

Medication	Expected Action	Therapeutic Use	Med Administration	Complications	Contraindications	Interactions	Evaluation of Effectiveness	Nursing Interventions	Client Education
Epinephrine (Adrenalin)	Treatment for allergic reactions. Treatment for hypotension associated with septic shock.	Relaxes smooth muscle of bronchial tree, produces cardiac stimulation, dilates skeletal muscle vasculature.	IV: Reconstitution: for injection, dilute each 1 mg of 1:1,000 solution with 10 mL 0.9% NaCl to provide 1:10,000 solution and inject each 1 mg or fraction thereof over 1 min or more.	Precautions: Elderly, diabetes mellitus, hypertension, Parkinson's disease, thyroid disease, cerebrovascular or cardiovascular disease.	-Hypersensitivity to epinephrine. -IV: Narrow-angle glaucoma, thyrotoxicosis, diabetes, hypertension, other cardiovascular disorders. -Inhalation: concurrent use or w/in 2 wks of MAOIs.	Drugs: may decrease effects of beta blockers, digoxin, sympathomimetics, may increase risk of cardiac arrhythmias. Ergonovine, methergine, oxytocin may increase vasoconstriction.	-Monitor changes of B/P, HR. Assess lung sounds for rhonchi, wheezing, rales. Monitor ABGs. In cardiac arrest, adhere to ACLS protocols.	-Monitor changes of B/P, HR. Assess lung sounds for rhonchi, wheezing, rales. Monitor ABGs. In cardiac arrest, adhere to ACLS protocols.	-Avoid caffeine -Report immediate symptoms - Never sit on buttocks
Diphenhydramine (Benadryl)	Treatment of allergic reactions, including nasal allergies and allergic dermatoses. Parkinsonism, including drug-induced extrapyramidal symptoms; prevention/treatment of nausea, vomiting, or vertigo due to motion sickness.	Produces anticholinergic, antipruritic, antitussive, antiemetic, antidyskinetic, sedative effects.	PO: Adults, Elderly: 25 mg q4-6h PRN or 50 mg q6-8h PRN. IM, IV: 10-50 mg/dose q6hrs PRN. PO, IM, IV: Children: 5 mg/kg/day in divided doses q6-8hr. Max: 300 mg/day	Precautions: Narrowing angle glaucoma, stenotic peptic ulcer, prostatic hypertrophy.	Hypersensitivity to diphenhydramine. Neonates or premature infants, breastfeeding.	Drug: Alcohol, CNS depressants may increase CNS depressant effects. Anticholinergics may increase anticholinergic effects. Herbal: Gotu kola, kava kava, valerian may increase CNS depression.	-Monitor B/P, esp. in elderly (increased in hypotension). -Monitor children closely for paradoxical reaction. -Monitor pt for sedation.	-Monitor VS -Monitor children closely for paradoxical reaction. -Monitor for sedation.	-Instruct patient to avoid alcohol -Diphenhydramine 30 min exposure may cause drowsiness -Advise patient to avoid food that causes distress
Loratadine (Claritin)	Relief of nasal, non-nasal symptoms of seasonal allergic rhinitis. Treatment of itching due to hives.	Prevents allergic responses mediated by histamine.	PO: Adults, Elderly, Children 6+: 10mg once daily or 5 mg twice daily. Children 2-5 yrs: 5 mg once daily.	Precautions: Renal/hepatic impairment	Hypersensitivity to Loratadine	Drug: Acridinium, ipratropium, tiotropium, umeclidinium may increase anticholinergic effect.	For upper respiratory allergies, increase fluids to decrease viscosity of secretions, offset thirst, replenish loss of fluids from increased diaphoresis. Monitor symptoms for therapeutic response.	For upper respiratory allergies, increase fluids to decrease viscosity of secretions, offset thirst, replenish loss of fluids from increased diaphoresis. Monitor symptoms for therapeutic response.	-Drink plenty of fluids -Avoid alcohol -Avoid alertness until reestablished - May cause photosensitivity

<p>Fluticasone (Flonase)</p>	<p>Nasal: Management of nasal symptoms of perennial nonallergic reactions rhinitis in adults & children 4 yrs and older. Topical: Relief of inflammation/pruritus associated w/ steroid-responsive disorders.</p>	<p>Prevents, controls inflammation.</p>	<p>Intranasal: Adults, Elderly: Initially, 200 mcg (2 sprays in each nostril once daily or 1 spray in each nostril q12h).</p>	<p>Precautions: Untreated systemic ocular herpes simplex; untreated fungal, bacterial infection; active or quiescent tuberculosis.</p>	<p>Hypersensitivity to fluticasone. Severe hypersensitivity to milk proteins or lactose.</p>	<p>Drug: Strong CYP3A4 inhibitors may increase concentration/effect</p>	<p>-Monitor rate, depth, rhythm, type of respiration; quality/rate of pulse. Assess lung sounds for rhonchi, wheezing, rales.</p>	<p>-Monitor rate, depth, rhythm, type of respiration; quality/rate of pulse. Assess lung sounds for rhonchi, wheezing, rales.</p>	<p>-Do not dose/stop taking without supervision -Maintain good hygiene</p>
<p>Montelukast (Singulair)</p>	<p>Prophylaxis, chronic treatment of asthma. Prevention of exercised-induced bronchoconstriction. Relief of symptoms of seasonal allergic rhinitis.</p>	<p>-Decreases bronchoconstriction, vascular permeability, mucosal edema, mucus production.</p>	<p>PO: Adults, Elderly, children 15 yrs and older: 10 mg tablet daily, taken in the evening. Children 6-14yrs: 5 mg chewable tablet daily, taken in the evening. Children 1-5yrs: 4 mg chewable tablet or oral granules daily, taken in the evening.</p>	<p>Precautions: Systemic corticosteroid treatment reduction during Montelukast therapy. Not for use of acute asthma attacks.</p>	<p>Hypersensitivity to Montelukast</p>	<p>Drug: Gemfibrozil may increase concentration/effect. May increase adverse/ toxic effect of lorazepam.</p>	<p>Monitor rate, depth, rhythm, type of respirations; quality/rate of pulse. Assess lung sounds for wheezing. Monitor for change in mood, behavior.</p>	<p>Monitor rate, depth, rhythm, type of respirations; quality/rate of pulse. Assess lung sounds for wheezing. Monitor for change in mood, behavior.</p>	<p>-Increase dose if needed -Drug is contraindicated in acute angle closure glaucoma -Report frequent mood changes, irritability, or suicidal thoughts</p>