehension)
REF: p. 38 TOP: Nursing Process Step: N/A
MSC: Client Needs Category: Safe and Effective Care Environment

8. A patient with severe postoperative pain is ordered to receive morphine 2 mg intravenously. The patient asks the nurse if the drug could be taken by mouth instead. What is the nurse's 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.

PTS: 1 DIF: Cognitive Level: Applying (Application) or higher
TOP: Nursing Process Step: Implementation
MSC: Client Needs Category: Health Promotion and Maintenance

9. A patient is to receive nitroglycerin ointment, 1 inch STAT, for elevated blood pressure. What must the nurse do 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
In general, the nurse should always put on disposable gloves before giving a transdermal drug. A common side effect of nitroglycerin ointment is headache. This side effect can affect the nurse if he or she gets it on the skin.

PTS: 1 DIF: Cognitive Level: Understanding (Comprehension)
REF: pp. 41-42 TOP: Nursing Process Step: N/A
MSC: Client Needs Category: Safe and Effective Care Environment

10. A sublingual drug is administered by placing the drug in what part of the body?
a. Between the cheek and the upper jaw
b. Under the tongue
c. In the nose
d. In the eyes
ANS: B
Buccal drugs are placed between the cheek and molar teeth of the upper jaw. Sublingual drugs are placed under the tongue. Drugs in drop form may be placed in the nose and eyes.

PTS: 1 DIF: Cognitive Level: Remembering (Knowledge)
REF: p. 42 TOP: Nursing Process Step: N/A
MSC: Client Needs Category: Safe and Effective Care Environment

11. What administration technique does the nurse use to give 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

When giving ear drops to a child younger than 3 years of age, pulling the earlobe down and back straightens the ear canal. This helps the nurse to place the ear drops where they are needed to be effective.

PTS: 1 DIF: Cognitive Level: Understanding (Comprehension)
REF: pp. 42-43 TOP: Nursing Process Step: N/A
MSC: Client Needs Category: Safe and Effective Care Environment

12. What must the nurse be sure to tell the patient after a vaginal drug is administered?
a. "This drug should be refrigerated."
b. "You may take this drug at home while sitting on the toilet."
c. "Be sure to empty your bladder after receiving this drug."
d. "Remain lying down for 10 to 15 minutes after taking this drug."
ANS: D

The patient should be taught to remain lying down for 10 to 15 minutes after receiving a vaginal drug to keep the drug in place and ensure that it is fully absorbed.

PTS: 1 DIF: Cognitive Level: Understanding (Comprehension)
REF: p. 43 TOP: Nursing Process Step: Implementation
MSC: Client Needs Category: Health Promotion and Maintenance

13. When giving a drug to a patient who is awake but confused, what is the best way for the nurse to identify the 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.

PTS: 1 DIF: Cognitive Level: Understanding (Comprehension)
REF: p. 29 TOP: Nursing Process Step: Implementation
MSC: Client Needs Category: Safe and Effective Care Environment

14. 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 the nurse 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.

PTS: 1 DIF: Cognitive Level: Applying (Application) or higher
TOP: Nursing Process Step: Implementation
MSC: Client Needs Category: Safe and Effective Care Environment

15. The physician orders all of the following drugs for a patient who had surgery 2 days ago. Which drug order does the nurse 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, the nurse 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.

PTS: 1 DIF: Cognitive Level: Applying (Application) or higher
TOP: Nursing Process Step: Planning MSC: Client Needs Category: Physiological Integrity

16. The nurse asks the patient to state his name and birth date, and the patient responds correctly. The nurse then gives the patient the prescribed drug tablet. The patient says "I haven't ever taken a green pill before." What is the nurse's 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.

PTS: 1 DIF: Cognitive Level: Applying (Application) or higher
TOP: Nursing Process Step: Implementation
MSC: Client Needs Category: Safe and Effective Care Environment

17. Which question is most important for the nurse 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.

PTS: 1 DIF: Cognitive Level: Applying (Application) or higher
TOP: Nursing Process Step: Implementation
MSC: Client Needs Category: Safe and Effective Care Environment

18. When the nurse brings 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 the nurse's 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, the nurse should check the patient's vital signs, especially heart rate and quality, heart rhythm, and blood pressure. These changes are important to know for the nurse and the prescriber.

PTS: 1 DIF: Cognitive Level: Applying (Application) or higher
TOP: Nursing Process Step: Evaluation MSC: Client Needs Category: Physiological Integrity

19. A 1-year-old child is prescribed a transdermal drug patch for pain control. To which site does the nurse 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.

PTS: 1 DIF: Cognitive Level: Applying (Application) or higher
TOP: Nursing Process Step: Planning MSC: Client Needs Category: Physiological Integrity

20. Which action is most important when the nurse prepares 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.

PTS: 1 DIF: Cognitive Level: Applying (Application) or higher
TOP: Nursing Process Step: Implementation
MSC: Client Needs Category: Safe and Effective Care Environment

21. Which condition requires that the nurse withhold a drug dose for a patient with a feeding tube?
a. The drug is in the form of a capsule.
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.

PTS: 1 DIF: Cognitive Level: Applying (Application) or higher
TOP: Nursing Process Step: Evaluation
MSC: Client Needs Category: Safe and Effective Care Environment

22. Which technique is used with intramuscular drug injections but not with 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
Drugs prescribed to be administered by the intramuscular route should not be administered directly into the bloodstream. Checking needle location after insertion by aspirating is essential. Intradermal injections may hit a capillary (rarely) but do not go deeply enough to enter the bloodstream.

PTS: 1 DIF: Cognitive Level: Understanding (Comprehension)
REF: pp. 37-38 TOP: Nursing Process Step: N/A
MSC: Client Needs Category: Physiological Integrity

23. The nurse prepares 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 the nurse aspirates the IV setup. What is the nurse's best action?
a. Restart 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.

PTS: 1 DIF: Cognitive Level: Applying (Application) or higher
TOP: Nursing Process Step: Evaluation
MSC: Client Needs Category: Safe and Effective Care Environment

MULTIPLE RESPONSE

1. Safe drug administration requires that the person 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
The nurse is responsible for providing competent, safe patient care, including giving drugs. To give drugs safely, the nurse should be knowledgeable about the purpose of the drug, its actions, side effects, abnormal reactions, delivery methods, and any necessary follow-up.

PTS: 1 DIF: Cognitive Level: Remembering (Knowledge)
REF: p. 29 TOP: Nursing Process Step: N/A
MSC: Client Needs Category: Safe and Effective Care Environment

2. What are the "six rights" of drug administration? (Select all that apply.)
a. Right patient
b. Right diagnosis
c. Right drug
d. Right dose
e. Right route
f. Right time
g. Right documentation
h. Right to refuse
ANS: A, C, D, E, F, G
When preparing and giving drugs safely to patients, the nurse should follow the "six rights," which are right patient, right drug, right dose, right route, right time, and right documentation. Some sources cite two additional rights to follow when giving drugs, which are the right diagnosis to match the drug's purpose and the patient's right to refuse to take a drug.

PTS: 1 DIF: Cognitive Level: Understanding (Comprehension)
REF: p. 29 TOP: Nursing Process Step: N/A
MSC: Client Needs Category: Safe and Effective Care Environment

3. 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.

PTS: 1 DIF: Cognitive Level: Applying (Application) or higher
TOP: Nursing Process Step: Implementation
MSC: Client Needs Category: Safe and Effective Care Environment

4. When compared with the subcutaneous route, what are the advantages of giving drugs intramuscularly (IM)? (Select all that apply.)
a. IM injections require a smaller, shorter needle.
b. IM drugs are absorbed faster than subcutaneous drugs.
c. IM injections can be much larger that subcutaneous injections.
d. IM injections do not require the rotation of injection sites.
e. IM injections are less painful than subcutaneous injections.
ANS: B, C
Because of the rich blood supply in the muscles, IM drugs are absorbed much faster than subcutaneous drugs. IM injections can also be much larger than subcutaneous injections. They require needles that are longer (1-1.5 inches) and larger (22-20 gauge), and tend to be more painful. Both subcutaneous and intramuscular injections require rotation of injection sites to prevent tissue damage.

PTS: 1 DIF: Cognitive Level: Understanding (Comprehension)
REF: p. 38 TOP: Nursing Process Step: N/A
MSC: Client Needs Category: Safe and Effective Care Environment

SEQUENCING
1. Place in correct order the steps to be taken when giving an oral drug.
A. Check the written order.
B. Document that the drug was given.
C. Observe the patient take the drug.
D. Offer the patient a cup of water.
E. Scan the drug wrapper.
F. Scan the patient's wrist band.
G. Wash your hands.

ANS:
A, G, F, E, D, C, B
When giving any drug, always check the written order first. Then wash your hands when entering the patient's room, identify the patient, and scan the patient's wristband. Follow the "six rights." Help the patient sit up and have a full glass of water ready. Tell the patient what drug you are giving and

answer any questions. Ask the patient to put the tablet or capsule in the back of the mouth, take a few sips of water, and swallow the drug. Be sure to document that the drug was given to avoid the patient receiving an extra dose.

PTS: 1 DIF: Cognitive Level: Applying (Application) or higher
TOP: Nursing Process Step: Implementation
MSC: Client Needs Category: Safe and Effective Care Environment