Week 6 Case Study

1. Select one drug to treat the diagnosis(es) or symptoms
2. List medication class and mechanism of action for the chosen medication.
3. Write the prescription in prescription format.
4. Provide an evidence-based source and rationale for the selected medication using at least one scholarly Textbooks may be used for additional references but are not the primary reference.
5. List any side effects or adverse effects associated with the medication.
6. Include any required diagnostic testing. State the time frame for this testing (testing is before medication initiation or every 3 months, etc.). Includes normal results range for any listed laboratory tests.
7. Provide a minimum of three appropriate medication-related teaching points for the client and/or family.

Hello Everyone,

A. Select one drug to treat the diagnosis(es) or symptoms

There are currently no drug treatment for stimulant abuse disorder. One drug that can treat the patient's symptoms is Lorazepam (Stahl et al., 2021).

B. List medication class and mechanism of action for the chosen medication.

Lorazepam is a Benzodiazepine. It works by binding to the benzodiazepine receptors at the GABA-A ligand gated chloride channel complicity. This action enhances the inhibitory effects of GABA (Stahl et al., 2021).

C. Write the prescription in prescription format.

Lorazepam 4mg IV Push PRN Agitation

D. Provide an evidence-based source and rationale for the selected medication using at least one scholarly Textbooks may be used for additional references but are not the primary reference.

Stimulant abuse is a major worldwide health problem. Patients who abuse stimulant for example cocaine, can experience acute cocaine toxicity. The patient experiencing cocaine toxicity can present with hypertension, altered mental status, chest pain, epistaxis, headache, paranoia, and excited delirium similar to the patient in the case study. Benzodiazepine is a safe treatment for treating cocaine toxicity. It also is the first-line treatment for best treating agitations and decreasing CNS sympathetic outflow (Connors et al., 2019).