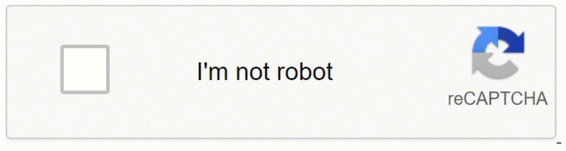
Mg to tablets calculator



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Taichung City 403 Taiwan +886 422 031 790 Monday â Friday: 9.00 â 17.00 (GMT+8) Unit 4b Rowood Estate Murdock Road Bicester Oxfordshire OX26 4PP United Kingdom 01 869 250 234 Monday â Friday: 9am â 17pm (GMT+8) T) 6601 Will Rogers Blvd Fort Worth Texas 76 140 United States (682) 312 0034 Monday â Friday: 8am â 18pm (GMT-6) Lack of basic math skills can be a big problem when it comes to nurses administering drugs to patients. Calculations are still a significant source of pharmacological error This article has been updated The evidence in this article is no longer current. Click here to see an updated and expanded article Author: Steve Haigh is Senior Pharmacist, Medicines Information and Formulary, Sherwood Forest Hospitals. Lack of basic math skills can be a major problem when it comes to nurses administering drugs to patients. Calculations are still a significant source of drug errors. Parenteral opiates are often used for the management of acute pain in patients who need effective analgesia. But mistakes involving intravenous opioid overdose can rapidly lead to respiratory depression. The opioid antagonist naloxone reverses opioid overdose and is usually needed quickly. However, this can be confusing, as the product is prepared in micrograms. This is a small volume and the dose administered should be titrated according to the response. Post-operative, the epidural pathway is now common for infusions of opiates and local anesthetics. If opioids, or most drugs, have been miscalculated, the consequences for patients can be serious. When administered at too high concentrations, the local anaesthetic used in epidural infusions can cause extensive motor blockage, resulting in immobilization and pressure ulcers, distressing for the patient (Lee, 1991). Wheatley et al (2001) call for the routine use of pre-filled epidural infusion bags to avoid the risk of miscalculation when department staff prepare infusions. Nursing competence in drug calculation has been a concern (Duffin, 2000; Coombes, 2000). (1998a) suggests that some degree of “de-skilling” is due to the greater ease of use of pharmaceutical preparations and the widespread use of electronic dropper. His research on student competence in drug calculation has shown a marked improvement in initial test results after a structured review program. Written testimonials obtained from students of the study that many felt unable to perform calculations such as long division and fractions without using a computer, as they had come to count on these at school. There is a debate on the use of calculator. Hutton (1998b) claims that computers are usually available in areas where calculations are complex, and that their use should be encouraged. The United Kingdom Central Council's opinion on the nursing, ostetric and health visit (UKCC) (now Council of Nursing and Obstetrics) is that nurses should not count too heavily on calculators. The latest drug management guidelines (UKCC, 2000) say that the use of computers 'must not act as a substitute for arithmetic knowledge and skills'. Developing computing skills is based on decimal understanding to make conversion easier. And when using the long division is essential to get it the right way around. The use of simple and memorable formulas for a regular reference can be a great help (Box 1.) Drug calculations seem to be impossiblely difficult unless they break in small steps. They are of vital importance to get right, but so easy to mistake. This article will now look at some commonly used drug calculations and the way errors can happen. Box 1. A memorable formula To help make sure you get the right way up, remember ‘WIG’: What you want x what is in / what you have Type A calculations When the dose you want is not an entire vial. For example: Status 200 mg (milligrams) You have a vial of 500 mg (milligrams) in 4ml (millilitres.) What volume does the dose you need? If you have a 500 mg vial in 4ml, and you need 200 mg, it may seem a daunting calculation. The first step is to find out what volume contains 1 mg (4/500) and then multiply it by how many mg you want (200.) The easiest way to remember this is the famous nursing equation: “What you want, about what you have, times what it is” In this case: 200mg x 4ml / 500mg = 1.6ml The common mistake here is to make him flip over and divide what you have from what you want. This fortunately gives you a stupid answer, which is obviously wrong, in this case 10ml. You already know that you need a fraction of a vials and not two and a little fair, which highlights the error. Conversion units All weights, volumes and times in any equation must be in the same units. With weights the unit changes every thousand. For example, you need 1000 micrograms (mcg) to make 1 milligram (mg) and 1000 milligrams to make a gram (g) (Box 2.) Type B calculations These are infusion rate calculations. For example: Prescription states 30 mg/hour Do you have a bag containing 250 mg in 50ml To which speed (ml/hr) sets the pump? These are the same as the calculationsType A, only once you have exhausted the volume that contains the quantity of the drug you need, you set the pump to give this quantity per hour. In this case, examine how many ml contain a drug mg using wig wig 30 x 50 / 250 = 6ml Therefore the calculation shows that, to give 30 mg per hour, the infusion pump rate should be set to 6ml per hour. This calculation is simple when the desired rate (30 mg/hour) and the amount of medication in the bag (250 mg) are both in the same units (mg). However, if the infusion required 600 micrograms to be infused every hour instead, this should first be converted to mg before the infusion rate was calculated, i.e. 600 micrograms = 0.6 mg. The equation for calculating the infusion rate is the prescribed dose (milligrams per hour) times the syringe volume (in millilitres) divided by the amount in the syringe (in milligrams) equal to the infusion rate (millilitres per hour), or: Dose (mg/hr) x syringe volume a (ml) / Amount in syringe (mg) = infusion rate C calculations The infusion rate is required, but the dose is â€œmg per kgâ€TM. Prescription states 0.5mg/kg/hour You have a 250 mg 50ml bag Your patient weighs 70kg How fast (ml/hr) does the pump set? To do this calculation we still use the WIG equation as above, but with a further step to process the ‘what you want'. First you need to convert the mg per kg to the total mg by multiplying it by the patient’s weight. So for a person who weighs 70kg, 0.5 mg per kg is the same as 35mg. Once this is calculated, the infusion rate can be processed as in Type B calculations. In this case: 0.5mg/kg/hr x 70kg x 50ml / 250mg = 7ml/hr Type D calculations Infusion rate required, but dose is in mg/kg/min. For example: Prescription states 0.5mg/kg/min You have a 250 mg syringe in 50ml Your patient weighs 70kg At what rate (ml/hr) does the pump set? As before, you need to calculate what you want by multiplying the amount per kg by the patient’s weight. In this case: 0.5 mg x 70kg = 35 mg This time, however, the prescription indicates the rate per minute. The pump requires the rate to be set in ml per hour, so the rate per minute must be converted before the equation can be completed, multiplying 35 times 60; that is, 35 mg/min (35 milligrams per minute) is converted to 2100 mg/hour (2100 milligrams per hour). From here, once again we use the Type B calculation to find the infusion rate, which as shown will be 420ml/hr. And Calculations The infusion rate is required, but the dose is in mcg/kg/min. For example: Prescription status 3 micrograms (mcg) /kg/min You have a 100 mg syringe in 50ml Your patient weighs 70kg How fast do you set the pump (ml/hr)? As before, what you want is calculated by multiplying the amount per kg by the patient’s weight, that is: 3mcg/kg for a person of 70kg is 210mcg. Subsequently the prescription rate must be converted to hourly rate, that is 210mcg/min = 12 600mcg/hr The prescription is in micrograms but in your syringe you have milligrams. Both must be in the same therefore it is necessary to convert one to another, in this case mcg to mg. 12 12equals 12.6 mg/h. The calculation is therefore as follows: 12.6 x 50/100 = 6.3 ml/hr Conclusions A UKCC Council meeting in Belfast in June 2000 expressed concern about the lack of basic mathematical skills among nurses (Coombes, 2000; Duffin, 2000). The risk of error was judged to be unacceptably high, especially in the paediatric infirmary, where the need to calculate dosages based on body weight makes the calculation more complex. The GCSE Mathematics degree of Grade C or higher, or equivalent, a mandatory requirement for admission to nursing education, was not considered appropriate for preparation for nursing education, and Hutton (1998a) agrees with this. An anonymous author described her personal experience of a drug mistake (Anon, 2000) and how it almost cost her the loss of the recording. She was fortunate to have managers who offered her their support and helped her realize the need for an urgent basic math revision. The UKCC (2000) recommends open reporting systems and “no-fault” cultures and are useful in changing ways of working (Alderman, 1997). The learning initiatives reported (Coombes, 2000; Wilson, 2000) are positive signs of an increasing number of practical solutions. Test Exercises: Try them for yourself (answers below) Question 1: Prescription for Ampicillin IV 200mg You have a 500mg ampoule in 10ml. What volume contains the required dose? It has one 0.5 mg vial in 2 ml. What volume contains the required dose? Question 3: Prescription of aminophylline intravenously 350mg in 100ml to be administered in 30 minutes You have some vials, 250mg in 5ml. How much aminophylline is added to the bag? How fast is the pump set (ml/hour)? Question 4: Dopamine prescription 2mg/kg/hour You have a 70kg patient and an 800mg syringe in 50ml. How fast does the syringe run (ml/hour)? Question 5: Prescribing doxapram intravenously 0.1mg/kg/minute You have a 90kg patient and a 500mg bag in 250ml. How fast does the syringe run (ml/hour)? Question 6: Prescribing intravenous norepinephrine 10mcg/kg/minute You have a 60kg patient and a 16 mg syringe in 50ml. How fast does the syringe run (ml/hour)? You have a 250 ml bag of 5% dextrose. How many ml do you need to administer? WIG Response: 200mg x 10ml / 500mg = 4ml Answer 2 0.5mg = 500mcg WIG: 187.5mcg x 2ml / 500mcg = 0.75ml Answer 3 WIG: 350mg x 5ml / 250mg = 7ml 60 min x 100ml / 30 min = 200ml/hour NB: When you need ml/hour the equation Is: 60 x ml to infuse / Duration of infusion The prescription really says: 2mg/kg/hour 2mg x 70kg = 140mg/hour needed WIG: 140mg x 50ml / 800mg = 8.75ml per hour Answer 5 Prescription really says: 0.1mg/kg/min 0.1mg x 90kg = 9mg/min 9mg/min 9mg/min min = 9 x 60mg/hour = 540mg/hour WIG: 540mg x 250ml / 500mg = 270ml at present Answer 6 Prescription really says: 10mcg/kg/min 10mcg x 60kg = 600mcg/min 600mcg x 60 min = = 36000/1000 = 36 mg / hr wig: 36 mg x 50ml / 16mg = 112.5 ml of so, 112.5ml An hour answer 7 5% means 5g in 100 ml, which is the same as 5000 mg in wig From 100 ml: 500 mg x 100ml / 5000mg = 10ml we need 5 ml of the 0.375% solution. This would contain 0.375 g in 100 ml. So in 5 ml there would be 0.375gx 5ml / 100ml = 0.01875g (18.75mg) (line 1) we have a 0.5% solution (which contains 0.5 g (500 mg) in 100 ml) we need 18 , 75 mg. Wig 18.75 mg x 100/500 = 3.75 ml Thus, the 18.75mg we need contained in 3.75 ml of our solution to 0.5%, so we take 3.75 ml (18.75 mg), up to 5 ML with WFI, and then we therefore have 18.75mg in 5 ml (which is 0.375% as shown in line 1) Alderman C (1997) the mistake of the Nightmare drug. Nursing times 11: 25, 24-25. Anon. (2000) Serious drug error taught me the need to dust up my math. Nursing scope 96: 34, 23. Coombes R (2000) nurses need a math dose. Times Nursing 96: 24, 4. Duffin C (2000) poor mathematics standards put risk patients at risk. Nursing times 14: 39, 5. Hutton BM (1998a) School qualifications provide for competence in nursing calculations? Nursing education today 18: 25-31. Hutton BM (1998B) nursing mathematics: the importance of application. Nursing Standard 13: 11, 35-38. 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