

# ACTIVE LEARNING TEMPLATE: Medication

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MEDICATION Oxycodone (Oxycontin, Roxicodone, Roxybond, Xtampza ER)

REVIEW MODULE CHAPTER Analgesics

CATEGORY CLASS Opioid analgesics (agonist), Schedule II controlled substance

## PURPOSE OF MEDICATION

### Expected Pharmacological Action

Oxycodone binds to opioid receptors in the brain and spinal cord. Alters the perception of pain/emotional response to pain.

### Therapeutic Use

Pain release for moderate or severe pain levels (analgesia), improves comfort for clients with acute or chronic pain, improves ADLs by decreasing discomfort.

### Complications

CNS: sedation, drowsiness, dizziness, confusion, euphoria, hallucinations, headaches  
Derm: Flushing or sweating  
GI: constipation, choking, dry mouth, nausea, vomiting, GI obstruction  
EENT: blurred vision, diplopia  
Resp: respiratory depression  
GU: urinary retention  
Endo: adrenal insufficiency  
CV: orthostatic hypotension

### Medication Administration

PO Adult >50 kg: Opioid-naive Pts: 5-10 mg (IR every 3-4 hrs initially) once analgesia is achieved, chronic pain Pts may convert to 2 divided doses with ER tablets every 12 hrs.  
PO Adult <50 kg: Opioid-naive Pts: 0.2 mg/kg (IR every 3-4 initially) once analgesia is achieved, Pts with chronic pain may convert to 2 divided doses with ER tablets every 12 hrs.  
PO Children <11 yrs: 0.05-0.15 mg/kg (IR every 4-6 hr)  
Hepatic Impairment (PO Adult) - lower initial dose by 50-66%

### Contraindications/Precautions

Some products contain alcohol or bisulfites, should be avoided in patients with intolerance or hypersensitivity. Significant respiratory depression, paralytic ileus (temporary cessation of intestinal contractions), acute or severe bronchial asthma. Acute, mild, intermittent or post-op pain (ER)

### Nursing Interventions

Assess pain location, type, and intensity prior to and 1 hr after admin. Monitor neuro status for level of consciousness, dizziness, and sedation. Monitor respiratory rate, depth, and rhythm before and after admin. Assess bowel function daily.

### Interactions

Drug-Drug: Use with caution in Pts receiving MAO inhibitors (monoamine oxidase inhibitors - treats depression/mental health disorders), may result in unpredictable reactions, lower initial dose of oxycodone to 25% of usual dose. Mixed agonist/antagonist analgesics can lower oxycodone analgesic effects or trigger opioid withdrawal in physically dependent Pts. Serotonergic neurotransmitters (ex: SSRIs or SNRIs) can increase risk of serotonin syndrome.

### Client Education

Instruct clients to avoid alcohol, sedatives, or driving until response is known. Teach client to rise slowly out of bed to prevent orthostatic hypotension. Encourage report of pain levels, constipation or difficulty breathing

### Evaluation of Medication Effectiveness

Pt will rate pain lower on the pain scale after administration. Pt will rest and perform ADLs more comfortably. No signs of respiratory distress and managed bowel movements.