

ACTIVE LEARNING TEMPLATE: *Medication*

STUDENT NAME Isabelle Azar

MEDICATION Estrogen

REVIEW MODULE CHAPTER

CATEGORY CLASS Hormone

PURPOSE OF MEDICATION

Expected Pharmacological Action

Development and maintenance of femal reproductive system. Modulates release of gonadotropin releasing hormone (LH), reduces FSH and LH. Reduces elevated levels of gonadotropins, LH, and FSH.

Therapeutic Use

Management of menopause, treatment of hypoestrogenism due to hypogonadism, castration, primary ovarian failure. Prevention of osteoporosis in post menopausal women. Palliative treatment of prostate and breast cancer in men and of breast in postmenopausal women. Treatment of vulvar and vaginal atrophy due to menopause.

Complications

Prolonged admin may increase risk of breast, cervical, endometrial, hepatic, vaginal carcinoma. Cerobrvascular disease, coronary heart disease, gallbladder disease, hypercalcemia. Side effects include vaginal bleeding, breast pain, gynecomastia, headache, hypertension, intolerance to contact lenses. Anorexia and nausea in high doses. Rarely loss of scalp hair and depression.

Medication Administration

Breast cancer PO adults 10mg 3 times per day.

Vulvar atrophy or vasomotor symptoms associated with menopause PO adults 0.3-1.25mg per day. Cycilically 3 weeks on and 1 off.

Prostate cancer PO adults 1.25-2.5mg 3 times per day.

Contraindications/Precautions

Contraindications: Hypersensitivity, breast cancer, hepatic disease, hx of thrombophlebitis, undiagnosed abnormal vaginal bleeding, pregnancy, DVT/PE, estrogen dependent tumors,antithrombin deficiency/thrombophelic disorder. Cautions: Asthma, epilipsy, migraine, headaches, diabetes, cardiac/renal dysfunction, hypoparathyroidism.

Nursing Interventions

Question for hypersensitivity, hepatic impairment, thromboembolic disorders associated with pregnancy, estrogen therapy. Review baseline mammogram in pts with breast cancer. Assess BP, assess for edema, weigh daily. Assess for vision diplopia, migraine, thromnoembolic disorder, sudden onset of proptosis.

Interactions

May decrease effects of anticoagulants. Herbals with estrogenic properties may increase adverse effects. May increase serum glucose, HDL, calcium, triglycerides. Decrease cholesterol, LDH. Effects serum metapyrone testing, thyroid tests.

Client Education

Avoid smoking, avoid grapefruit products, diet and excersise important part of therapy when used for osteoporosis. Report signs of blood clot such as severe HA, SOB, vision/speech disturbances, pain in chest, leg, abnormal vaginal bleeding, depression. Females preform self breast exan. Report weight gain of over 5 lbs in a week. Stop taking this medicine if pregnancy is suspected.

Evaluation of Medication Effectiveness

Relief of vaginal atrophy, shrinkage in tumor in patients with breast or prostate cancer

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Related Content

(E.G., DELEGATION,
LEVELS OF PREVENTION,
ADVANCE DIRECTIVES)

Testicular exam is an exam in which each testicle is palpated separately for swelling, tenderness, and lumps noting the size and location. Most providers agree that a testicular exam should be part of the client's physical exam during their routine check up.

Underlying Principles

Clients should make their own decision about performing self-testicular exams, if the client is at high risk they should perform monthly self-testicular exams.

Nursing Interventions

WHO? WHEN? WHY? HOW?

Perform the self-exam during or after bath or shower.
Hold the penis out of the way and examine each testicle separately.
Gently roll each testicle by holding it with your thumbs and fingers of both hands.
Note any lumps or nodules or changes in the size, shape, or consistency of your testicles.