

Critical Care Transport Drugs Quiz 2015

Levophed (Norepinephrine)

Propofol

Insulin

1. List the drug classifications for each transport drug.

Levophed _____

Propofol _____

Insulin _____

2. Norepinephrine is indicated for use in patients with (Circle all that apply)

- a. Septic shock
- b. Hypotension after intravascular fluid bolus
- c. Hypotension with blood volume deficit
- d. Hypotension associated with AMI

3. Norepinephrine has equal effects on beta 2 receptors like epinephrine

True

False

4. The mechanism of action of norepinephrine includes which of the following?

- a. Alpha receptor agonist causing vasoconstriction
- b. Beta 2 receptor causing bronchial dilation
- c. Beta 1 agonist causing enhanced force of contraction, and chronotropic effects
- d. a and c
- e. a, b, and c.

5. Dosing of Norepinephrine is titrated at a rate of 1 to 2 mcg/min every 3 to 5 minutes with the goal of maintaining systolic blood pressure in what range? _____

6. Select all adverse effects of Norepinephrine that apply:

- a. Ventricular irritability
- b. Decreased renal blood flow
- c. Necrosis with extravasation
- d. Reflex bradycardia
- e. Tachycardia/parasympathetic stimulation

7. The mechanism of action for Propofol produces effects by the positive modulation of the inhibitory function of the neuro transmitter gamma aminobutyric acid resulting in a sedative hypnotic state.

True

False

8. The onset of action of Propofol is _____, it's peak effects are _____, and the duration of action is _____.

9. The dose of Propofol is titrated/administered at:

- a. Titrated at 1-2 mcg/kg/min every 5 to 10 min to desired sedation
- b. Titrated at 5- 10 mcg/kg/min every 5 to 10 min to desired sedation
- c. 5 mcg/kg IVP every 5 to 10 min to desired sedation

10. The adverse effects of Propofol include: (circle all that apply)

- a. Hypotension
- b. Tachycardia
- c. Bradycardia
- d. Respiratory depression
- e. Hypertension
- f. Pulmonary edema
- g. Involuntary muscle movements
- h. Propofol infusion syndrome

11. You are transporting a patient with a Propofol drip at 30 mcg/kg/min. Your patient's blood pressure drops from 110 systolic to 80 systolic, and the patient's heart rate decreases from 80 bpm to 60 bpm. What is your course of action?

12. With Propofol infusion syndrome your patient may experience:

- a. Hypoglycemia
- b. Hyperphosphatemia
- c. Hyperkalemia
- d. Hyperglycemia
- e. Hypokalemia

13. Insulin is indicated for use in hospital for the following (circle all that apply)

- a. Hyperosmolar Hyperglycemic state
- b. DKA
- c. Hyperglycemia
- d. Hypoglycemia
- e. Drug Overdoses (beta blocker, calcium channel blockers)

14. Insulin promotes Potassium, glucose and phosphate uptake at the cellular level.

True

False

15. What happens to serum Potassium levels in a patient receiving an Insulin infusion?-

16. You arrive at the ED to transfer a patient on an Insulin drip. Patient's last K⁺ level was reported as 3.4 g/dl taken 6 hours prior. No K⁺ supplementation has been given. What should you request?

17. The EMTALA form must include clear, written, titration guidelines on all medications running.

True

False

18. How is Insulin packaged?

- a. 1 U/ 10 ml
- b. 10 U/1 ml
- c. 100U/100 ml

How is the dose administered? _____

19. How is Levophed packaged?

- a. 8 mg/ 500 ml
- b. 4 mcg/ 1000 ml
- c. 1 mg/ 100 ml

How is the dose administered? _____

20. How is Propofol packaged?

- a. 100 mg/ 10 ml
- b. 1 g/ 100 ml
- c. 100 mcg/ 100 ml

How is the dose administered? _____

Figure the following drip calculations:

Using 20 gtt tubing and a patient weight of 90 kg, figure the drip calculation for the following:

(Show formulas and work)

Insulin 7 U/Hr

Convert your answer to ml/hr:

Propofol 10 mcg/kg/min

Convert your answer to ml/hr:

Levophed 5 mcg/min

Convert your answer to ml/hr

