

ACTIVE LEARNING TEMPLATE: Medication

STUDENT NAME _____

MEDICATION _____ REVIEW MODULE CHAPTER _____

CATEGORY CLASS _____
Pharmacological: opioid agonists

PURPOSE OF MEDICATION

Expected Pharmacological Action

Therapeutic Use

Complications

CV: bradycardia, edema, hypotension, orthostatic hypotension, shock, tachycardia, vasodilation Derm: rash, urticaria EENT: blurred vision, diplopia, dry mouth, laryngeal or laryngospasm, rhinitis, taste or voice alteration Endo: adrenal insufficiency GI: abdominal cramps, anorexia, constipation, diarrhea, dysphagia, gastroesophageal reflux, intestinal obstruction GU: decreased ejaculatory potency, dysuria, impotence, infertility, urinary retention Heme: anemia, leukopenia, thrombocytopenia MS: decreased bone mineral density Neuro: agitation, anxiety, chills, confusion, coma, dizziness, drowsiness, euphoria, gait disturbance, hallucinations
decreased oxygen saturation, hyperventilation, pulmonary edema

Contraindications/Precautions

personal or family history with substance abuse, head trauma, severe renal impairment, severe hepatic impairment, hypothyroidism, seizure disorders, increases risk of respiratory depression in older adults, use while breastfeeding only if potential maternal benefit justifies potential risk to infant. Neonates and infants less than 3 months are more prone to respiratory depression

Interactions

- Kava-kava, valerian, or chamomile can increase the risk of CNS depression
- use with extreme caution in patients receiving MAO inhibitors within 14 days prior, may cause unpredictable and severe reactions, decrease initial dose of morphine to 25% of usual dose
- may increase the anticoagulant effect of warfarin
- Cimetidine may increase level of toxicity
- IV morphine may decrease levels and antiplatelet effects of clopidogrel, prasugrel and ticagrelor

Evaluation of Medication Effectiveness

decrease in pain without significant alteration in consciousness or respiratory status
decrease in pulmonary edema

Medication Administration

IM, IV, Subcut (adults and children): 0.05-0.2 mg/kg every 3-4hr, max dose: 15mg/dose
IV, Subcut (adults): continuous infusion 0.8-10mg/hr
PO, Rect (Adults and Children <50 kg):
Usual starting dose for moderate to severe pain
in opioid-naive patients: 0.3 mg/kg every 3-4 hr initially.
PO (Children >1 mo): Prompt-release tablets and solution: 0.2-0.5 mg/kg every 4-6 hr as needed. Controlled-release tablet: 0.3-0.6 mg/kg every 12 hr.

Nursing Interventions

- assess pain before administering
- monitor for respiratory depression, have naloxone available
- assist pt with ambulation due to dizziness and change positions slowly to prevent orthostatic hypotension
- assess bowel function and administer laxatives routinely
- monitor for tolerance
- perform oral hygiene to help with dry mouth

Client Education

- teach proper med administration
- educate on side effects
- educate on need of assistance to ambulate
- contact doctor if pain does not go away