

# ACTIVE LEARNING TEMPLATE: Medication

STUDENT NAME Allyson McLellan

MEDICATION Oxycodone

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

CATEGORY CLASS Opioid analgesic

## PURPOSE OF MEDICATION

### Expected Pharmacological Action

Binds to opiate receptors in the CNS. Alters the perception of and response to painful stimuli, while producing CNS depression.

### Therapeutic Use

Decreased Pain  
- moderate to severe pain

### Complications

GI: Constipation, nausea, vomiting, GI obstruction  
NEURO: Confusion, sedation, dizziness, headache  
Respiratory: Respiratory depression, central sleep apnea  
CV: Orthostatic hypotension  
Derm: Flushing / sweating

### Medication Administration

PO (adults  $\geq 50$  kg): 5-10 mg every 3-4 hours initially as needed  
PO (adults  $< 50$  kg): 0.2 mg every 3-4 hrs initially as needed

Patients w/ chronic pain may be converted to an equivalent 24-hr dose given in 2 divided doses as ER tablets every 12 hours  
Rect (Adults): 10-40mg 3-4 times daily PRN

### Contraindications/Precautions

Contraindicated: Hypersensitivity, Significant respiratory depression, acute or severe bronchial asthma  
Caution: Personal / family history of substance use / disorder, mental illness, head trauma,  $\uparrow$  intracranial pressure, severe renal impairment, severe hepatic impairment

### Nursing Interventions

Clarify all orders  
Administer w/ food or milk to minimize GI irritation  
Ensure ER tablet is swallowed whole  
Assess pain before administering  
Assess bowel function  
monitor amylase and lipase labs

### Interactions

Drug-Drug: Use w/ caution in patients receiving MAO inhibitors. Mixed antagonist/agonist analgesics including buprenorphine may  $\downarrow$  oxycodone analgesic effects

### Client Education

Explain purpose and side effects of oxycodone to patient  
instruct them to take meds as directed  
advise pt about risk of abuse  
educate pt on how to recognize respiratory depression  
notify provider if pain is severe or persistent  
empty tablets may appear in stool  
avoid alcohol or other CNS depressants

### Evaluation of Medication Effectiveness

Decrease in pain (analgesia) without a significant alteration in level of consciousness or respiratory status

# ACTIVE LEARNING TEMPLATE: Medication

STUDENT NAME Alyson McEllan

MEDICATION Guaifenesin REVIEW MODULE CHAPTER \_\_\_\_\_

CATEGORY CLASS Expectorant

## PURPOSE OF MEDICATION

### Expected Pharmacological Action

Reduces viscosity of tenacious secretions by increasing respiratory tract fluid; Mobilization and subsequent expectoration of mucus

### Therapeutic Use

Cough associated with viral upper respiratory tract infections

### Complications

GI: diarrhea, nausea, stomach pain, vomiting  
Neuro: dizziness, headache  
Derm: rash, urticaria

### Medication Administration

PO (adults): R: 200-400 mg every 4 hours; ER: 600-1200 mg every 12 hrs -do not exceed 2400 mg/day

### Contraindications/Precautions

Contraindicated: Some products contain alcohol; avoid pts with known intolerance. Some products contain ASP artame and should be avoided in patients with phenylketonuria  
Caution: cough lasting >1 wk or accompanied by fever, rash, or headache; pts receiving disulfiram; diabetes

### Nursing Interventions

Assess lung sounds, frequency/type of cough, and bronchial secretions  
Maintain fluid intake of 1500-2000 mL/day  
Administer with full glass of water  
Ensure ER tablets are swallowed whole

### Interactions

Drug - Drug: None reported

### Client Education

Cough effectively; Sit upright and take deep breaths before coughing  
May cause dizziness, so avoid driving  
Contact provider if cough is longer than 1 wk or accompanied by fever, rash, or persistent headache

### Evaluation of Medication Effectiveness

Easier mobilization and expectoration of mucus from cough associated with upper respiratory infection