

ACTIVE LEARNING TEMPLATE: Medication

STUDENT NAME Suzette Comstock

MEDICATION Oxycodone

REVIEW MODULE CHAPTER _____

CATEGORY CLASS Opioid (Analgesic)

PURPOSE OF MEDICATION

Expected Pharmacological Action

- Bind to opiate receptor in CNS altering perception of and response to painful stimuli
- Stimuli → generalized CNS depression

Therapeutic Use

- decrease in pain

Complications

CV: orthostatic hypotension Derm: flushing, sweating
 EENT: blurred vision, diplopia (double vision), miosis
 Endo: adrenal insufficiency GI: constipation checking dry mouth, N/V. GU: urinary retention Neuro: confusion, dizziness, hallucinations, headache
 Respiratory: depression, central sleep apnea, hypoxia

Medication Administration

- PO (adults ≥ 50 kg):
 5-10mg (IR) every 3-4 hours initially as needed. Opioid analgesia chronic pain: eqiv. 24hr dose given in 2 doses as ER every 12hrs

Contraindications/Precautions

Hypersensitivity: products containing ETOH/biculfides pt & known tolerance
 Significant respiratory depression: paralytic ileus (temp const. intestine fail to move food thru GI tract → bloating, pain, swelling)
 Substance Abuse disorders, hepatic/renal impairment

Nursing Interventions

- Assess type, location/intensity of pain prior to and 1 hour (peak) admin
- Assess bowel fx routinely
- Equianalgesic chart should be used when changing routes for one opioid to another
- Assess Gen/Pedi pb more freq due to ↑ risk for respiratory complications
- Stimul lax. should be admin if opioid use exceeds 2-3 days
- Labs: May ↑ amylase/lipase

Adult: 0.1mg morphine in 10mL NS - every 2mins PRN

Interactions

Drug-Drug: pt's receive MAO-inhibitors may result in unpredictable reactions, ↓ initial doses 25% of usual dose
 mixed agonist/antagonist including nalbuphine/butorphanol may ↓ oxy's analgesic effects and/or precipitate opioid withdrawal

Evaluation of Medication Effectiveness

- Decrease in severity of pain w/o significant alteration in level of pain/respiratory status

Client Education

- Explain therapeutic value of med taken admin to enhance analgesic effect
- Side effects
- PO: may be admin w/ milk/food
- Warn to not consume w/ other CNS depressants like alcohol
- Encourage pt to turn cough to better every 2 hrs
- may dizziness, drowsiness
- Educate on how to recognize respiratory depression emphasize call all and notify nurse

ACTIVE LEARNING TEMPLATE: **Medication**

STUDENT NAME Suzette Commaudore

REVIEW MODULE CHAPTER _____

MEDICATION Guafenesin

CATEGORY CLASS expectorant (helps relieve congestion)

PURPOSE OF MEDICATION

Expected Pharmacological Action

• Reduces viscosity of mucous secretions by ↑ respiratory tract fluid

Therapeutic Use

• mobilization and subsequent expectoration of mucus

Complications

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

Medication Administration

PO: IR 200-400mg every 4 hrs
ER: 600-1200mg every 12 hrs
MAX: 2400mg daily

Contraindications/Precautions

• Hypersensitivity Some products contain alcohol; avoid in pt's w/ known tolerance, some contain aspartame (artificial sweetener)

Cough lasting 1 week or accompanied by fever/rash/headache
Peds receiving disulfiram (liquid containing alcohol) Diabetics (some products contain sugar) Peds: should be avoid <4yrs

Nursing Interventions

• Assess lung sounds, frequency, rate of cough, character of bronchial secretions

Don't confuse w/ guaifacine

PO: admin each dose followed by glass of water ↓ viscosity of secretions

• ER tablets Swallow whole

Interactions

None

Client Education

• Instruct pt to cough effectively
pt should sit upright + take several deep breaths

• may cause dizziness avoid activities requiring alertness until effect known

• Advise limit talking, speaking
• contact healthcare provider if cough lasts more than week

• notify pregnancy/breastfeeding

Evaluation of Medication Effectiveness

• easier mobilization of expectoration of mucus from cough associated w/ upper respiratory infection