

ACTIVE LEARNING TEMPLATE: *Medication*

STUDENT NAME RDH

MEDICATION Oxycodone (Oxaydo, Roxicodone, Xtampza ER)

REVIEW MODULE CHAPTER \_\_\_\_\_

CATEGORY CLASS Opioid Agonist (Schedule II)

**PURPOSE OF MEDICATION**

**Expected Pharmacological Action**

Binds with opioid receptors within CNS, causing inhibition of ascending pain pathway.

**Therapeutic Use**

Alters perception of and emotional response to pain.

**Complications**

Side Effects: Drowsiness, dizziness, hypotension, anorexia, confusion, diaphoresis, facial flushing, urinary retention, constipation, dry mouth, N/V, headache, allergic reaction, depression, paradoxical CNS hyperactivity, paradoxical excitement, restlessness in elderly.  
Adverse Effects: \*OVERDOSE\* Respiratory depression, skeletal muscle flaccidity, cold/clammy skin, cyanosis, extreme drowsiness progressing to seizures, stupor, coma.  
Antidote: Naloxone

**Medication Administration**

PO: Initially 5-15 mg Q4-6h  
PRN for moderate to severe pain.

**Contraindications/Precautions**

Contraindications: Hypersensitivity to oxycodone. Acute or severe bronchial asthma, hypercarbia, paralytic ileus, GI obstruction, significant respiratory depression.  
Caution: CNS depression, anoxia, hypercapnia, respiratory depression, seizures, acute alcoholism, shock, untreated myxedema, respiratory dysfunction!!! Elevated ICP, hepatic/renal impairment, coma, debilitated pts, head injury, biliary tract disease, toxic psychosis, acute abdominal conditions, hypothyroidism, prostatic hypertrophy, Addison's disease, urethral stucture, COPD, elderly, Hx of drug abuse and misuse.

**Nursing Interventions**

Baseline Assessment: Assess onset, type, location, duration of pain. Obtain VS before administration. Withold medication if respirations are under 12/min.  
NI: Palpate bladder for urinary retention, monitor daily pattern of bowel activity and stool consistency. Monitor pain relief, respiratory rate, mental status, B/P, and LOC.

**Interactions**

Drug: Alcohol and other CNS depressants may increase CNS effects, respiratory depression, and hypotension. Strong CYP3A4 inhibitors may increase concentration and toxicity. MAOIs may produce serotonin syndrome, a severe, sometimes fatal reaction.  
Herbal: Herbals with some sedative properties may increase potential for CNS depression.  
Labs: May increase serum amylase and lipase.

**Client Education**

May cause dry mouth, drowsiness; avoid tasks that require alertness and fine motor skills; avoid alcohol; may be habit forming; report severe constipation and absence of pain relief.

**Evaluation of Medication Effectiveness**

Patient reports decreased pain levels.