# ANSWERS

## Clinical Scenarios and Nursing Judgment

**1.Answer:** **Check the patient's theophylline level**
**Rationale:** The symptoms indicate possible theophylline toxicity; serum levels must be checked before continuing therapy.

**2. Answer:** **Report the cough and dizziness to the physician for possible medication change**
**Rationale:** ACE inhibitors commonly cause a dry cough; the provider may switch to an ARB (e.g., losartan). Dizziness may indicate orthostatic hypotension.

**3. Answer:** **Report the symptom immediately to the RN**
**Rationale**: Tinnitus is a sign of ototoxicity, especially with rapid IV furosemide. The drug should be stopped and evaluated immediately.

**4. Answer:** **Hold the dose and notify the physician**
**Rationale:** Bradycardia and visual disturbances suggest digoxin toxicity. The dose should be held, and the provider notified.

**5. Answer:** **Hold the medication and notify the provider**
**Rationale:** Metformin is contraindicated in renal impairment due to risk of lactic acidosis.

**6. Answer:** **Bruising on the arms and bleeding gums**
**Rationale:** Erythromycin increases warfarin's anticoagulant effect, raising the risk of bleeding.



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**7. Answer:** **Assess her blood pressure and discuss possible side effects**
**Rationale:** The nurse must first assess and explore reasons for non-adherence before making clinical decisions.

**8. Answer:** **Administer naloxone as ordered**
**Rationale:** Naloxone reverses opioid-induced respiratory depression; this is a medical emergency.

**9. Answer:** **Administer both until INR is therapeutic**
**Rationale**: Heparin and warfarin overlap until the INR reaches 2–3, ensuring continuous anticoagulation.

**10. Answer:** **Hold the medication and report the findings**
**Rationale:** Gentamicin is nephrotoxic; rising creatinine indicates kidney injury. The medication must be held and evaluated.