

# ACTIVE LEARNING TEMPLATE: Medication

STUDENT NAME Janiyah McGriff

MEDICATION **Generic:** oxyCODONE **Brand:** OxyContin, Roxicodone, Roxybond, Xtampza ER **REVIEW MODULE CHAPTER** \_\_\_\_\_

CATEGORY CLASS **Therapeutic:** Opioid analgesic \ **Pharmacologic:** Opioid agonist; opioid agonist/non-opioid analgesic combination \ **Schedule:** II  
(high risk for dependence/misuse)

**PURPOSE OF MEDICATION** A strong pain medicine that works by attaching to opioid receptors in the brain and spinal cord.

## Expected Pharmacological Action

Binds to opioid receptors in the CNS → changes how the brain senses and responds to pain. Causes generalized CNS depression.

Simple: Lowers the feeling of pain and makes pain easier to tolerate, but also slows down brain and breathing activity

## Therapeutic Use

-Relief of moderate to severe pain

-Long-term use for pain that requires daily, around-the-clock management (when other treatments aren't enough)

## Complications

Respiratory depression (serious, life-threatening), Constipation (very common), Drowsiness, dizziness, confusion, headache, unusual dreams, Orthostatic hypotension (drop in BP when standing), GI upset: nausea, vomiting, dry mouth, GI obstruction, Urinary retention, Endocrine: adrenal insufficiency, Neuro: hallucinations, euphoria, dysphoria, tolerance, dependence

## Contraindications/Precautions

Allergy/hypersensitivity, Severe respiratory depression, Paralytic ileus, Acute/severe asthma, ER formulations: not for mild, acute, or postop pain, Substance use disorder or mental illness history, Head trauma, ↑ intracranial pressure, Severe kidney/liver disease, Seizures, adrenal insufficiency, hypothyroidism, Pregnancy/breastfeeding: risk to infant, Geriatric and pediatric patients: higher risk of breathing problems.

## Interactions

MAO inhibitors: unpredictable reactions (reduce oxycodone dose), Mixed agonist/antagonist opioids (e.g., nalbuphine, buprenorphine): may reduce effect or cause withdrawal, CYP3A4 inducers (carbamazepine, rifampin, phenytoin): ↓ oxycodone levels, ↓ pain relief, CYP2D6 inhibitors: ↑ oxycodone levels, ↑ toxicity risk, Other serotonergic drugs (SSRIs, SNRIs, TCAs, tramadol, etc.): ↑ risk serotonin syndrome, Other CNS depressants (alcohol, benzodiazepines): ↑ risk overdose

## Evaluation of Medication Effectiveness

Reduction in pain severity, No significant respiratory depression or change in consciousness, Improved function and comfort

## Medication Administration

PO (Adults ≥50 kg, opioid-naïve): 5–10 mg immediate release every 3–4 hr as needed, PO (Adults <50 kg): 0.2 mg/kg every 3–4 hr as needed, PO (Children ≥11 yr): 0.05–0.15 mg/kg every 4–6 hr as needed, PO (ER Tablets): Every 12 hr after stable pain control with short-acting opioids, Rectal (Adults): 10–40 mg 3–4 times daily as needed, Hepatic impairment: Reduce dose by 50–66%, Must swallow ER tablets whole (do not crush, break, chew).

## Nursing Interventions

Assess pain type, intensity, and response before and after administration, Monitor respiratory rate and level of consciousness, Prevent constipation: encourage fluids, fiber, laxatives, Have naloxone available for overdose, Carefully calculate pediatric doses, Do not confuse IR vs ER products, Taper gradually to prevent withdrawal symptoms

## Client Education

Take exactly as prescribed — never share, Risk of dependence and abuse, Store securely and out of reach of children, Report ineffective pain relief or severe side effects, May cause dizziness or drowsiness — avoid driving until effects known, Avoid alcohol and other sedating drugs, Prevent constipation with fluids, fiber, and laxatives, Recognize overdose signs: extreme sleepiness, slowed breathing — call 911, Naloxone may be prescribed for emergency use, Swallow ER tablets whole with water; do not crush/chew