Pharm Study Guide Answers Pharm Study Guide Answers Fluid & Electrodate Anid Box

Fluid & Electrolyte- Acid Base Balance

Potassium 3.5-5.0- intracellular cation, mineral and electrolyte

Side effects can cause: abd pain, diarrhea, nausea and vomiting

Hypokalemia:

R/F:wasting diuretics(Furosemide), use of laxatives

S/S: fatigue, urinary retention, Paralytic Ileus, weakness, N/V, constipation, abdominal distention, leg cramps, ST depression, prominent U waves, flat T waves,

- · Eat bananas, broccoli, avocado, meat, dairy.
- No P, no K

Hyperkalemia:

R/F: renal failure, sparing diuretics(Spironolactone)

S/S:diarrhea, hyperactive bowels, abdominal cramping, irritability, slow irregular pulse, Tall T waves, ventricular dysrhythmia (life threat), low B/P,

- Potassium given: PO, oral, IV bolus with saline solution.
- Monitor EKG, heart rate
- · IV calcium gluconate to reverse hyperkalemia

-Kayexalate: (laxative/cation exchange) to excrete high potassium out the body, pt has diarrhea

Implications: Mix with food, milkshake, enema or oral

- Monitor electrolytes
- Monitor calcium
- S/S: N/V, constipation, anorexia
- Assessment: monitor heart rate

Sodium: 135-145- Major cation of ECF

"Where sodium goes, water follows"

Balanced by kidney

Hyponatremia:

"More water than sodium"

R/F: NG suction, vomiting,

S/S: lethargy, seizures, headache, muscle weakness

- Isotonic fluids
- If lower than 115, hypertonic fluids.
- Diuretic may be ordered (Loop-Lasix)

Hypernatremia:

"Sodium excess and water loss"

R/F: dehydration, GI losses, diabetes insipidus

S/S: diarrhea, flushing, "temp, fatigue, hot dry skin

- Increase fluids
- Hypotonic fluids or isotonic
- Restrict sodium

Calcium: 8.4-10.6- Chvostek's and Trousseau sign*

Hypocalcemia:

R/F: Crohn's, vit D deficiency, hypoparathyroidism, hypomagnesemia, celiac

S/S; cramps, Chyostek's and Trousseau

- Calcium Gluconate
- Monitor for calcium level.
- -Give Vitamin D with it

Hypercalcemia:

R/F: hyperparathyroidism, Dig Toxicity, vit D excess

S/S: flank pain, muscle weakness, kidney stones, fractures

- Calcitonin: stops calcium absorption (Also used for: hypercalcemia, osteoporosis,nasal spray, and helps bone keep calcium)
 - Administer phosphate to inhibit GI

Magnesium: 1.3-2.1

Hypomagnesemia:

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Judy Kronenberger, Julie Ledbetter

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developed countries Overburdened by patient loads and the explosion of new drugs physicians turned to pharmacists more and more for drug information especially within institutional settings And today s patient care pharmacists are taking more interests in medication review and reconciliation patient education and counseling creating drug therapy regimen and monitoring compliance The purpose of this book is to guide the pharmacists in their daily interactions with patients and to ensure collaboration with other health professionals The contents are mostly based on recently published articles related to patient care with most recent ideas and activities followed by the patient care pharmacists around the globe However a pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver Along with professional guidelines the book discusses the concepts and best practices of patient interaction patient rights and ethical decision making for the professional pharmacist apprentice and student In every chapter the role of pharmacists in that chapter specific issues are detailed explicitly so that a professional pharmacist or a student can figure out his or her do s and don ts in that specific situation Moreover further reading references are listed as future recommendations So the book is an archive of potential references too Among so many books about patient care either doctors or nurses roles are highlighted The proposed book highlights the pharmacists roles and responsibilities to the most separated from those of doctors and nurses with the most recent information obtained from most publications in several journals books bulletins newsletter magazines etc

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