LambtonCollege_Logo_Horizontal_FullColour_CMYK ****

**1512 and 1612 CLINICAL WORKSHEET**

**Section One: Retrieve information**

**From:** □ **Chart** □ **Shift report** □ **Electronic health record and** □ **Clinical Preparation Materials**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** | | | | Katarina Campana | | | | | | | | | | | **Date(s) of Care:** | | | May 28-29th 2022 |
| Client Initials: | | J.L | | | | Room #: | | 8A | | Age: | 82 | | Allergies: | Clindamycin, erythromycin, penicillin | | | | |
| Weight: | 51.3kg | | | | Isolation Status: | | | | advanced droplet contact | | | | | | | Code Status: | M1 | |
| Date of Admission: | | | May 26 2022 | | | | Date of Surgery: (If Applicable) | | | | |  | | Expected date of discharge: | | |  | |

|  |  |
| --- | --- |
| **History of Illness:** *(How did the client become admitted to the hospital?)* ***OR*****History of Surgery:** *(Was the surgery planned or unplanned? Type of anesthesia? Was the patient intubated? Any complications during surgery?)*  Client suffered from a fall and got multiple fractures. She fractured her left humerus and her tibia and fibula bilaterally. | |
| **Reason for Admission:** (*Medical Diagnosis and surgical procedure as applicable: Explain how the medical diagnosis may have resulted / altered the normal function of body systems.**As a result of these changes, what clinical manifestations may you see in the patient?*  *Include definition and pathophysiology with reference e.g. textbook)*  The patient currently has atrial fibrillation, normocytic anemia and fractures of bilateral tib fib and a fracture of the left humerus. Atrial fibrillation is an irregular and very rapid heart rhythm that cause blood clots in the heart. A fib can cause a fast and pounding heart beat which was indicated by the patients fast heart rate (110 bpm). Normocytic anemia is when the patients RBCs are normal in size and shape but the body does not have high enough levels of circulating RBCs to meet metabolic demands. Having normocytic anemia often means that you have another serious condition such as rheumatoid arthritis which the patient has. The patients fractures have affected the patients ADLs. Since both her legs were in casts she is bed bound and in unable to get up to go to the bathroom. Her left arm is in a cast and sling so she requires assistances with things that require both hands like opening her meal tray.  [Atrial fibrillation - Symptoms and causes - Mayo Clinic](https://www.mayoclinic.org/diseases-conditions/atrial-fibrillation/symptoms-causes/syc-20350624)  [Normocytic Anemia: Symptoms, Causes & Treatment (healthline.com)](https://www.healthline.com/health/normocytic-anemia#symptoms) | |
| **Co-Existing Illnesses:** *(All medical conditions the client lives with but not the main reason for admission. Include all definitions and references)*  The patient has the following co-existing illnesses: hypothyroidism, orthostatic hypotension, pulmonary embolism, rheumatoid arthritis. Hypothyroidism is an underactive thyroid where the thyroid is not producing enough of certain hormones that are crucial for the body’s functioning. Some symptoms may include fatigue, muscle weakness, goiter and dry skin. The patient was very fatigued and also had dry skin. I applied cream to her back to help with her dry skin. Orthostatic hypotension is low blood pressure that happens when standing after sitting or lying down which can cause dizziness, weakness and fainting. A pulmonary embolism is a blockage of one or more of the pulmonary arteries in the lungs. This most often starts from blood clots in deep veins of the legs that travel to the lungs. Symptoms of this include SOB, chest pain, cough and rapid heartbeat. Rheumatoid arthritis is a chronic inflammatory disorder of the joints. It affects the lining of the joints causing a painful swelling that can lead to bone erosion and joint deformity. When working with my patient it was clear to me that she had rheumatoid arthritis because her fingers were deformed.  [Hypothyroidism - Symptoms and causes - Mayo Clinic](https://www.mayoclinic.org/diseases-conditions/hypothyroidism/symptoms-causes/syc-20350284)  [Orthostatic hypotension (postural hypotension) - Symptoms and causes - Mayo Clinic](https://www.mayoclinic.org/diseases-conditions/orthostatic-hypotension/symptoms-causes/syc-20352548)  [Pulmonary embolism - Symptoms and causes - Mayo Clinic](https://www.mayoclinic.org/diseases-conditions/pulmonary-embolism/symptoms-causes/syc-20354647)  [Rheumatoid arthritis - Symptoms and causes - Mayo Clinic](https://www.mayoclinic.org/diseases-conditions/rheumatoid-arthritis/symptoms-causes/syc-20353648) | |
| **Medications & Labs: (***Medication and Lab worksheets at the end of this document)* | |
| **Client Care Needs**  Diet/Feeding Assistance  Patient is on a regular diet. She eats about half of her meals and is able to eat independently. | Treatments  Glucometer checks (times ordered) |
| Hygiene Needs  Patient needed AM care where her hair gets washed and she gets a bath. | Mobility Status  Bed bound, has bilateral fracture of tib fib so needs to person assist to move in bed. At home she used a 4 wheel walker. |
| IV (type, rate, site) | Elimination Needs  Has a catheter. Patient has not had any bowel movements while I was on the floor. |

***CARE TRANSITIONS***

**Discharge Destination (from current unit):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Care Needs Before Discharge:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Section 2: Subjective and Objective Data Collection** |
| **START OF SHIFT Handoff** |
| Abnormal Physical Findings:   |  |  | | --- | --- | | Skin: | Ecchymosis on left arm under the cast. No skin breakdown | | Cardiac: | A fib, rapid ventricular rate, no edema, good cap refill | | Respiratory: | Eupneic respirations | | Neuro: | A&Ox4 | | Musculoskeletal: | Fracture of left humerus and bilateral tib fib so is unable to move independently in bed. Requires frequent turns and position changes | | GI/GU: | Patient did not have any BM. She was able to urinate |   Accuchecks: □ N/A Last GLUM Reading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Intake and Output: □ Not closely monitored  IV/TPN Infusing: Solution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insertion Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Oral Intake: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Drains, NG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Urine Output: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pain Assessment: \_0\_\_/10 Last Dose Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Safety: □ Fall Risk □ Restraint  Bed/Chair Alarm □ Confused  Dressings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobility Status: \_\_\_\_bedbound \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Concerns for Shift/Priority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**VITALS**



|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Temp oC** | **Pulse** | **Pulse Quality** | **Respirations** | **Respiration Quality** | **BP** | **O2 Sat %** | **O2 Flow** |
| **0900** | **36.7** | **75** | **Bounding** | **16** | **Eupneic** | **96/50** | **97** |  |
| **1505** | **36.8** | **89** | **Bounding** | **17** | **Eupneic** | **113/71** | **100** |  |
| **1605** | **37** | **97** | **Bounding** | **16** | **Eupneic** | **120/72** | **98** |  |
|  |  |  |  |  |  |  |  |  |



***SAFETY***

**Patient Identifiers:** □ Arm Band On □ Allergy Identification



**Fall Risk:** □ None □ Yes (precautions in place):



□ Call Bell in Reach □ Bed In Lowest Position □ Falling Star/Fall Precautions Sign



Side Rails(up when in bed): □ No □ Yes (number) \_\_\_\_ □ Restraints (type): \_\_\_\_\_\_\_\_\_\_\_



Morse Fall Scale Score:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Ambulates:** □ Independently □ 1 Assist □ 2 Assist □ Dependent/ Mechanical Lift



Assistive devices used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Sleep Pattern:** □ Not Applicable □ Disturbed Rest □ Undisturbed Rest

**Interdisciplinary Care:** □ Social Work □ PT □ OT □ Speech □ Dietician □ CCAC or Discharge Planning Team

**Additional Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***NEUROLOGICAL***



**LOC:**  □ Alert □ Confused □ Drowsy □ Stupor/Dazed □ Comatose □ Lethargic □ Sedated □ Aggressiveness □ Non-Responsive



**Orientation:**  □ Time □ Place □ Person □ Situation **Speech:** □ Clear □ Slurred □ Aphasic



**ROM** – Limitations or Muscular Weakness: □ None □ Yes (location/joint): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Assistive devices: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERRLA:** (pupils are equal round reactive to light and accommodation – with penlight) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***RESPIRATORY***



**Breathing Pattern:** □ Regular □ Laboured □ Shallow □ Orthopnea □ Irregular (describe) \_\_\_\_\_\_\_\_\_\_\_

**Accessory Muscle Use:** □ Yes □ No



**O2 Use:** □ Room Air □ O2 Flow rate­­­­\_\_\_\_\_\_\_\_\_\_ □ Nasal Prongs □ Face mask



**Breath Sounds:** □ Clear □ Fine crackles □ Course crackles □ Wheezes □ Stridor (Location) ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Air Entry:**  □ Good air entry all lobes □ Diminished (location/lobes) ­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Cough:** □ No □ Yes ⭢ ***It is:*** □ Productive □ Non-productive

**Strength:** □ Strong □ Moderate □ Weak □ Ineffective

**Quality:** □ Congested □ Harsh □ Dry □ Moist □ Barking

**Sputum:** □ No □ Yes **Quantity:** □ Small □ Moderate □ Copious

**Quality:**  □ Mucoid □ Purulent (colour) \_\_\_\_\_\_\_\_\_\_\_\_\_ □ Blood tinged □ Frank blood

**Additional Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDEMA SCALE**  
**1+** Mild pitting, slight indentation, no noticeable swelling of the leg  
**2+** Moderate pitting, indentation subsides rapidly  
**3+** Deep pitting, indentation remains for a short time, leg looks swollen  
**4+** Very deep pitting, indentation lasts a long time, leg is very swollen

***CARDIOVASCULAR***



**Rhythm:** □ Regular □ Irregular **Force:**  □ Bounding □ Weak



**Heart Sounds:** □ S1 □ S2 **Abnormal Sounds:** □ S3 □ S4 □ Murmurs



**Bilateral Peripheral Pulses Felt:** □ Pedal and Post Tibial

(if either of these not palpable then assess popliteal and femoral)

□ Radial and Brachial



**Apical Pulse:** □ Auscultated OR □ Palpated



**Bilateral Capillary Refill:** □ <3 seconds Other: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Peripheral Edema:** □ None □ Yes (locations) \_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



□ Non-Pitting □ Pitting: Scale ­\_\_\_\_\_\_\_\_\_\_ □ Brawny (from persistent lymphedema)

□ TED Stockings in Use

**Additional Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***SKIN & MUCOUS MEMBRANES***



**Skin Colour:** □ Patient’s Norm □ Flushed □ Pale □ Jaundiced □ Ashen □ Blue□ Mottled

**Extremities:** □ Patient’s Norm □ Flushed □ Pale □ Blue□ Mottled



**Temperature:** □ Warm □ Cool **Skin Turgor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hair Distribution:** even

**Skin Status:** □ Dry □ Moist □ Intact □ Pressure Areas (location) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Braden Scale:** ­\_\_\_\_\_/23 (<16 = interventions)



**Oral Membranes:** □ Moist □ Dry **Teeth:** □ Own □ Partial Plate □ Dentures – Upper Lower

**Special Treatment Creams:** □ No □ Yes (order) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Skin Lesions Present: (location and appearance):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bruising and/or Rashes (location and appearance): ­­­**\_\_bruising left upper arm around the cast

**Wound Status (REEDA):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dressing Change (products used):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***ABDOMINAL (GASTROINTESTINAL/GENITOURINARY)***



**Wound Assessment**

**R**edness

**E**dema

**E**cchymosis

**D**rainage

**A**pproximation

**O**dour

**Abdominal Appearance:** □ Flat □ Round □ Distended

**Nausea:** □ No □ Yes – (medication given and time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vomiting:** □ No □ Yes (amount & colour) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Bowel Sounds:** □ Present x 4 quadrants □ Absent □ Audible in ­­­\_\_\_\_\_\_\_ □ Hypoactive □ Hyperactive

**If abdomen has abnormal findings, percuss and lightly palpate (do this with instructor):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nature of Stool:** □ Soft □ Constipated □ Loose □ Diarrhea Date of Last BM 05/28/2022

**Colour of Stool:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unusual Foul Odour: □ Yes □ No



**Continence:**  ***Bowel:*** □ Yes □ No ***Bladder:*** □ Yes □ No



**Voiding Pattern:** □ Regular □ ⭡ Frequency □⭡ Urgency **Bladder Scan Required:** □ Yes □ No



**Urine Colour:** □ Colourless □ Yellow □ Straw □ Amber □ Concentrated □ Tea-Coloured



**Urine Characteristics**: □ Clear □ Cloudy □ Sediment □ Clots □ Hematuria



**Device/Equipment in Use:** □ Ostomy (type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Catheter (size and type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NUTRITION***

**Diet Ordered** normal

**Consistency:** □ Regular □ Minced □ Pureed □ Thickened Fluids



**Feeding Method:** □ Oral – Independent □ Oral – Requires Feeding □ IV □ NG tube □ PEG/PEJ

**Fluid Intake:** □ Oral (amount) \_\_\_\_\_\_\_\_\_\_\_\_ □ IV \_\_\_\_\_\_\_\_\_\_\_\_\_ □ NG/ G-tube \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Priority Diagnostic Statements:**

*Response* related to *Etiology* as evidenced by *Defining Characteristics*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Client Response** | **Etiology** | **Defining Characteristics** |
| 1. | Pain when rotating in bed | Humerus fracture | Statement of “my arm is very painful” and the patient screaming. |
| 2. | Fatigue | Rheumatoid arthritis | Patient being too weak to eat lunch and taking frequent naps |
| 3. | Risk for falls | Unsteady gait and improper use of walker | Bilateral fracture of tib fib and left humerus caused by the patient falling |

**Medication Administration Worksheet**

| **Medication:**  **(indicate high alert meds and if dose safe)** | **Safe Dose Range and Route (and is patient order safe?)** | **Pharmacological Class and Use**  **Why was this ordered for your patient?** | **Mechanism of Action (including metabolism/excretion)** | **Side Effects** (Most Common and Severe) | **Nursing Responsibilities: Pre-assessment and Post-assessment**  (including precautions, interactions with food/meds | **Patient Education** |
| --- | --- | --- | --- | --- | --- | --- |
| Atorvastatin (Lipitor) 20mg (1 tab) PO daily | **10-20mg per day PO**  **-patients order is within the safe dose range** | **Antilipemic Agent, HMG-CoA Reductase Inhibitor**  **-used to lower patients LDL and raise HDLs** | -inhibits HMG-Co A reductase which is a rate limiting enzyme in cholesterol synthesis  -stimulates LDL catabolism  -metabolized by liver  And excreted in bile | -diarrhea, joint pain, nausea, trouble sleeping, stuffy nose, sore throat  -UTI, weakness, liver problems, severe muscle pain | **-administer with/without food- can be taken at any time of day -tablets should not be broken**  **-lipid profile before initiating treatment**  **-baseline measurement of hepatic transaminase levels**  **-monitor for myopathy/rhabdomyolysis**  **-CPK (creatine phosphokinase) should be routinely monitored** | **-if you have diabetes you will need to watch blood sugar closely**  **-avoid or limit alcohol to less than 3 drinks a day while taking this drug** |
| **Cholecalciferol (Vitamin D3) 1 tab (1,000 IU) PO daily** | **-safe does is 1000IU PO so this is safe** | **Vitamin D Analog**  **-used for osteoporosis prevention and Vitamin D insufficiency** | **-provitamin that stimulates Calcium and Phosphate absorption from small intestine**  **-metabolized by liver and excreted in feces** | **-weakness, confusion, fatigue, headache, nausea, vomiting, constipation, bone pain** | **-wafers- chew or crush before swallowing- do not have patient swallow wafer whole**  **-administer with the largest meal of the day** | **-avoid other sources of vitamin D** |
| **Cyanocobalamin (vitamin B12) 1 tab (1000mcg) PO daily** | **-safe dose is 1000mcg PO therefore the pts dose is safe** | **-water soluble vitamin**  **-used for vitamin B12 deficiency or anemia** | **-coenzyme for fat and carb metabolism and protein synthesis and hematopoiesis**  **-metabolism- converted in tissues to active coenzymes and excreted in urine** | **-dizziness, headache, anxiety, joint pain, common cold symptoms, diarrhea, nausea, vomiting**  **-burning, numbness, swelling, SOB** | **-vitamin B12, Hemoglobin, hematocrit, erythrocyte and reticulocyte count**  **-ORAL products: take with a meal** | **-have blood work checked regularly while taking** |
| **Dalteparin 0.2mL subcut syringe HS** | **-safe dose is 5000 IU once daily** | **-anticoagulant**  **-used for unstable angina, non ST elevation MI**  **-prevention of DVT after surgery** | **-inhibits factor Xa and IIa (thrombin)**  **-excreted by kidneys** | **-injection site irritation**  **-blood in stool, urine, coughing up blood, back pain, paralysis** | **-patient should be sitting or supine during administration**  **-do not rub injection site**  **-rotate injection sites daily** | **-you may bleed more easily so be cautious especially when doing tasks that put you at risk for bleeding (ex. shaving)** |
| **Digoxin 0.0625 mg PO q6 hr for 3 dose** | **-patients with a fib should not exceed 0.125 mg/day therefore this is a safe dose** | **Antiarrhythmic agent**  **-used to treat atrial fibrillation** | **-metabolizes by sugar hydrolysis or reduction of lactone ring by intestinal bacteria**  **-eliminated by urine** | **-can cause dizziness, headache, stomach pain**  **-hallucinations, confusion, bloody stools, change in eyesight** | **-administer 1 hr before or 2 hrs after meals high in fiber or pectin**  **-heart rate and rhyty6m should be monitored** | **-have digoxin levels checked in blood work. Have blood drawn before the daily dose** |
| **Levothyroxine 75mcg PO daily** | **-safe dose less than 200mcg a day therefore this dose is safe** | **-thyroid product used for treating hypothyroidism** | **-exerts metabolic effects on the body**  **-metabolized by liver and excreted in urine** | **-hair loss , chest pain, tachycardia, headache, dizziness, syncope, vision changes, SOB, bone pain** | **-monitor labs and vitals and any signs of heart disease**  **-also monitor for signs of hyperthyroidism including nervousness, weight loss, sweating, palpitations, etc..** | **-takes several weeks to see the full effect of drug**  **-this drug can cause osteoporosis with high doses sp talk to doctor if you are at risk for weak bones** |
| **Methotrexate 12.5mg PO q Wednesday** | **-for rheumatoid arthritis safe dose is 5-7.5mg per week**  **-pt is taking 12.5mg which is higher than safe dose** | **-antirheumatic used to treat rheumatoid arthritis** | **-inhibits DNA synthesis, repair and cell replication**  **-metabolized by intestinal flora and excreted in feces** | **-diarrhea, vomiting, poor appetite, hair loss, dizziness**  **-steven johnsons syndrome. pancreatitis** | **-peak serum levels may be decreased when taken with food**  **-for pts with arthritis: CBC and serum creatinine monitored** | **- Avoid driving and doing other tasks or actions that call for you to be alert**  **-may get sunburned more easily**  **- more chance of getting an infection. Wash hands often. Stay away from people with infections, colds, or flu.** |
| **Warfarin 5mg PO daily for 3 days** | **-safe dose 5mg daily**  **Therefore this is safe** | **-anticoagulant used to prevent stroke and thromboembolic disorders since pt has a fib** | **-depletes functional K reserves to reduce synthesis of active clotting factors**  **-metabolized by liver and excreted in urine** | **-excessive bleeding, kidney problems, chest pain, syncope, swelling, skin discolouration** | **-must monitor INR daily**  **-INR and hematocrit prior to initiation of therapy**  **-monitor changes in pts bleeding (menstrual cycle)** | **-keep a consistent diet and follow up with all lab work**  **-have an increased risk of bleeding**  **-pill must be taken at same time everyday** |