**Nursing Process Focus:**
Patients Receiving Penicillin G (Pentids)

<table>
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<th>Assessment Prior to administration</th>
<th>Potential Nursing Diagnoses</th>
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| • Obtain complete health history including allergies, drug history and possible drug interactions.  
• Assess for presence or history of local or systemic infection.  
• Obtain vital signs. | • Risk for Infection, related to weakened immune state or contact with pathogen  
• Deficient Knowledge, related to drug action and therapy treatment and prevention measures  
• Risk for Injury (anaphylaxis), related to adverse effects of drug |

**Planning: Patient Goals and Expected Outcomes**

The patient will:
• Remain free from signs of allergic reaction to drug therapy.  
• Demonstrate knowledge of drug action and side effects.  
• Demonstrate resolution to incidence of infection.

**Implementation**

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<th>Interventions and (Rationales)</th>
<th>Patient Education/Discharge Planning</th>
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| *Monitor for evidence of allergic reaction to drug. (Allergic reaction may occur immediately or delayed beyond 72 hours.) | Instruct patient:  
• of signs of allergic reaction including itching, rash, respiratory distress.  
• to immediately contact the health care provider if allergic reaction occurs. |
| *Monitor intake and output especially quantity and consistency of bowel movements. (Severe diarrhea may occur due to the possible adverse effect from pseudomembranous colitis.) | *Advise patient to consult health care provider before taking antidiarrheal medication. These medications may worsen or prolong diarrhea. |
| *Evaluate patient’s understanding of drug therapy and administration.  
*Give medication on empty stomach to reduce destruction by gastric acid and enhanced absorption. | Instruct patient:  
• to take medication one hour before or two hours after a meal.  
• To take medication with glass of water.  
• To take all of medication unless instructed to discontinue by the health care provider. |
| *Evaluate patient for evidence of resolution of infectious process. (If the prescribed antibacterial is not effective another medication or different dosage may be required.) | *Instruct patient to notify the health care provider if symptoms persist or worsen. |
| *Observe for superinfection, especially in susceptible patients including elderly, debilitated, or immunosuppressed patient. (There is a high risk for superinfections due to normal flora reduced or eliminated.) | *Instruct patient to report signs and symptoms of superinfection. Symptoms may include: fever, black hairy tongue, stomatitis, loose, foul-smelling stools, vaginal discharge, or cough. |

**Evaluation of Outcome Criteria**

Evaluate the effectiveness of drug therapy by confirming that patient goals and expected outcomes are met (see “Planning”).