

Chapter 02, Administration of Drugs

MULTIPLE CHOICE

1. A nurse is required to give an intramuscular (IM) injection to an 18-month-old toddler. The nurse would prepare which site for administration?
 - A) Dorsogluteal site
 - B) Deltoid muscle
 - C) Vastus lateralis
 - D) Ventrogluteal site

ANS: C

Feedback: The vastus lateralis site is frequently used for infants and small children because it is more developed than the other intramuscular sites such as the dorsogluteal and deltoid muscle. Ventrogluteal sites may be used in children who have been ambulating for more than 2 years.

PTS: 1

DIF: Moderate

REF: Header: Administration of Drugs by the Intramuscular Route: Nursing Responsibilities | Page: 27

OBJ: 7

NAT: Client Needs: Health Promotion and Maintenance

TOP: Chapter 2

KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)

BLM: Cognitive Level: Apply

2. A health care provider instructs a nurse to administer a medication to a client STAT. Which action by the nurse would be most appropriate?
 - A) Insist on obtaining a written report before administering any drug
 - B) Administer the drug as ordered by the health care provider
 - C) Forgo obtaining the health care provider's order after the drug has been administered
 - D) Document the administration of the drug only after receiving the health care provider's order

ANS: B

Feedback: The nurse should administer the drug as instructed without a written order as it is an emergency. The nurse should, however, ensure that the health care provider's order is obtained after the drug has been administered. Waiting for a written order during an emergency may exacerbate the client's condition. The nurse should complete the documentation immediately after the administration of the drug and not wait until the health care provider's order is received.

PTS: 1

DIF: Difficult

REF: Header: Box 2.1 | Page: 21

OBJ: 3

NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care

TOP: Chapter 2

KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)

BLM: Cognitive Level: Apply

3. A nurse has administered an opioid drug to a client. Which action would be most appropriate for the nurse to do immediately after administering the drug?
- A) Monitor the vital signs of the client
 - B) Document administration of the drug
 - C) Inform the client about the type of drug
 - D) Update the health care provider regarding the client's condition

ANS: B

Feedback: After administration of any drug, the nurse should immediately document the administration. After the documentation is complete, the nurse can record the client's vital signs. The client needs to be informed about the drug before the administration. The health care provider need not be immediately informed, unless the client develops severe adverse reactions.

PTS: 1

DIF: Difficult

REF: Header: Nursing Responsibilities After Drug Administration | Page: 31

OBJ: 9

NAT: Client Needs: Physiological Integrity: Pharmacologic and Parenteral Therapies

TOP: Chapter 2 KEY: Integrated Process: Communication/Documentation

BLM: Cognitive Level: Apply

4. A health care provider orders a transdermal drug. When administering this drug, which action by the nurse would be most appropriate?
- A) Apply next dose to a new site
 - B) Check the infusion rate
 - C) Inject only the inner part of the forearm
 - D) Give small volumes of doses

ANS: A

Feedback: An important nursing intervention when administering drugs through the transdermal route is to apply the next dose to a new site. It is important to check the infusion rate every 15 to 30 minutes in clients using infusion controllers or infusion pumps. When using the intradermal route, the inner part of the forearm should be used as the injection site and small volumes of doses should be administered.

PTS: 1

DIF: Easy

REF: Header: Administration of Drugs by the Transdermal Route | Page: 30

OBJ: 8

NAT: Client Needs: Physiological Integrity: Pharmacologic and Parenteral Therapies

TOP: Chapter 2

KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)

BLM: Cognitive Level: Apply

5. The health care provider has asked a nurse to administer a drug intravenously to an unresponsive client. How can the nurse ensure that the drug is administered to the right client?
- A) By waking the client up to ask their name
 - B) By identifying the client's room number
 - C) By checking the client's wristband
 - D) By asking the nursing assistant for the client's location

ANS: C

Feedback: The nurse should identify a client by checking their wristband, which has the client's name. The nurse should not ask the client to confirm their name, because some clients, particularly those who are confused or have difficulty hearing, may respond by answering yes. Additionally, this client is unresponsive. The nurse can obtain the client's location by asking any other member of the health care staff, but should verify the client's identity by checking the wristband. The nurse should not rely on the client's room number alone.

PTS: 1 DIF: Moderate REF: Header: Right Patient | Page: 19

OBJ: 1

NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care

TOP: Chapter 2

KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)

BLM: Cognitive Level: Apply

6. A client is ordered to receive subcutaneous heparin twice a day. When administering this drug which would be most important for the nurse to do to minimize tissue damage?
- A) Insert the needle at the appropriate angle
 - B) Select the needle length based on the client's weight
 - C) Ensure that there is no hair on the injection site
 - D) Rotate the injection site regularly

ANS: D

Feedback: The nurse should rotate the injection sites to minimize the damage caused to the tissue. Inserting the needle at the proper angle and selecting the needle length based on the client's weight will not significantly help in minimizing tissue damage if the same site is repeatedly injected. It is not necessary to avoid injection sites that have hair as long as the drug is administered in the upper arms, the upper abdomen, and the upper back.

PTS: 1 DIF: Difficult

REF: Header: Administration of Drugs by the Subcutaneous Route: Nursing Responsibilities | Page: 26

OBJ: 7

NAT: Client Needs: Physiological Integrity: Reduction of Risk Potential

TOP: Chapter 2

KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)

BLM: Cognitive Level: Apply

7. The nurse is unable to read the health care provider's handwriting for a new drug order. Which action by the nurse would be most appropriate in this situation?
- A) Question the order with the primary health care provider
 - B) Try to interpret the handwriting
 - C) Confirm the order with a nearby health care provider
 - D) Obtain a verbal order

ANS: A

Feedback: Any order that is unclear, particularly due to illegible handwriting, should be questioned. The nurse should not try to interpret the handwriting as it may lead to a misinterpretation. The nurse should also not confirm the order with any other health care provider who is nearby. Administering drugs based on verbal orders is permissible only during emergencies.

PTS: 1 DIF: Moderate
REF: Header: Preparing a Drug for Administration | Page: 21 OBJ: 1
NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care
TOP: Chapter 2 KEY: Integrated Process: Communication/Documentation
BLM: Cognitive Level: Apply

8. A nurse is preparing to administer an intramuscular injection to a client for the first time. What would be most important for the nurse to do?
- A) Obtain the client's allergy history
 - B) Obtain information about the drug
 - C) Inquire if the client has any objections to syringes
 - D) Discuss the dosage with other nurses

ANS: A

Feedback: Before giving any drug for the first time, the nurse should ask the client about any known allergies as well as any family history of allergies. The nurse need not particularly obtain information about the drug as it has been prescribed by the health care provider, but needs to be aware of the adverse effects it may cause. There is also no need to discuss the dosage with other nurses or to find out if the client has any objections to syringes. However, the nurse should help allay the client's fears by reassuring them about the administration.

PTS: 1 DIF: Moderate
REF: Header: Considerations in Drug Administration | Page: 21
OBJ: 7
NAT: Client Needs: Physiological Integrity: Pharmacologic and Parenteral Therapies
TOP: Chapter 2
KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)
BLM: Cognitive Level: Apply

9. As the nurse administers a drug to the client, the client says, "This doesn't look like my usual pill." Which response by the nurse would be most appropriate?
- A) "This is the pill the pharmacy sent."
 - B) "It must be from a different manufacturer."
 - C) "It looks different? Are you sure?"
 - D) "Let me double-check with your doctor and the order."

ANS: D

Feedback: If the client makes any statement about the drug, the nurse needs to hold the drug and investigate the client's statement, double-checking the chart and the order and obtaining clarification and/or confirmation from the prescriber. It may be that the dosage or manufacturer has changed and that is what makes the pill look different. It is always important to err on the side of caution. Telling the client that the pill is the same or that it is from a different manufacturer may be true, but the nurse needs to confirm that before giving it to the client. Repeating the client's statement and then asking him if he is sure is inappropriate because it implies that the client is incorrect.

PTS: 1 DIF: Difficult

REF: Header: Considerations in Drug Administration | Page: 21

OBJ: 2

NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care

TOP: Chapter 2 KEY: Integrated Process: Caring

BLM: Cognitive Level: Analyze

10. A nursing instructor determines the nursing student is performing an oral drug administration correctly after comparing the drug label and MAR how many times?
- A) 2
 - B) 3
 - C) 4
 - D) 5

ANS: B

Feedback: The proper procedure is to compare the drug label with the MAR three times: (a) when the drug is taken from its storage area, (b) immediately before removing the drug from the container, and (c) before administering the drug to the client.

PTS: 1 DIF: Moderate

REF: Header: Preparing a Drug for Administration | Page: 21 OBJ: 2

NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care

TOP: Chapter 2

KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)

BLM: Cognitive Level: Apply

11. The nurse is preparing to administer a buccal medication to a client. The nurse will instruct the client to place the drug at which location?
- A) Under the tongue
 - B) Against the cheek mucous membrane
 - C) Inside the rectum
 - D) At the back of the tongue

ANS: B

Feedback: Buccal drugs are placed in the mouth against the mucous membranes of the cheek in either the upper or lower jaw. Sublingual medications are placed under the tongue. Rectal suppositories are inserted into the rectum. Oral medications are placed at the back of the tongue.

PTS: 1 DIF: Moderate

REF: Header: Administration of Drugs by the Oral Route: Nursing Responsibilities | Page:

25 OBJ: 7

NAT: Client Needs: Physiological Integrity: Pharmacologic and Parenteral Therapies

TOP: Chapter 2

KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)

BLM: Cognitive Level: Apply

12. The nurse is preparing to administer an intradermal injection. The nurse would insert the needle at which angle?

- A) 15 degrees
- B) 30 degrees
- C) 45 degrees
- D) 90 degrees

ANS: A

Feedback: When giving an intradermal injection, the needle is inserted bevel up at a 15-degree angle. The nurse would insert the needle at a 90-degree angle for an intramuscular injection or for a client who is obese and requires a subcutaneous injection. Typically a subcutaneous injection is given at a 45-degree angle. A 30-degree angle is not typically used for any injections.

PTS: 1 DIF: Moderate

REF: Header: Administration of Drugs by the Intradermal Route: Nursing Responsibilities

| Page: 26 OBJ: 7

NAT: Client Needs: Physiological Integrity: Pharmacologic and Parenteral Therapies

TOP: Chapter 2

KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)

BLM: Cognitive Level: Apply

MULTIPLE RESPONSE

13. Which actions reflect a nurse's responsibility when a drug is prescribed for a client? Select all that apply.

- A) Administering the drug to the client
- B) Monitoring for therapeutic response
- C) Checking for drug–drug interactions
- D) Reporting adverse reactions
- E) Teaching the client information needed to administer drugs safely at home

ANS: A, B, D, E

Feedback: When a drug is prescribed to a client, the nurse is responsible for the administration of the drug, monitoring for therapeutic effects, reporting adverse drug reactions, and teaching the client information needed to administer the drug safely at home. A pharmacist checks for drug–drug interactions prior to dispensing a drug for administration.

PTS: 1 DIF: Easy

REF: Header: Introduction | Page: 19

OBJ: 2

NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care

TOP: Chapter 2

KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)

BLM: Cognitive Level: Apply

14. A nursing mentor is monitoring a student as they prepare a prescribed drug for a client. The mentor determines the student is well prepared as they correctly verify which factors? Select all that apply.
- A) Right documentation
 - B) Right client
 - C) Right route
 - D) Right drug
 - E) Right prescriber

ANS: A, B, C, D

Feedback: The five + 1 rights of drug administration include the following: right client, right drug, right dose, right route, right time, and right documentation.

PTS: 1

DIF: Easy

REF: Header: The (Five + 1) Rights of Drug Administration | Page: 19

OBJ: 1

NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care

TOP: Chapter 2 KEY: Integrated Process: Teaching/Learning

BLM: Cognitive Level: Apply

15. Prior to administering a prescribed drug, the nurse determines the correct client by which method? Select all that apply.
- A) Checking a client's name on the wristband
 - B) Checking a client's chart
 - C) Asking the client to identify themselves and give their birth date
 - D) Asking a client if they are the correct client
 - E) Using a current picture of the client if available

ANS: A, C, E

Feedback: Client identifiers can include visual and verbal methods. Visual methods include use of a recent picture of the client or client wristband. Verbal methods include asking the client for their name and another unique identifier, such as their birth date. Never ask a client, "Are you Mr. Jones?" because some clients may respond by answering "yes" even though that is not their name due to confusion or difficulty hearing. Checking the client's chart would be inappropriate to use for identifying the client.

PTS: 1

DIF: Easy

REF: Header: Right Patient | Page: 19

OBJ: 1

NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care

TOP: Chapter 2

KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)

BLM: Cognitive Level: Apply

16. When preparing to administer a drug to a client, the nurse will determine the correct drug has been chosen by verifying which factors match? Select all that apply.
- A) Medication
 - B) Container label

- C) Medication record
- D) MAR
- E) Nursing notes

ANS: A, B, C, D

Feedback: The nurse compares the medication, container label, and medication record and then the MAR as the item is removed from the cart and before the actual administration of the drug.

PTS: 1 DIF: Moderate REF: Header: Right Drug | Page: 20

OBJ: 1

NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care

TOP: Chapter 2

KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)

BLM: Cognitive Level: Apply

17. A health care provider has written an order for a new drug. As the nurse prepares to administer the drug, which factors will the nurse expect to find in the order? Select all that apply.
- A) Client's name
 - B) Drug name
 - C) Dosage form
 - D) Route of administration
 - E) Frequency of administration

ANS: A, B, C, D, E

Feedback: A health care provider's order must include the client's name, the drug name, the dosage form and route, the dosage to be administered, and the frequency of administration.

PTS: 1 DIF: Easy

REF: Header: Right Dose, Right Route, and Right Time | Page: 20

OBJ: 1

NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care

TOP: Chapter 2

KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)

BLM: Cognitive Level: Apply

18. As the nurse is taking a verbal medication order over the phone from the health care provider, the nurse will employ which necessary responses? Select all that apply.
- A) Write down the order
 - B) Record the order as soon as the MAR is retrieved
 - C) Repeat back the information exactly as written
 - D) Clarify any unclear information
 - E) Obtain verbal confirmation that the information is correct

ANS: A, C, D, E

Feedback: If a verbal order is given over the telephone, the nurse writes down the order immediately, repeats back the information exactly as written, and then asks for a verbal confirmation that it is correct. Any order that is unclear should be questioned and clarified.

PTS: 1 DIF: Moderate
REF: Header: Right Dose, Right Route, and Right Time | Page: 20
OBJ: 1
NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care
TOP: Chapter 2
KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)
BLM: Cognitive Level: Apply

19. A nursing student is preparing to administer a prescribed drug. Which factors are **most** important for the student to explain to the mentor before administering this drug? Select all that apply.
- A) Normal dosage range
 - B) Special precautions in administration
 - C) Drug's most common adverse effects
 - D) Drug's general action
 - E) Reason for use of the drug

ANS: A, B, C, D, E

Feedback: The nurse must have factual knowledge of each drug given, the reason for use of the drug, the drug's general action, the more common adverse reactions associated with the drug, special precautions in administration (if any), and the normal dose ranges.

PTS: 1 DIF: Moderate
REF: Header: Considerations in Drug Administration | Page: 21
OBJ: 2
NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care
TOP: Chapter 2
KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)
BLM: Cognitive Level: Apply

20. A nurse is assessing the medical record of a new client and notes the various orders for drug therapy. Which types of orders would the nurse most likely expect to find? Select all that apply.
- A) Standing order
 - B) STAT order
 - C) Single order
 - D) Alternate order
 - E) PRN order

ANS: A, B, C, E

Feedback: Common orders given by health care providers for drug therapy include the standing order, the single order, the PRN order, and the STAT order.

PTS: 1 DIF: Easy
REF: Header: The Medication Order | Page: 21 OBJ: 3
NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care
TOP: Chapter 2
KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)
BLM: Cognitive Level: Apply

21. When administering a prescribed drug to a client, which action would be completely inappropriate? Select all that apply.
- A) Charting immediately on the MAR after drug administration
 - B) Removing a drug from an unlabeled container
 - C) Giving a drug that someone else prepared
 - D) Crushing tablets or opening capsules
 - E) Removing the drug's unit dose wrapper at the client's bedside

ANS: B, C, D

Feedback: The nurse should always record immediately on the MAR after drug administration. The nurse should never remove a drug from an unlabeled container, give a drug that someone else prepared, or crush tablets or open capsules without consulting a pharmacist. The drug's unit dose wrapper should remain on until the nurse arrives at the client's bedside.

PTS: 1

DIF: Moderate

REF: Header: Preparing a Drug for Administration | Page: 21 OBJ: 2

NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care

TOP: Chapter 2

KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)

BLM: Cognitive Level: Apply

22. A nursing instructor determines a discussion on the seriousness of making drug errors is successful when the students correctly articulate which factors as being likely causes? Select all that apply.
- A) When transcribing the drug order
 - B) When verifying the client
 - C) When dispensing the drug
 - D) When charting after drug administration
 - E) When administering the drug

ANS: A, C, E PTS: 1 DIF: Easy

REF: Header: Preventing Medication Errors | Page: 22 OBJ: 2

NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care

TOP: Chapter 2

KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)

BLM: Cognitive Level: Apply

23. A nurse is preparing an in-service on the subject of preventing medication errors. Which actions will the nurse illustrate in the discussion? Select all that apply.
- A) Rechecking all calculations
 - B) Always administering the drug before answering any of the client's questions
 - C) Avoiding distractions and concentrating on only one task at a time
 - D) Confirming any questionable orders
 - E) Practicing the five + 1 rights of drug administration

ANS: A, C, D, E

Feedback: In addition to following the five + 1 rights of drug administration, a nurse can employ the following strategies to aid in the prevention of drug errors: confirm any questionable orders; when calculations are necessary, verify them with another nurse; listen to the client when they question a drug, the dosage, or the drug regimen; never administer the drug until the client's questions have been adequately researched; and avoid distractions and concentrate on only one task at a time.

PTS: 1 DIF: Easy
REF: Header: Preventing Medication Errors | Page: 22 OBJ: 4
NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care
TOP: Chapter 2
KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)
BLM: Cognitive Level: Apply

24. The nurse is preparing to properly document the administration of a medication. The nurse correctly writes out the note utilizing which format? Select all that apply.
- A) IU
 - B) QD
 - C) 0.2 mg
 - D) Units
 - E) 2.0 mg

ANS: C, D

Feedback: Always use a leading zero when writing decimals (i.e., 0.2 mg, not .2 mg) and leave off the trailing zero (i.e., 2 mg, not 2.0 mg). Always write out units, international units, and daily; do not use U, IU, or QD.

PTS: 1 DIF: Easy REF: Header: Table 2.1 | Page: 23
OBJ: 5
NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care
TOP: Chapter 2 KEY: Integrated Process: Communication/Documentation
BLM: Cognitive Level: Apply

25. When using a bar-coded point-of-care medication system, the nurse would scan which items prior to drug administration? Select all that apply.
- A) Client's hospital chart
 - B) Client's identification band
 - C) Drug unit dose package
 - D) Nurse's identification badge
 - E) Client's medication administration record

ANS: B, C, D

Feedback: The bar-coded point-of-care medication system requires that the client's identification band, the drug unit dose package, and the nurse's identification badge are all scanned prior to drug administration. The information is then recorded automatically in the client's MAR and hospital record.

PTS: 1 DIF: Moderate
REF: Header: Bar-Coded Point-of-Care Medication System | Page: 24
OBJ: 5

NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care
TOP: Chapter 2
KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)
BLM: Cognitive Level: Apply

26. The health care facility utilizes the unit dose system in an effort to reduce medication errors. What would the nurse likely administer in this type of system? Select all that apply.
- A) One tablet from a bottle of aspirin 81 mg
 - B) A prefilled Lovenox syringe
 - C) A Phenergan suppository
 - D) One dose from a bottle of ibuprofen suspension
 - E) Single-dose cup of Maalox

ANS: B, C, E

Feedback: The unit dose system is a method in which drug orders are filled and medications dispensed to fill each client's medication orders for at least a 24-hour period. Examples of unit dose medications include a package that contains one tablet or capsule, a premeasured amount of a liquid drug, a prefilled syringe, or one suppository.

PTS: 1 DIF: Easy REF: Header: Unit Dose System | Page: 24
OBJ: 6
NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care
TOP: Chapter 2
KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)
BLM: Cognitive Level: Apply

27. A nurse is preparing to administer a prescribed drug by the oral route. Which step would be **most** important for the nurse to do? Select all that apply.
- A) Making sure the client is in an upright position prior to administration
 - B) Ensuring that a full glass of water is readily available
 - C) Leaving PRN drugs at the bedside for ready access if needed
 - D) Instructing the client to tilt his or her head back to swallow a capsule
 - E) Having the client refrain from sipping on the water before placing the tablet in the mouth

ANS: A, B

Feedback: Clients should always be in an upright position when receiving oral drugs and a glass of water should be readily available. They should be encouraged to take a few sips of water before placing the tablet or capsule in the mouth. Drugs should never be left at the client's bedside. Instruct clients to tilt their head back to swallow a tablet and slightly forward to swallow a capsule.

PTS: 1 DIF: Moderate
REF: Header: Administration of Drugs by the Oral Route: Nursing Responsibilities | Page: 25
OBJ: 7
NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care
TOP: Chapter 2
KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)
BLM: Cognitive Level: Apply

28. The nurse is caring for a client with a nasogastric tube and is to receive an oral medication. Which action by the nurse would be **most** appropriate? Select all that apply.
- A) Not diluting liquids prior to administration
 - B) Checking the tube for placement
 - C) Dissolving crushed tablets in water prior to administration
 - D) Flushing the tube with water after drugs are administered
 - E) Clearing the tube with air prior to administration

ANS: B, C, D

Feedback: Before administration of an oral drug through an NG tube or gastrostomy tube, the nurse should check the tube for placement, dilute and flush liquid drugs through the tube, crush tablets and dissolve them in water before administering them through the tube, and flush the tube with water after the drugs are placed in the tube to clear the tubing completely.

PTS: 1

DIF: Moderate

REF: Header: Administration of Drugs by the Oral Route: Nursing Responsibilities | Page: 25

OBJ: 7

NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care

TOP: Chapter 2

KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)

BLM: Cognitive Level: Apply

29. When administering parenteral drugs, which route could the nurse use? Select all that apply.
- A) Subcutaneous
 - B) Intramuscular
 - C) Intradural
 - D) Intravenous
 - E) Intradermal

ANS: A, B, D, E

Feedback: A nurse can administer parenteral drugs via subcutaneous, intramuscular, intravenous, intradermal, and, in some instances, intra-arterial routes by means of a catheter placed by a health care provider in an artery. The primary health care provider can administer a drug via the intradural route.

PTS: 1

DIF: Easy

REF: Header: Administration of Drugs by the Parenteral Route | Page: 25

OBJ: 7

NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care

TOP: Chapter 2

KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)

BLM: Cognitive Level: Apply

30. A nurse is preparing to administer a prescribed drug via an intramuscular injection. Which would be **most** appropriate for the nurse to do? Select all that apply.
- A) Always wear gloves
 - B) Cleanse skin at injection site
 - C) Place pressure on the area after removing the needle
 - D) Recap the needle before disposal

E) Aspirate after inserting the needle

ANS: A, B, C, E

Feedback: When administering an intramuscular injection, the nurse should always wear gloves, cleanse the skin at the injection site prior to administration, aspirate for 5 to 10 seconds after inserting the needle, apply pressure to the area after removing the needle, and never recap the needle but use the safety guard if provided to prevent needle-stick injuries.

PTS: 1

DIF: Moderate

REF: Header: Administration of Drugs by the Parenteral Route: Nursing Responsibilities |

Page: 25

OBJ: 7

NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care

TOP: Chapter 2

KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)

BLM: Cognitive Level: Apply

31. When administering an intradermal injection, the nurse would use a 1-mL syringe with which gauge of needle? Select all that apply.

A) 23 gauge

B) 24 gauge

C) 25 gauge

D) 26 gauge

E) 27 gauge

ANS: C, D, E

Feedback: A 1-mL syringe with a 25- to 27-gauge needle that is 1/4 to 5/8 in long is best suited for intradermal injections. A 23- and 24-gauge needles are commonly used with subcutaneous injections.

PTS: 1

DIF: Easy

REF: Header: Administration of Drugs by the Intradermal Route: Nursing Responsibilities |

Page: 26

OBJ: 7

NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care

TOP: Chapter 2

KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)

BLM: Cognitive Level: Apply

32. A client has an order to receive 10 units of intermediate-acting insulin at bedtime via subcutaneous injection. The nurse would expect to administer the injection at which site? Select all that apply.

A) Upper arm

B) Inner forearm

C) Upper abdomen

D) Gluteus maximus

E) Upper thigh

ANS: A, C, E

Feedback: The sites for subcutaneous injection are the upper arms, the upper abdomen, and the upper thighs.

PTS: 1 DIF: Easy
REF: Header: Administration of Drugs by the Subcutaneous Route, Figure 2.9 | Page: 26, 27
OBJ: 7
NAT: Client Needs: Safe and Effective Care Environment: Coordinated Care
TOP: Chapter 2
KEY: Integrated Process: Clinical Problem-solving Process (Nursing Process)
BLM: Cognitive Level: Apply

33. The nursing instructor determines the discussion on medication administration routes was successful when the students correctly choose which examples of a topical drug? Select all that apply.
- A) Eye drops
 - B) Suppository
 - C) Nebulized bronchodilator
 - D) Nicotine patch
 - E) Capsule

ANS: A, B

Feedback: Topical drugs are drugs that are applied to the outer layer of the skin but not absorbed through the skin, such as eye drops and suppositories. A nebulized bronchodilator is an inhaled medication. A nicotine patch delivers the medication transdermally; that is, it is readily absorbed from the skin. A capsule is a form of oral medication.

PTS: 1 DIF: Moderate REF: Header: Box 2.2 | Page: 30
OBJ: 8
NAT: Client Needs: Physiological Integrity: Pharmacologic and Parenteral Therapies
TOP: Chapter 2 KEY: Integrated Process: Teaching/Learning
BLM: Cognitive Level: Analyze