Achievable

NCLEX-RN DUMP SHEET

Pharmacology: safe administration

Six rights

- **Right patient** — two identifiers (name + DOB), scan the band. Never the room number
- **Right medication** — compare MAR to label **three times**; watch look-alike/sound-alike (hydroxyzine vs hydralazine)
- **Right dose** — recheck the math, watch decimals (0.1 mg vs 1 mg)
- **Right route** — the form must match the ordered route
- **Right time** — within policy window; confirm PRN parameters
- **Right documentation** — **immediately after** administration, never before
- **Independent double-check** for high-alert medications per policy
- **Leading zeros, no trailing zeros** — 0.1 mg, not .1 mg; 1 mg, not 1.0 mg
- Never crush enteric-coated tablets. Rinse the mouth after inhaled steroids. Rotate SubQ sites

Routes

Route	Key point
PO	Assess swallowing; don't crush enteric-coated
SL	Don't swallow; no food or water until dissolved
Topical	Rotate sites; gloves for hormone patches
Inhalation	Spacer if needed; rinse mouth after steroids
SubQ	45—90°; insulin, heparin; rotate sites
IM	Z-track for selected drugs; aspiration generally *not* recommended for vaccines and routine IM
IV	Fastest; watch for infiltration and phlebitis

High-alert medications and antidotes

Drug	Monitor	Antidote
Warfarin	INR (therapeutic 2.0—3.0)	Vitamin K
Unfractionated heparin	aPTT	Protamine sulfate
Opioids	RR, SpO_2, sedation	Naloxone
Insulin	Blood glucose before and after	Glucose / dextrose
Magnesium	Deep tendon reflexes	IV calcium gluconate
Digoxin	Apical pulse, K^+, digoxin level	Digoxin immune fab (DigiFab); hold and notify

- **ISMP high-alert list** — anticoagulants, insulins, opioids, chemotherapy, concentrated IV potassium and magnesium sulfate, sedatives (midazolam, lorazepam), parenteral nutrition
- **Heparin is weight-based and dosed in units — never confuse it with insulin**
- **Anticoagulant teaching** — soft toothbrush, electric razor, fall precautions; report black stools, hematuria, bruising
- **Chemotherapy** — PPE, special disposal, monitor CBC/LFT/renal, antiemetic before infusion, watch the IV site for extravasation
- **Hold the opioid and notify** when the respiratory rate is low — a post-op RR of 10/min is a hold