

## Case 1

1. Noun \_\_\_\_\_

2. Adjective \_\_\_\_\_

3. Verb Present Ends In S \_\_\_\_\_

4. Proper Noun \_\_\_\_\_

5. Verb Base Form \_\_\_\_\_

6. Noun \_\_\_\_\_

7. Adjective \_\_\_\_\_

8. Adjective \_\_\_\_\_

9. Noun \_\_\_\_\_

10. Noun \_\_\_\_\_

11. Noun \_\_\_\_\_

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Situation. A pharmacist verifies a medication order for vancomycin 1,500 mg for a \_\_\_\_\_ Noun \_\_\_\_\_ admitted to the intensive care unit from the emergency department. Verification included checking the order against \_\_\_\_\_ Adjective \_\_\_\_\_ laboratory values, patient weight, and indication. The pharmacist failed to check the emergency department medication record, where a dose of 1,500 mg of vancomycin had been administered. The pharmacist \_\_\_\_\_ Verb Present ends in S \_\_\_\_\_, prepares, and dispenses the 1,500 mg vancomycin dose, with the \_\_\_\_\_ Proper Noun \_\_\_\_\_ administering the dose. Several days later, the patient's serum creatinine begins to \_\_\_\_\_ Verb Base Form \_\_\_\_\_ and a diagnosis of acute kidney \_\_\_\_\_ Noun \_\_\_\_\_ secondary to vancomycin is made with \_\_\_\_\_ Adjective \_\_\_\_\_ hospital stay and interventions (eg, dialysis). This mistaken repeat of the vancomycin dose resulting from the pharmacists' failure to check the emergency department medication administration record was determined to be the root cause of the error. The pharmacist is a \_\_\_\_\_ Adjective \_\_\_\_\_ employee who is well respected by \_\_\_\_\_ Noun \_\_\_\_\_ and is seen as a \_\_\_\_\_ Noun \_\_\_\_\_ \_\_\_\_\_ Noun \_\_\_\_\_ for ICU pharmacy care.