Giangrasso *Ratio & Proportion Dosage Calculation*, 2/E
Chapter 2

Question 1
Type: FIB

Figure A1 - Drug Label for Levitra

Read the label in Figure A1, and find the following information:

Strength of the drug ______mg per tablet

Standard Text:

Correct Answer: 2.5

Rationale :

Global Rationale:

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Find information on a drug label

Question 2
Type: FIB

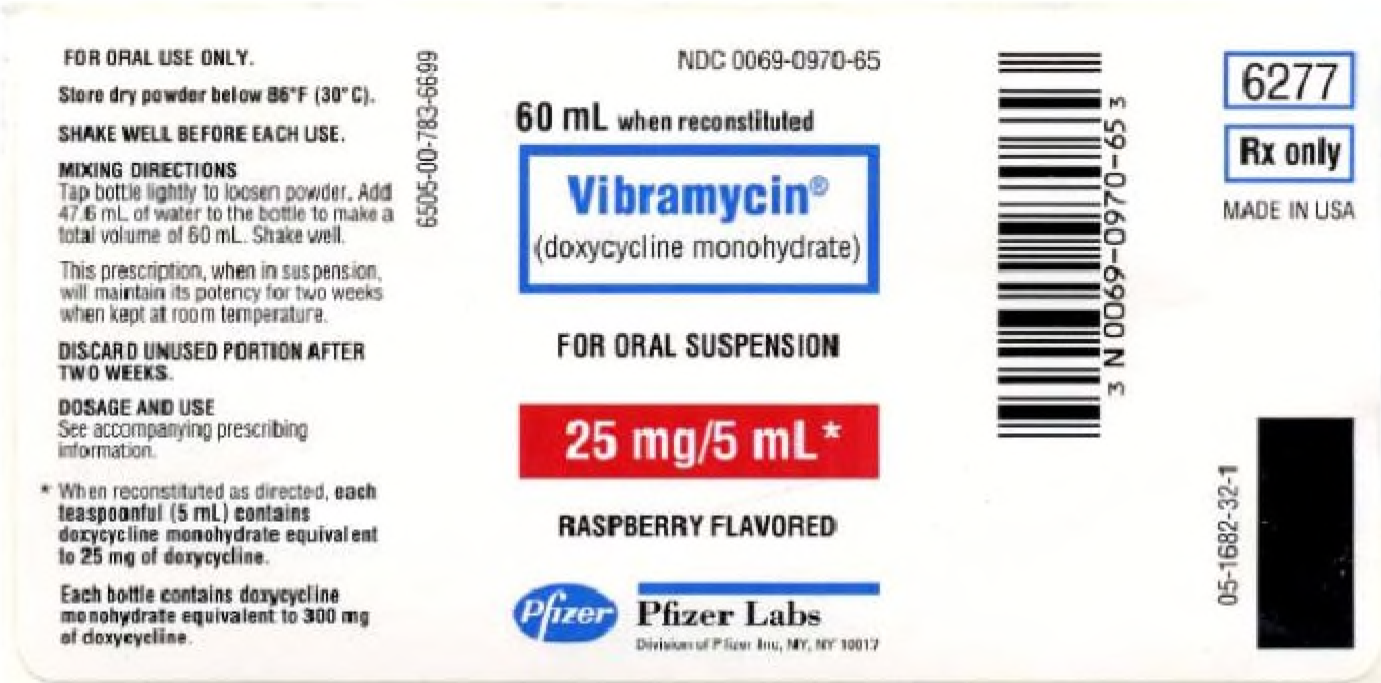


Figure A2 - Drug Label for Vibramycin

Read the label in Figure A2, and find the following information:

Strength of the drug _____mg/5 mL

Standard Text:

Correct Answer: 25

Rationale :

Global Rationale:

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Find information on a drug label

Question 3
Type: FIB

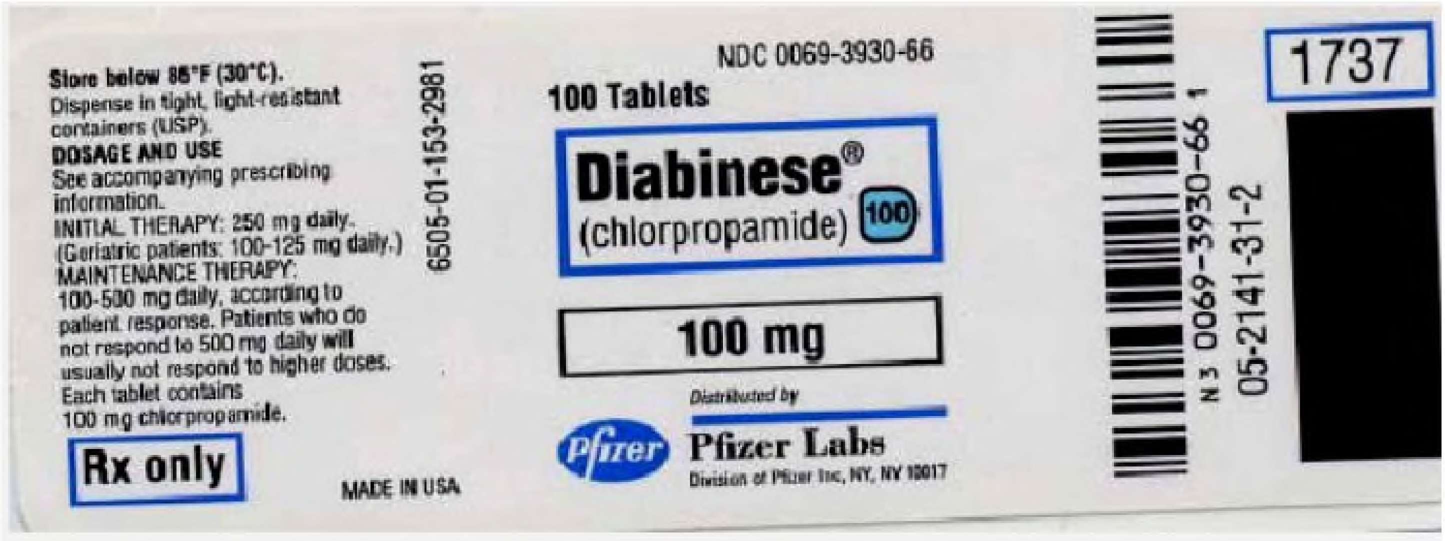


Figure A3 - Drug Label for Diabinese

Read the label in Figure A3, and find the following information:

Strength of the drug _____ mg per tablet

Standard Text:

Correct Answer: 100

Rationale :

Global Rationale:

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Find information on a drug label

Question 4
Type: FIB

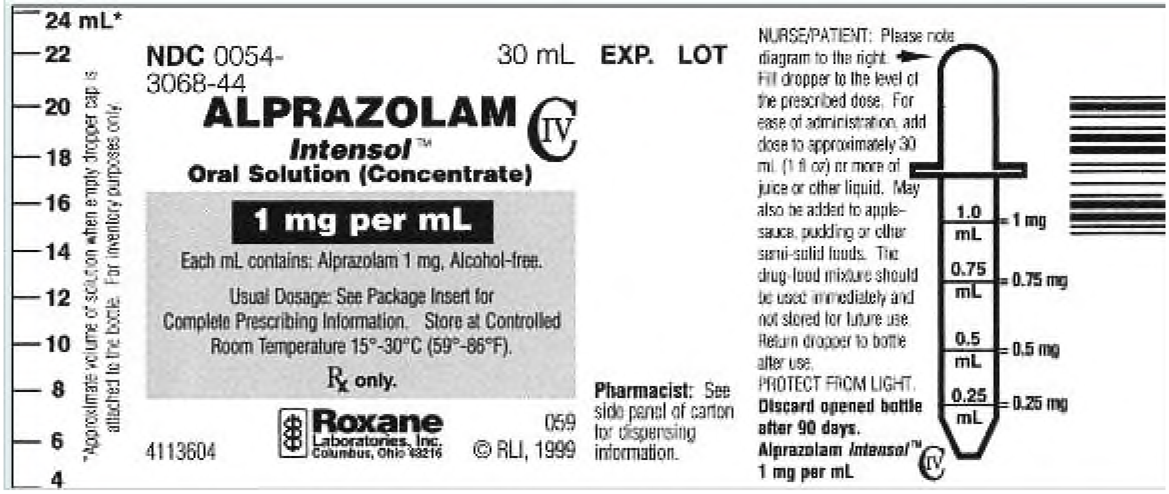


Figure A5 - Drug Label for Alprazolam

Read the label in Figure A5, and find the following information:

Strength of the drug _____mg per mL

Standard Text:

Correct Answer: 1

Rationale :

Global Rationale:

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Find information on a drug label

Question 5
Type: FIB

A physician's order sheet contains the following entry:

Biaxin (*clarithromycin*) 7.5 mg/kg p.o. q.12h.

How much of the drug will be administered per dose? ___ mg for every kg of bodyweight

Standard Text:

Correct Answer: 7.5

Rationale :

Global Rationale:

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Interpret the drug order on a prescription or physician's order

Question 6
Type: FIB

A physician's order sheet contains the following entry:

Trandate (*labetalol hydrochloride*) 20 mg IV STAT and repeat q.10 minutes as needed to max of 300 mg.

How much of the drug will be administered per dose? ______mg

Standard Text:

Correct Answer: 20

Rationale :

Global Rationale:

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Interpret the drug order on a prescription or physician's order

Question 7
Type: FIB

A physician's order sheet contains the following entry:

Lanoxin (*digoxin*) 125 mcg p.o. daily.

How much of the drug will be administered per dose? _______micrograms

Standard Text:

Correct Answer: 125

Rationale :

Global Rationale:

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Interpret the drug order on a prescription or physician's order

Question 8
Type: FIB

A physician's order sheet contains the following entry:

Lasix (*furosemide*) 20 mg p.o. b.i.d.

a. What is the trade name of the drug to be administered?
b. How much of the drug will be administered per dose? ____ mL or ___mg
c. How often will the drug be administered?
d. What is the route of administration?

Standard Text:

Correct Answer: 2; 20

Rationale :

Global Rationale:

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Interpret the drug order on a prescription or physician's order

Question 9
Type: FIB

A physician's order sheet contains the following entry:

Paral (*paraldehyde*) 5 mg p.r. stat.

How much of the drug will be administered per dose? _____mg

Standard Text:

Correct Answer: 5

Rationale :

Global Rationale:

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Interpret the drug order on a prescription or physician's order

Question 10
Type: MCSA

Red Check Initial	Order Date	Initial	Exp. Date	Medication, Dosage, Frequency, and Route	Hours	9/10/08	9/11/08	9/13/08
	9/10/08	DM	10/10/08	LANOXIN (DIGOXIN) 0.125MG P.O. DAILY	1000	DM	DM	DM
	9/10/08	DM	10/10/08	LASIX (FUROSEMIDE) 40 MG IV STAT AND THEN Q AM	0800	DM	DM	DM
	9/10/08	DM	10/10/08	K-DUR (POTASSIUM CHLORIDE) 40 MEQ P.O. DAILY	1000	DM	DM	DM
	9/12/08	DM	9/19/08	REGLAN (METOCLOPRAMIDE HYDROCHLORIDE) 10 MG AC AND HS	0900			
					1300			DM
					1800			DM
					2200			DM

Figure C1 – MAR

Review the information provided in Figure C1. What medication is given more than once per day?

1. Lanoxin

2. Lasix

3. K-dur

4. Reglan

Correct Answer: 4

Rationale 1:

Rationale 2:

Rationale 3:

Rationale 4:

Global Rationale: Only Reglan is ordered to be, and has been, administered more than once per day.

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Read a MAR

Question 11
Type: MCSA

Red Check Initial	Order Date	Initial	Exp. Date	Medication, Dosage, Frequency, and Route	Hours	9/10/08	9/11/08	9/13/08
	9/10/08	DM	10/10/08	LANOXIN (DIGOXIN) 0.125MG P.O. DAILY	1000	DM	DM	DM
	9/10/08	DM	10/10/08	LASIX (FUROSEMIDE) 40 MG IV STAT AND THEN Q AM	0800	DM	DM	DM
	9/10/08	DM	10/10/08	K-DUR (POTASSIUM CHLORIDE) 40 MEQ P.O. DAILY	1000	DM	DM	DM
	9/12/08	DM	9/19/08	REGLAN (METOCLOPRAMIDE HYDROCHLORIDE) 10 MG AC AND HS	0900			
					1300			DM
					1800			DM
					2200			DM

Figure C1 - MAR

Review the information provided in Figure C1. What medication was given at 8:00 a.m.?

1. Lanoxin

2. Lasix

3. K-dur

4. Reglan

Correct Answer: 2

Rationale 1:

Rationale 2:

Rationale 3:

Rationale 4:

Global Rationale: Lasix was administered at 0800 as indicated in the column titled “hours” on 9/10, 9/11, and 9/12.

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Read a MAR

Question 12
Type: MCSA

Red Check Initial	Order Date	Initial	Exp. Date	Medication, Dosage, Frequency, and Route	Hours	9/10/08	9/11/08	9/13/08
	9/10/08	DM	10/10/08	LANOXIN (DIGOXIN) 0.125MG P.O. DAILY	1000	DM	DM	DM
	9/10/08	DM	10/10/08	LASIX (FUROSEMIDE) 40 MG IV STAT AND THEN Q AM	0800	DM	DM	DM
	9/10/08	DM	10/10/08	K-DUR (POTASSIUM CHLORIDE) 40 MEQ P.O. DAILY	1000	DM	DM	DM
	9/12/08	DM	9/19/08	REGLAN (METOCLOPRAMIDE HYDROCHLORIDE) 10 MG AC AND HS	0900			
					1300			DM
					1800			DM
					2200			DM

Figure C1 – MAR

Review the information provided in Figure C1. What medication is administered intravenously?

1. Lanoxin

2. Lasix

3. K-dur

4. Reglan

Correct Answer: 2

Rationale 1:

Rationale 2:

Rationale 3:

Rationale 4:

Global Rationale: Only Lasix is ordered for IV administration. The other medications are ordered for oral administration.

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Read a MAR

Question 13
Type: MCSA

Red Check Initial	Order Date	Initial	Exp. Date	Medication, Dosage, Frequency, and Route	Hours	9/10/08	9/11/08	9/13/08
	9/10/08	DM	10/10/08	LANOXIN (DIGOXIN) 0.125MG P.O. DAILY	1000	DM	DM	DM
	9/10/08	DM	10/10/08	LASIX (FUROSEMIDE) 40 MG IV STAT AND THEN Q AM	0800	DM	DM	DM
	9/10/08	DM	10/10/08	K-DUR (POTASSIUM CHLORIDE) 40 MEQ P.O. DAILY	1000	DM	DM	DM
	9/12/08	DM	9/19/08	REGLAN (METOCLOPRAMIDE HYDROCHLORIDE) 10 MG AC AND HS	0900			
					1300			DM
					1800			DM
					2200			DM

Figure C1 – MAR

Review the information provided in Figure C1. How many doses of Reglan has the client received?

1. 1

2. 2

3. 3

4. 4

Correct Answer: 3

Rationale 1:

Rationale 2:

Rationale 3:

Rationale 4:

Global Rationale: The client has received 3 doses of Reglan administered on 9/12. While 4 doses are ordered per day, the 0900 dose was not given and is most likely due to the order being received

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Read a MAR

Question 14
Type: MCSA

Red Check Initial	Order Date	Initial	Exp. Date	Medication, Dosage, Frequency, and Route	Hours	9/10/08	9/11/08	9/13/08
	9/10/08	DM	10/10/08	LANOXIN (DIGOXIN) 0.125MG P.O. DAILY	1000	DM	DM	DM
	9/10/08	DM	10/10/08	LASIX (FUROSEMIDE) 40 MG IV STAT AND THEN Q AM	0800	DM	DM	DM
	9/10/08	DM	10/10/08	K-DUR (POTASSIUM CHLORIDE) 40 MEQ P.O. DAILY	1000	DM	DM	DM
	9/12/08	DM	9/19/08	REGLAN (METOCLOPRAMIDE HYDROCHLORIDE) 10 MG AC AND HS	0900			
					1300			DM
					1800			DM
					2200			DM

Figure C1 – MAR

Review the information provided in Figure C1. What medication was administered immediately?

1. Lanoxin

2. Lasix

3. K-dur

4. Reglan

Correct Answer: 2

Rationale 1:

Rationale 2:

Rationale 3:

Rationale 4:

Global Rationale: Lasix was ordered for STAT, or immediate, administration and then to be given daily after the STAT dose.

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Read a MAR

Question 15
Type: FIB

Medication	Hours	9/11	9/12	9/13	9/14	9/15	9/16	9/17
ampicillin 1 g IVPB q.6h.	0600 1200 1800 2400	X X X CF	CF CK CK CR	CF CK CK CR	CR CR CK CK	CR CR CK CF		
digoxin 0.125 mg p.o. daily	0900	SS	CK	CK	CR	CR		
Coumadin 5 mg p.o. daily	0900	SS	CK	CK	CR	CR		
furosemide 40 mg IM stat.	1900	X	X	CK	X	X		

Figure C2 – Portion of a Medication Administration Record

Read the MAR in Figure C2 and find the following information:

How many doses of ampicillin has the patient received?

Standard Text:

Correct Answer: 17

Rationale :

Global Rationale:

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Read a MAR

Question 16
Type: FIB

Medication	Hours	11/01 Sun	11/02 Mon	11/03 Tues	11/04 Wed	11/05 Thur	11/06 Fri	11/07 Sat
amlodipine 5 mg p.o. daily	10:00 a.m.	SL	SL	SL	LK	LK		
Epogen 2,000 units subcutaneously three times a week (M/W/F)	10:00 a.m.	X	SL	X	LK	X		X
Humulin NPH insulin U-100 46 units subcut. AC breakfast	6:30 a.m.	JL	JL	JL	MW	MW		
Colace 100 mg p.o. b.i.d.	10:00 a.m. 2:00 p.m.	SL SL	SL SL	SL SL	LK LK	LK LK		
acetaminophen 650 mg p.o. p.r.n. Temp 102°F or higher								

Figure C5 – Portion of a Medication Administration Record

Read the MAR in Figure C5 and find the following information:

How many doses of Epogen has the patient received?

Standard Text:

Giangrasso, *Ratio & Proportion Dosage Calculation*, 2/E Test Bank

Correct Answer: 2

Rationale :

Global Rationale:

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Read a MAR

Question 17
Type: FIB

Medication	Hours	9/11	9/12	9/13	9/14	9/15	9/16	9/17
Ampicillin 1 g IVPB q.6h.	0600 1200 1800 2400	X X X CF	CF CK CK CR	CF CK CK CR	CR CR CK CK	CR CR CK CF		
digoxin 0.125 mg p.o. daily	0900	SS	CK	CK	CR	CR		
Coumadin 5 mg p.o. daily	0900	SS	CK	CK	CR	CR		
furosemide 40 mg IM stat.	1900	X	X	CK	X	X		

Figure C6 – Portion of a Medication Administration Record

Read the MAR in Figure C6 and find the following information:

How many doses of ampicillin has the patient received?

Standard Text:

Correct Answer: 12

Rationale :

Global Rationale:

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Read a MAR

Question 18
Type: FIB

DOSAGE AND ADMINISTRATION

ZONEGRAN (zonisamide) is recommended as adjunctive therapy for the treatment of partial seizures in adults. Safety and efficacy in pediatric patients below the age of 16 have not been established. ZONEGRAN should be administered once or twice daily, using 25 mg, 50 mg or 100 mg capsules. ZONEGRAN is given orally and can be taken with or without food. Capsules should be swallowed whole.

Adults over Age 16: The prescriber should be aware that, because of the long half-life of zonisamide, up to two weeks may be required to achieve steady state levels upon reaching a stable dose or following dosage adjustment. Although the regimen described below is one that has been shown to be tolerated, the prescriber may wish to prolong the duration of treatment at the lower doses in order to fully assess the effects of zonisamide at steady state, noting that many of the side effects of zonisamide are more frequent at doses of 300 mg per day and above. Although there is some evidence of greater response at doses above 100–200 mg/day, the increase appears small and formal dose-response studies have not been conducted.

The initial dose of ZONEGRAN should be 100 mg daily. After two weeks, the dose may be increased to 200 mg/day for at least two weeks. It can be increased to 300 mg/day and 400 mg/day, with the dose stable for at least two weeks to achieve steady state at each level. Evidence from controlled trials suggests that ZONEGRAN doses of 100–600 mg/day are effective, but there is no suggestion of increasing response above 400 mg/day (see **CLINICAL PHARMACOLOGY, Clinical Studies** subsection). There is little experience with doses greater than 600 mg/day.

Patients with Renal or Hepatic Disease: Because zonisamide is metabolized in the liver and excreted by the kidneys, patients with renal or hepatic disease should be treated with caution, and might require slower titration and more frequent monitoring (see **CLINICAL PHARMACOLOGY** and **PRECAUTIONS**).

HOW SUPPLIED

ZONEGRAN is available as 25 mg, 50 mg and 100 mg two-piece hard gelatin capsules. The capsules are printed in black with "Eisai" and "ZONEGRAN 25," "ZONEGRAN 50," or "ZONEGRAN 100," respectively. ZONEGRAN is available in bottles of 100 with strengths and colors as follows:

Dosage Strength	Capsule Colors	NDC #
25 mg	White opaque body with white opaque cap.	62856-681-10
50 mg	White opaque body with gray opaque cap.	62856-682-10
100 mg	White opaque body with red opaque cap.	62856-680-10

Figure D1 - Portion of the Package Insert for Zonegran

Read the package insert in Figure D1 and answer the following:

What is the initial recommended maximum adult daily dose of the drug? _______mg

Standard Text:

Correct Answer: 100

Rationale :

Global Rationale:

Cognitive Level:
Client Need:
Client Need Sub:

Nursing/Integrated Concepts:
Learning Outcome: Find information on a package insert

Question 19
Type: FIB

RAPTIVA®
[efalizumab]

For injection, subcutaneous

DESCRIPTION
RAPTIVA® (efalizumab) is an immunosuppressive recombinant humanized IgG1 kappa isotype monoclonal antibody that binds to human CD11a (1). Efalizumab has a molecular weight of approximately 150 kilodaltons and is produced in a Chinese hamster ovary mammalian cell expression system in a nutrient medium containing the antibiotic gentamicin. Gentamicin is not detectable in the final product.

RAPTIVA is supplied as a sterile, white to off-white, lyophilized powder in single-use glass vials for subcutaneous (SC) injection. Reconstitution of the single-use vial with 1.3 mL of the supplied sterile water for injection (non-USP) yields approximately 1.5 mL of solution to deliver 125 mg per 1.25 mL (100 mg/mL) of RAPTIVA. The sterile water for injection supplied does not comply with USP requirement for pH. After reconstitution, RAPTIVA is a clear to pale yellow solution with a pH of approximately 6.2. Each single-use vial of RAPTIVA contains 150 mg of efalizumab, 123.2 mg of sucrose, 6.8 mg of L-histidine hydrochloride monohydrate, 4.3 mg of L-histidine and 3 mg of polysorbate 20 and is designed to deliver 125 mg of efalizumab in 1.25 mL.

DOSAGE AND ADMINISTRATION
The recommended dose of RAPTIVA® (efalizumab) is a single 0.7 mg/kg SC conditioning dose followed by weekly SC doses of 1 mg/kg (maximum single dose not to exceed a total of 200 mg).

RAPTIVA is intended for use under the guidance and supervision of a physician. If it is determined to be appropriate, patients may self-inject RAPTIVA after proper training in the preparation and injection technique and with medical follow-up.

HOW SUPPLIED
RAPTIVA® (efalizumab) is supplied as a lyophilized, sterile powder to deliver 125 mg of efalizumab per single-use vial.

Each RAPTIVA carton contains four trays. Each tray contains one single-use vial designed to deliver 125 mg of efalizumab, one single-use prefilled diluent syringe containing 1.3 mL sterile water for injection (non-USP), two 25 gauge x 5/8 inch needles, two alcohol prep pads, a package insert with an accompanying patient information insert. The NDC number for the four administration dose pack carton is 50242-058-04.

Figure D2 - Portion of the Package Insert for Raptiva

Read the package insert in Figure D2 and answer the following:

What is the maximum dosage?_______mg

Standard Text:

Correct Answer: 200

Rationale :

Global Rationale:

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Find information on a package insert

Question 20
Type: FIB

INDICATIONS AND USAGE

DETROL LA Capsules are once daily extended release capsules indicated for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency.

CONTRAINDICATIONS

DETROL LA Capsules are contraindicated in patients with urinary retention, gastric retention, or uncontrolled narrow-angle glaucoma. DETROL LA is also contraindicated in patients who have demonstrated hypersensitivity to the drug or its ingredients.

PRECAUTIONS

General

Risk of Urinary Retention and Gastric Retention: DETROL LA Capsules should be administered with caution to patients with clinically significant bladder outflow obstruction because of the risk of urinary retention and to patients with gastrointestinal obstructive disorders, such as pyloric stenosis, because of the risk of gastric retention (see **CONTRAINDICATIONS).**

Controlled Narrow-Angle Glaucoma: DETROL LA should be used with caution in patients being treated for narrow-angle glaucoma.

Reduced Hepatic and Renal Function: For patients with significantly reduced hepatic function or renal function, the recommended dose for DETROL LA is 2 mg daily (see **CLINICAL PHARMACOLOGY, Pharmacokinetics in Special Populations).**

DOSAGE AND ADMINISTRATION

The recommended dose of DETROL LA Capsules are 4 mg daily. DETROL LA should be taken once daily with liquids and swallowed whole. The dose may be lowered to 2 mg daily based on individual response and tolerability, however, limited efficacy data is available for DETROL LA 2 mg (see **CLINICAL STUDIES).**

For patients with significantly reduced hepatic or renal function or who are currently taking drugs that are potent inhibitors of CYP3A4, the recommended dose of DETROL LA is 2 mg daily (see **CLINICAL PHARMACOLOGY** and **PRECAUTIONS, Drug Interactions).**

HOW SUPPLIED

DETROL LA Capsules 2 mg are blue-green with symbol and 2 printed in white ink. DETROL LA Capsules 4 mg are blue with symbol and 4 printed in white ink. DETROL LA Capsules are supplied as follows:

Bottles of 30		Bottles of 500	
2 mg Capsules	NDC 0009-5190-01	2 mg Capsules	NDC 0009-5190-03
4 mg Capsules	NDC 0009-5191-01	4 mg Capsules	NDC 0009-5191-03
Bottles of 90		Unit Dose Blisters	
2 mg Capsules	NDC 0009-5190-02	2 mg Capsules	NDC 0009-5190-04
4 mg Capsules	NDC 0009-5191-02	4 mg Capsules	NDC 0009-5191-04

Store at 25°C (77°F); excursions permitted to 15-30°C (59-86°F) [see USP Controlled Room Temperature]. Protect from light.

Figure D3 - Portion of the Package Insert for Detrol LA

Read the package insert in Figure D3, and answer the following:

What is the maximum daily dose? _____mg

Standard Text:

Correct Answer: 4

Rationale :

Global Rationale:

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Find information on a package insert

Question 21
Type: FIB

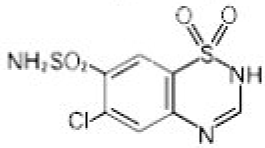
ORAL SUSPENSION

DIURIL®

(CHLOROTHIAZIDE)

DESCRIPTION

DIURIL* (Chlorothiazide) is a diuretic and antihypertensive. It is 6-chloro-2*H*-1,2,4-benzothiadiazine-7-sulfonamide 1,1-dioxide. Its empirical formula is $C_7H_6ClN_3O_4S_2$ and its structural formula is:



It is a white, or practically white, crystalline powder with a molecular weight of 295.72, which is very slightly soluble in water, but readily soluble in dilute aqueous sodium hydroxide. It is soluble in urine to the extent of about 150 mg per 100 mL at pH 7.

Oral Suspension DIURIL contains 250 mg of chlorothiazide per 5 mL, alcohol 0.5 percent, with methylparaben 0.12 percent, propylparaben 0.02 percent, and benzoic acid 0.1 percent added as preservatives. The inactive ingredients are D&C Yellow 10, flavors, glycerin, purified water, sodium saccharin, sucrose and tragacanth.

INDICATIONS AND USAGE

DIURIL is indicated as adjunctive therapy in edema associated with congestive heart failure, hepatic cirrhosis, and corticosteroid and estrogen therapy.

DIURIL has also been found useful in edema due to various forms of renal dysfunction such as nephrotic syndrome, acute glomerulonephritis, and chronic renal failure.

DIURIL is indicated in the management of hypertension either as the sole therapeutic agent or to enhance the effectiveness of other antihypertensive drugs in the more severe forms of hypertension.

Use in Pregnancy. Routine use of diuretics during normal pregnancy is inappropriate and exposes mother and fetus to unnecessary hazard. Diuretics do not prevent development of toxemia of pregnancy and there is no satisfactory evidence that they are useful in the treatment of toxemia.

CONTRAINDICATIONS

Anuria.

Hypersensitivity to this product or to other sulfonamide-derived drugs.

Pediatric Use

There are no well-controlled clinical trials in pediatric patients. Information on dosing in this age group is supported by evidence from empiric use in pediatric patients and published literature regarding the treatment of hypertension in such patients. (See DOSAGE AND ADMINISTRATION, *Infants and Children.*)

Geriatric Use

Clinical studies of DIURIL did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

This drug is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function (see WARNINGS).

HOW SUPPLIED

No. 3239 — Oral Suspension DIURIL, 250 mg of chlorothiazide per 5 mL, is a yellow, creamy suspension, and is supplied as follows:

NDC 0006-3239-66 bottles of 237 mL.

Storage

Oral Suspension DIURIL: Keep container tightly closed. Protect from freezing, –20°C (–4°F) and store at room temperature, 15-30°C (59-86°F).

Figure D5 - Portion of Package Insert for Aldomet

Read the package insert in Figure D5, and answer the following:

What is the maximum daily dose for children? ______mg

Standard Text:

Correct Answer: 65

Rationale :

Global Rationale:

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Find information on a package insert

Question 22
Type: MCSA

The physician orders a medication to be administered q8h. The first dose is given at 6:00 a.m. What times will this medication be given throughout the day in military time?

1. 0600h - 1400h - 2200h

2. 0600h - 1300h - 2200h

3. 0800h - 1800h - 2400h

4. 0200h - 1000h -1800h

Correct Answer: 1

Rationale 1:

Rationale 2:

Rationale 3:

Rationale 4:

Global Rationale: The medication was administered at 06:00 a.m., which is 0600h in military time. Adding 8 hours to 0600h would be 0600h +0800h =1400h in military time. The next dose would be given 8 hours later or 1400h + 0800h = 2200h. The times of administration are 0600h-1400h-2200h.

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Standard?military time

Question 23
Type: MCSA

A patient is to receive a medication q.8h. The first dose was administered at 10:00 a.m. Write the time of the next dose using military time.

1. 0600h

2. 1800h

3. 1400h

4. 1600h

Correct Answer: 2

Rationale 1:

Rationale 2:

Rationale 3:

Rationale 4:

Global Rationale: 10 a.m. and 8 hours = 6 p.m., written in military time is 1800h

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Standard?military time

Question 24
Type: FIB

A patient is to receive a medication every twelve hours. The first dose was administered at 2100h. At what time will the next dose be administered (expressed as standard time)? **____** a.m. on the next day

Standard Text:

Correct Answer: 9

Rationale :

Global Rationale:

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Standard?military time

Question 25
Type: MCSA

The client receives nimodipine at 2200h and is to receive the next dose in four hours. At what time, written as standard time, will the next dose be administered?

1. 1:00 a.m.

2. 2:00 a.m.

3. 4:00 a.m.

4. 4:00 p.m.

Correct Answer: 2

Rationale 1:

Rationale 2:

Rationale 3:

Rationale 4:

Global Rationale: The medication was administered at 2200h which is 10:00 p.m. 4 hours later would be 02:00 a.m.

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Standard?military time

Question 26
Type: MCSA

If an IV starts at 1800 hours and lasts for 12 hours, at what time will it finish? (Express in standard time.)

1. 8 a.m.

2. 8 p.m.

3. 6 a.m.

4. 6 p.m.

Correct Answer: 3

Rationale 1:

Rationale 2:

Rationale 3:

Rationale 4:

Global Rationale: 1800h is 6 p.m. 12 hours later is 6 a.m.

Cognitive Level:
Client Need:
Client Need Sub:
Nursing/Integrated Concepts:
Learning Outcome: Standard?military time