

ACTIVE LEARNING TEMPLATE: Medication

STUDENT NAME Emily Johnson
MEDICATION Quaifen^sin (Altrussin, Diabetic Tussin) REVIEW MODULE CHAPTER _____
CATEGORY CLASS Therapeutic, 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

• allergy, cold, and cough remedies

Complications / adverse reactions / Side effects

• Signs of allergic reaction, hives, red swollen, urticaria
• Diarrhea, nausea, stomach pain, dizziness, headache, vomiting

Contraindications / Precautions

• Should be avoided in pts w/ phenylketonuria
• cough lasting > 1wk, fever, rash, headache
• diabetics
• avoided in children < 4yrs

Interactions

Drug-Drug: none reported
• do not break, crush or chew ER tablets

Evaluation of Medication Effectiveness

decrease or completely gone cough, pt states it is easier to breathe, improved air movement in lung assessment, no nausea or GI upset reported

* in combination w/ analgesics / antipyretics, antihistamines, decongestants
Medication Administration ^{cough suppressant}

PO adults: IR 200-400mg every 4hr; ER 600-1200mg every 12hr, do not exceed 2400mg daily
PO children: IR 100-200mg every 4hr; ER 600mg every 12hr not exceed 1200mg/day
IR capsules 200mg OTC
ORAL Solution 100mg/5ml
Syrup

Nursing Interventions

• Assess Lung Sounds, frequency, type of cough, maintain fluid intake of 1500-2000ml/day to ↓ viscosity of secretions

Client Education

• pt should sit upright
• known as a drug w/ abuse potential
• advise pt to limit talking, smoking, maintain moisture in environment air

ACTIVE LEARNING TEMPLATE: **Medication**

STUDENT NAME Emily Johnson

MEDICATION Oxycodone (hoxicodone, Roxybond, Xtamp ^{PRN} ER) REVIEW MODULE CHAPTER _____

CATEGORY CLASS Therapeutic: Opioid analgesics pharmacologic: opioid
Schedule II

PURPOSE OF MEDICATION

Expected Pharmacological Action

Alters perception of and emotional response to pain at spinal cord and higher levels of CNS by blocking release of inhibitory neurotransmitters, like acetylcholine and gamma-aminobutyric acid

Therapeutic Use / indications

Pain severe enough to require daily around the clock - long term opioid treatment for which alternative treatment

Complications / adverse reactions / side effects

CNS: abnormal dreams, anxiety, chills, dizziness, euphoria, seizures, syncope
CV: orthostatic hypotension, bradycardia
ENDO: adrenal insufficiency
RESPI: respiratory depression, anaphylaxis
• hyponatremia

Medication Administration

* PO (adults) ↓ initial dose by 50-60%
• Larger doses may be required during chronic therapy. ER capsules are NOT bioequivalent to ER tablets
• PO (adults ≥ 50kg): 5-10mg every 3-4hrs PRN, pts w/ chronic pain may be converted to a 24hr dose
• PO (adults < 50kg) 0.2mg/kg every 3-4hr initially PRN then converted to 24hr

Contraindications/Precautions 2.

1. Some products contain alcohol, bisulfites & should be avoided w/ pt's known intolerance
2. hypersensitivity, paralytic ileus, acute or severe bronchial asthma
2nd. head trauma, ↑ intracranial pressure, severe hepatic impairment, hypothyroidism, seizure disorders

Nursing Interventions

• Consider Lab tests for ↑ amylase & lipase
• frequent respiratory vitals
• Check med administration exorally

Interactions

• Drug-Drug: pts receiving MAO inhibitors - results in unpredicted reactions. mixed agonist/antagonist analgesics like nalbuphine may ↓ analgesic effects and/or precipitate opioid withdrawal in physically dependent pts.
• S-HT₂ receptor antagonists.

Client Education

• Explain therapeutic value of med prior to administration
• Explain how drug can lead to abuse, addiction, overdose

Evaluation of Medication Effectiveness

• decrease in pain score
• no respiratory depression or dizziness reported