

# RESPIRATORY MEDICATION

## ANTIHISTAMINES

**MOA:** BLOCKS H1 **HISTAMINE** RECEPTOR SITE  
**ANTICHOLINERGIC EFFECT**  
**USES:** SEASONAL ALLERGIES, ANGIOEDEMA, TRANSFUSIONS, INSOMNIA, ANAPHYLAXIS, MILD ALLERGIC REACTIONS  
**S/E:** **SEDATION, DROWSINESS, FALL RISK, DRY MOUTH, N/V, RESPIRATORY DEPRESSION**  
**C/I:** PREGNANCY, DYSRHYTHMIAS, LIVER DISEASE, MAOI  
**NOTES:** TAKE WITH MEALS - REDUCE GI ISSUES  
1ST GEN: **DIPHENHYDRAMINE** 2ND: **DETRAZINE, LORATADINE**

## DECONGESTANTS

**MOA:** STIMULATE A1 CELLS - **VASOCONSTRICTION** - REDUCES INFLAMMATION  
**USES:** RHINITIS, SINUSITIS, COMMON COLD  
**S/E:** **REBOUND CONGESTION, PALPITATIONS, RESTLESS, ANXIOUS, HTN**  
**C/I:** CLOSED ANGLE GLAUCOMA  
**NOTES:** LIMIT 3-5 DAYS OF USE  
**MEDS:** **PSEUDOEPHEDRINE, PHENYLEPHRINE**

## EXPECTORANTS

**MOA:** MUCOLYTIC - THINS SECRETIONS  
**USES:** NON-PRODUCTIVE COUGHS  
**S/E:** GI UPSET, DROWSINESS, DIZZINESS, ALLERGIC RASH  
**C/I:** PREGNANT, BREASTFEEDING - NEEDS PROVIDER CONSULT  
**NOTES:** IF GI UPSET - TAKE W/ FOOD, **DRINK PLENTY OF H2O**, DONT DRIVE UNTIL CLIENT KNOWS HOW IT AFFECTS THEM, MAY MASK MORE SERIOUS ISSUES - **PROLONGED USE**  
**MEDS:** **GUAFENESIN**

## MUCOLYTICS

**MOA:** THIN AND PROMOTE THE FLOW OF SECRETIONS  
**USES:** COPD, CYSTIC FIBROSIS  
**S/E:** ASPIRATION, BRONCHOSPASM, DIZZINESS, DROWSY, ↓ BP, ↑ HR, **LIVER TOXICITY**  
**C/I:** ASTHMA - BRONCHOSPASM  
**NOTES:** **ACETAMINOPHEN** ANTIDOTE - **ACETYLCYSTEINE**  
MONITOR LIVER FUNCTION TEST  
**MEDS:** **ACETYLCYSTEINE, DORNASE ALFA**

## NON-OPPIO ANTITUSSIVE

**MOA:** SUPPRESSES THE COUGH BY ACTING ON THE CNS  
**USES:** COUGH SUPPRESSION  
**S/E:** **MILD N/V, DIZZINESS, SEDATION**  
**C/I:** **MOA USE WITHIN 2 WEEKS** - HIGH GRADE FEVER  
**NOTES:** CAUTION WITH **DRUG ABUSE** PATIENTS - HIGH DOSES CAUSE EUPHORIA  
**MEDS:** **DEXTRMETHORPHAN, BENZONATATE**

## OPPIO ANTITUSSIVE

**MOA:** SUPPRESSES THE COUGH BY ACTING ON THE CNS - INCREASES COUGH THRESHOLD  
**USES:** **CHRONIC** NON-PRODUCTIVE COUGH  
**S/E:** CNS DEPRESSANT, GI DISTRESS (N/V CONSTIPATION)  
**C/I:** **DRUG ABUSE, PREGNANCY, RESPIRATORY DEPRESSION, LIVER & RENAL DYSFUNCTION**  
**NOTES:** TAKE WITH FOOD, DONT DRIVE, **INCREASE H2O & FIBER INTAKE**  
**MEDS:** **CODINE, HYDROCODONE**

# Medication Cheat Sheet For Respiratory

**Emilie Sanchez**

## **Medication Cheat Sheet For Respiratory:**

*Dosage Calculations Made Incredibly Easy!* Springhouse, 2002 This entertaining guide is now more fun more up to date and even easier to use an indispensable resource for nurses who want to take the stress out of dosage calculations New to this edition are a chapter on dimensional analysis numerous lighthearted learning aids called Cheat Sheets and Practice Makes Perfect case study questions and answers that let nurses assess their progress Contents include math basics measurement systems drug orders and administration records calculating oral topical and rectal drug dosages calculating parenteral injections and I V infusions and calculating pediatric obstetric and critical care dosages

**U.S. ARMY**

## **AEROMEDICAL EVACUATION CRITICAL CARE FLIGHT PARAMEDIC STANDARD MEDICAL OPERATING**

**GUIDELINES (2023-2024)** U.S. Army ,2022-12-31 CONTENTS 1 U S ARMY AEROMEDICAL EVACUATION CRITICAL CARE FLIGHT PARAMEDIC STANDARD MEDICAL OPERATING GUIDELINES CY23 Version Published January 2023 318 pages 2 TCCC Guidelines for Medical Personnel 15 December 2021 19 pages 3 JTS Clinical Practice Guidelines 2 260 total pages current as of 19 September 2023 INTRODUCTION The SMOG continues to go through significant improvements with each release as a result of the collaboration of Emergency Medicine professionals experienced Flight Medics Aeromedical Physician Assistants Critical Care Nurses and Flight Surgeons There has been close coordination in the development of these guidelines by the Joint Trauma System and the Defense Committees on Trauma Our shared goal is to ensure the highest quality en route care possible and to standardize care across all evacuation and emergency medical pre hospital units It is our vision that all of these enhancements and improvements will advance en route care across the services and the Department of Defense Unit medical trainers and medical directors should evaluate Critical Care Flight Paramedics CCFP ability to follow and execute the medical instructions herein These medical guidelines are intended to guide CCFPs and prehospital professionals in the response and management of emergencies and the care and treatment of patients in both garrison and combat theater environments Unit medical providers are not expected to employ these guidelines blindly Unit medical providers are expected to manipulate and adjust these guidelines to their unit s mission and medical air crew training experience Medical directors or designated supervising physicians should endorse these guidelines as a baseline appropriately adjust components as needed and responsibly manage individual unit medical missions within the scope of practice of their Critical Care Flight Paramedics Enroute Critical Care Nurses and advanced practice aeromedical providers The medication section of this manual is provided for information purposes only CCFPs may administer medications only as listed in the guidelines unless their medical director and or supervising physician orders a deviation Other medications may be added so long as the unit supervising physician and or medical director approves them This manual also serves as a reference for physicians providing medical direction and clinical oversight to the CCFP Treatment direction which is more appropriate to the patient s condition than the guideline should be provided by the physician as long as the CCFP scope of

practice is not exceeded Any medical guideline that is out of date or has been found to cause further harm will be updated or deleted immediately The Medical Evacuation Concepts and Capabilities Division MECCD serves as the managing editor of the SMOG and are responsible for content updates managing the formal review process and identifying review committee members for the annual review The Standard Medical Operating Guidelines are intended to provide medical procedural guidance and is in compliment to other Department of Defense and Department of the Army policies regulatory and doctrinal guidance Nothing herein overrides or supersedes laws rules regulation or policies of the United States DoD or DA

**FIELD**

**MEDICAL SERVICE TECHNICIAN (FMST) - 2021** United States Marine Corps, 2020-12-31 COURSE DESCRIPTION

During this 8 week course you will have a mix of classroom and field training Emphasis is placed on learning field medicine by using the principles of Tactical Combat Casualty Care TCCC This includes familiarization with USMC organization and procedures logistics and administrative support in a field environment Additionally training will include general military subjects individual and small unit tactics military drills physical training conditioning and weapons familiarization with the opportunity to fire the M16 M4 service rifle Completion of FMST results in the student receiving Navy Enlisted Classification HM L03A See Student Material to download a copy of the Student Manual that you will use during your training

**CONTENTS**  
1 TCCC Guidelines for Medical Personnel 15 December 2021 19 pages 2 JTS Clinical Practice Guidelines 2 222 total pages current as of 16 December 2022 3 FIELD MEDICAL SERVICE TECHNICIAN FMST 2021 3 252 pages

**2018 Joint**

**Trauma System (JTS) Clinical Practice Guidelines (CPGs) & DOD TRAUMA REGISTRY DATA DICTIONARY For**

**Military and Civilian Health Care Practitioners**, 2018-10-09 Almost 1 000 total pages see index at beginning of publications for a complete list of included CPGs Each CPG includes a section on the following 1 GOAL 2 BACKGROUND 3 EVALUATION 4 TREATMENT 5 PERFORMANCE IMPROVEMENT PI MONITORING 6 SYSTEM REPORTING reduced burn morbidity and mortality near elimination of extremity compartment syndrome better patient care documentation and improved communication across the spectrum of care between geographically dispersed facilities CPGs are evidence based and developed with experts in the military and civilian communities deployed clinicians Service trauma surgical consultants JTS leadership and formerly deployed Trauma Directors and Coordinators JTS has a formalized process for developing reviewing updating and approving CPGs The guidelines are developed and implemented by clinical subject matter experts in response to needs identified in the military area of responsibility CPGs were developed originally for U S Central Command However collaborative efforts are ongoing with the other Combatant Commands to customize CPGs to their COCOMs

**INTRODUCTION TO THE JOINT TRAUMA SYSTEM JTS** The Joint Trauma System JTS is the Department of Defense DoD authority for the military's trauma care system The vision of the Joint Trauma System is that every Soldier Sailor Marine and Airman injured on the battlefield will have the optimum chance for survival and maximum potential for functional recovery To achieve this vision in 2006 the JTS implemented programs for data driven trauma system development and improvement in

addition to the collection of trauma data As part of its data collection efforts the JTS maintains a registry of trauma patients who received care at medical treatment facilities MTFs Since 2007 this registry known as the DoD Trauma Registry DoDTR has documented demographic injury treatment and outcomes data for all trauma patients admitted to any DoD MTF regardless of whether the injury occurred during on going military operations and is the largest military trauma data source in the world Development of the DoDTR began during the early years of the Global War on Terror GWoT when the need to systematically improve trauma care for combat wounded resulted in the impromptu creation of a demonstration registry known then as the Combat Trauma Registry CTR The CTR was constructed by the Center for AMEDD Strategic Studies CASS trauma related information was initially abstracted into it from paper medical records received from trauma nurse coordinators TNCs at Landstuhl Regional Medical Center LRMC in Germany Shortly after the demonstration program started the Army Surgeon General approved its transition to an operational mode leading to the formation of the Joint Theater Trauma System JTTS and eventually the Joint Trauma System JTS *Joint Trauma System (JTS) Clinical Practice Guidelines*, Over 700 total pages The JTS Clinical Practice Guidelines CPGs are to the greatest extent possible evidence based The guidelines are developed using a rigorous process that involves subject matter experts in each field evaluating the best available data If you are interested in learning more about the process of developing CPGs please click this link CPG Development Process This guide for CPG development will help lead you through the methods used to develop and monitor CPGs The JTS remains committed to using the highest levels of analytical and statistical analysis in its CPG development process COMPLETE LIST OF CURRENT JTS CPGs JTS CPG Documentation Process 01 December 2017 Acute Extremity Compartment Syndrome Fasciotomy 25 July 2016 Acute Respiratory Failure 23 January 2017 Airway Management of Traumatic Injuries 17 July 2017 Amputation 1 July 2016 Anesthesia 23 Jun 2016 pdf Aural Blast Injury Acoustic Trauma and Hearing Loss 12 Aug 2016 Battle Non Battle Injury Documentation Resuscitation Record 5 Dec 13 Blunt Abdominal Trauma Splenectomy and Post Splenectomy Vaccination 12 August 2016 Burn Care 11 May 2016 Catastrophic Non Survivable Brain Injury 27 Jan 2017 Cervical Thoracolumbar Spine Injury Evaluation Transport and Surgery in Deployed Setting 05 August 2016 Clinical Mgmt of Military Working Dogs Combined 19 Mar 2012 Clinical Mgmt of Military Working Dogs Zip 19 Mar 2012 zip Damage Control Resuscitation 03 Feb 2017 DCoE Concussion Management Algorithm Cards pdf DoD Policy Guidance for Management of Mild Traumatic Brain Injury Concussion in the Deployed Setting Drowning Management 27 October 2017 Emergent Resuscitative Thoracotomy 11 June 2012 Fresh Whole Blood Transfusion 24 Oct 12 Frostbite and Immersion Foot Care 26 Jan 2017 Frozen Blood 11 July 2016 High Bilateral Amputations and Dismounted Complex Blast Injury 01 August 2016 Hyperkalemia and Dialysis in the Deployed Setting 24 January 2017 Hypothermia Prevention 20 Sept 2012 Infection Prevention in Combat Related Injuries 08 August 2016 Inhalation Injury and Toxic Industrial Chemical Exposure 25 July 2016 Initial Care of Ocular and Adnexal Injuries 24 Nov 2014 Intratheater Transfer and Transport 19 Nov

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*Emergency Medical Responder (Canadian Edition) includes Navigate Advantage Access* American Academy of Orthopaedic Surgeons (AAOS), Paramedic Association of Canada, 2019-12-27 Emergency Medical Responder is an essential training program that fully meets the newly developed National Occupational Competency Profile for Emergency Medical Responders NOCPs. This comprehensive text addresses the entire NOCPs with clarity and precision in a format that ensures student comprehension and encourages critical thinking. Concepts of team leadership and professionalism are woven throughout the chapters challenging students to become compassionate conscientious health care professionals as well as superior clinicians. Current State of the Art Medical Content Emergency Medical Responder includes in depth coverage of anatomy physiology and pathophysiology to form an advanced understanding of the human body and disease processes expected of today's emergency medical responder. Detailed precise illustrations clearly depict the anatomy and processes covered in each chapter. Clear Approach to Patient Assessment and Management Emergency Medical Responder teaches and reinforces the concept of patient assessment ensuring that students understand patient assessment as an integrated process the way that providers actually practice it in the field. The steps of the patient assessment process are reinforced within the context of the illnesses or injuries discussed in the chapter. Illustrated skill drills highlight the critical steps of the patient management skills explained throughout the text. Dynamic Technology Solutions Access to Navigate online learning materials including an interactive eBook, student practice activities and assessments, sample course plans and additional chapters covering Rescue operations, terrorism response, CBRNE and hazardous materials events, crime scene awareness, Patients with special needs, Acute interventions for chronic care patients, Medical incident command 2021 1008 pages [The Pacific Crossing Guide 4th edition](#) Francis Hawkings, 2024-10-10 The definitive work on Pacific crossings Cruising The Pacific Crossing Guide is a complete reference for anyone contemplating sailing the Pacific. From ideal timing, suitable boats, routes, methods of communication, health and provisioning to seasonal weather, departure and arrival ports, facilities, likely costs and dangers, this comprehensive new edition will both inspire dreamers and instil confidence in those about to depart. Completely updated, expanded and refreshed for the new generation of Pacific cruisers, this is the definitive reference relied upon by many thousands of cruisers. Part 1 covers thorough preparation for both East to West and West to East crossings and Part 2

covers Pacific weather patterns major routes and landfall ports with useful website links throughout There are sections on rallies coral atolls and atoll navigation the cyclone season and laying up use of electronic charts satellite phones versus HF radio ongoing maintenance and Pacific festivals Updated with new charts and photographs the new 4th edition focuses on ports of entry rather than secondary anchorages and expands the North Pacific coverage making it a valuable resource for sailors doing a North Pacific circuit particularly US and Canadian sailors from the Pacific North *Emergency*,1996

*Dogs For Dummies?* Gina Spadofori,1996-09-06 An easy to follow program about puppies and dogs **Introduction to Dance** Juanita Suarez,2006 **Family Medicine** David B. Shires,Brian K. Hennen,1980 **NCLEX-PN Review Made Incredibly Easy!**.,2009 Discover the stress free way to study for the licensure examination With NCLEX PN Review Made Incredibly Easy Third Edition you ll actually enjoy learning stay motivated and improve your performance on the NCLEX PN BOOK JACKET **NCLEX-RN Review Made Incredibly Easy** ,2000 A full purpose content review for the NCLEX covering all key NCLEX TN topics such as essential nursing concepts clinical skills such as physical assessment infection control arrhythmia interpretation and more adult maternal infant child perioperative and generic and mental health nursing hone health care case studies and more The content is enhanced by the fun Incredibly Easy features *Harper's Weekly* John Bonner,George William Curtis,Henry Mills Alden,Samuel Stillman Conant,Montgomery Schuyler,John Foord,Richard Harding Davis,Carl Schurz,Henry Loomis Nelson,John Kendrick Bangs,George Brinton McClellan Harvey,Norman Hapgood,1912

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## **Table of Contents Medication Cheat Ssheet For Respiratory**

1. Understanding the eBook Medication Cheat Ssheet For Respiratory
  - The Rise of Digital Reading Medication Cheat Ssheet For Respiratory
  - Advantages of eBooks Over Traditional Books
2. Identifying Medication Cheat Ssheet For Respiratory
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Medication Cheat Ssheet For Respiratory
  - User-Friendly Interface
4. Exploring eBook Recommendations from Medication Cheat Ssheet For Respiratory
  - Personalized Recommendations
  - Medication Cheat Ssheet For Respiratory User Reviews and Ratings
  - Medication Cheat Ssheet For Respiratory and Bestseller Lists
5. Accessing Medication Cheat Ssheet For Respiratory Free and Paid eBooks
  - Medication Cheat Ssheet For Respiratory Public Domain eBooks
  - Medication Cheat Ssheet For Respiratory eBook Subscription Services
  - Medication Cheat Ssheet For Respiratory Budget-Friendly Options
6. Navigating Medication Cheat Ssheet For Respiratory eBook Formats

- ePub, PDF, MOBI, and More
- Medication Cheat Ssheet For Respiratory Compatibility with Devices
- Medication Cheat Ssheet For Respiratory Enhanced eBook Features

7. Enhancing Your Reading Experience

- Adjustable Fonts and Text Sizes of Medication Cheat Ssheet For Respiratory
- Highlighting and Note-Taking Medication Cheat Ssheet For Respiratory
- Interactive Elements Medication Cheat Ssheet For Respiratory

8. Staying Engaged with Medication Cheat Ssheet For Respiratory

- Joining Online Reading Communities
- Participating in Virtual Book Clubs
- Following Authors and Publishers Medication Cheat Ssheet For Respiratory

9. Balancing eBooks and Physical Books Medication Cheat Ssheet For Respiratory

- Benefits of a Digital Library
- Creating a Diverse Reading Collection Medication Cheat Ssheet For Respiratory

10. Overcoming Reading Challenges

- Dealing with Digital Eye Strain
- Minimizing Distractions
- Managing Screen Time

11. Cultivating a Reading Routine Medication Cheat Ssheet For Respiratory

- Setting Reading Goals Medication Cheat Ssheet For Respiratory
- Carving Out Dedicated Reading Time

12. Sourcing Reliable Information of Medication Cheat Ssheet For Respiratory

- Fact-Checking eBook Content of Medication Cheat Ssheet For Respiratory
- Distinguishing Credible Sources

13. Promoting Lifelong Learning

- Utilizing eBooks for Skill Development
- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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