

Pharmacology Review Class Prep Day 1- Jessica Rigby

Herbal Therapies: Match the herbal medication with the appropriate drug interaction:

A. St. John's Wort 2	1. Can increase hypoglycemia effects of diabetic medications
B. Ma Huang 5	2. Decreases effectiveness of oral contraceptives
C. Echinacea 4	3. Increased Risk for Bleeding
D. Ginger Root 1	4. Chronic use can decrease the effects of medications for TB, HIV, and cancer
E. Feverfew 3	5. When combined with a MAOI can cause severe HTN

Mental Health Medications:

1. What is an important teaching point when your client is first prescribed Fluoxetine?
Serotonin syndrome can begin 2-72 hours after starting treatment. Monitor/report for suicidal ideations during first few weeks of treatment.
2. What should you teach your patient who is prescribed Phenelzine?
Do not take Phenelzine with any SSRIs (contraindicated)
3. What is the main adverse effect of Venlafaxine?
Taking Venlafaxine with NSAIDs or anticoagulants can increase the risk of bleeding/ulcers (GI bleeds)
4. What antidepressant aids in smoking cessation?
Bupropion (atypical antidepressant)
5. What is the therapeutic window for lithium? What are S/S of lithium toxicity? What are expected side effects of lithium?
0.8-1.4mEq/L is the therapeutic window for lithium. S/sx of lithium toxicity is confusion, poor coordination, coarse tremors, blurred vision, and extreme polyuria. Expected side effects are GI distress, fine hand tremors, increased thirst, and weight gain.
6. What is the difference between first generation and second-generation antipsychotics? What do you need to teach your patients?
First generation antipsychotics only treat the positive symptoms of schizophrenia, while second-generation antipsychotics treat both positive and negative symptoms. First generation causes EPS side effects (acute dystonia, parkinsonism), while second generation causes metabolic side effects (weight gain, r/f type II DM). Teach signs of neuroleptic malignant syndrome and to immediately d/c medication (first gen).

Neurological Medications:

1. What is Carbidopa/ Levodopa prescribed to treat? **Parkinson's Disease**
 - a. What is important to teach your client who is taking this drug?
 - i. **Take with food, watch for orthostatic hypotension.**
 - ii. **Potential SE: N/V/drowsiness, Dyskinesias – amantadine approved for dyskinesia treatment, psychosis, discoloration of sweat and urine.**
2. Why are anticholinergic drugs prescribed for Parkinson's disease?
Anticholinergics are prescribed for Parkinson's disease because they decrease the activity of acetylcholine, maintains balance between dopamine and acetylcholine receptors in the brain. Can be used as adjunct to reduce motor symptoms.
3. What is a common drug used to decrease spasticity when treating MS?
Baclofen (Lioresal)

Pain Medications:

1. Opioid/ Narcotic Medications
 - a. 1 mg Dilaudid = **7-11 mg morphine**
2. Name 4 side effects of morphine you should teach your client:
 - 1.Nausea**
 - 2.Itching**
 - 3.Respiratory depression**
 - 4. Constipation**
3. A client is prescribed a transdermal Fentanyl patch Q72 hours. You applied the patch 30 minutes ago and your patient is still complaining of pain. What would be your priority action?
 - a. **Explain to them that the onset of the transdermal patch is 12-24 hours. Let them know it takes time for the medication to begin working. Continue to assess vital signs while transdermal patch is on.**

Chemotherapy Medications:

1. List three common side effects of cytotoxic chemotherapy:
 - a. **Nausea/vomiting**
 - b. **Myelosuppression**
 - c. **Alopecia**
2. Your client is receiving IV doxorubicin to treat her breast cancer and complains of burning at the IV site. What is your priority intervention? **Pause the transfusion, assess IV site, and d/c infusion if swelling occurs (because doxorubicin is a vesicant).**