

# ACTIVE LEARNING TEMPLATE: Medication

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 MEDICATION oxycodone (high alert) (roxicodone, xtampza ER) REVIEW MODULE CHAPTER dynamic  
 CATEGORY CLASS opioid analgesics, opioid agonists health

## PURPOSE OF MEDICATION

### Expected Pharmacological Action

bind to opiate receptors in CNS, alters the perception of and response to painful stimuli, while producing generalized CNS depression.

↓  
 brain and spinal cord slow down, impacting bodily functions like HR and breathing (central nervous system)

### Therapeutic Use

decrease pain

### Complications

CV: orthostatic hypotension

GI: constipation

Neuro: confusion, sedation

\* RESP: respiratory depression (central sleep apnea and sleep-related hypoxemia (low levels of oxygen in the blood))

\*IR: immediate release

### Medication Administration

PO (adults ≥ 50 kg) 5-10mg (IR) every 3-4 hr. patients with chronic pain may be converted to equivalent 24 hr dose given in 2 divided doses as ER tabs every 12 hr  
 Rect (adults): 10-40mg 3-4 times daily initially  
 PO (adults < 50kg) 0.2/kg (IR) every 3-4 hr initially. patients with chronic pain may be converted to an equivalent 24 hr dose given in 2 divided doses as ER tabs every 12 hr

### Contraindications/Precautions

C → hypersensitivity, some products contain alcohol, significant respiratory depression, paralytic ileus (muscles of intestines stop working properly), acute or severe bronchial asthma; acute, mild, intermittent, or post-op pain (ER)

P → history, head trauma, ↑ intracranial pressure, severe renal impairment, severe hepatic impairment, hypothyroidism, adrenal insufficiency, seizure disorders, undiagnosed abdominal pain, prostatic hyperplasia, difficulty swallowing or GI disorders (↑ risk for GI obstruction)

\* hypothyroidism: underactive thyroid; adrenal insufficiency: adrenal gland doesn't produce enough hormones

prostatic hyperplasia  
 ↓  
 enlarged prostate

liver failure

hepatic impairment → PO (adults): ↓ initial dose by 50-66%

### Nursing Interventions

- do not confuse medications
- explain medication before administering
- PO → may be administered with food or milk to minimize GI irritation
- discontinued gradually after long-term use to prevent withdrawal symptoms; long-acting agents who are dependent (lower to no greater than 10% to 25% of daily dose every 2-4 wk)
- ER → do not crush, chew, break
- discuss availability of naloxone

### Interactions (drug to drug)

MAO inhibitors: unpredictable reactions and ↓ initial dose of oxycodone to 25% of usual dose  
 mixed agonist/antagonist analgesics: ↓ effects and/or bring opioid withdrawal in dependent patients  
 CYP3A4 inducers: ↓ levels and analgesia, if discontinued or ↓ monitor for signs of opioid toxicity  
 CYP2D6 inhibitors: ↑ levels and ↑ risk of toxicity  
 alter metabolism of specific meds (breast cancer and depression)

treat depression, anxiety, etc.  
 pain (one and pain management)  
 Opioid use disorder treatment

### Evaluation of Medication Effectiveness

decrease in severity of pain without a significant alteration in level of consciousness or respiratory status

### Client Education

- explain purpose and side effects
- advise that it is a drug with known abuse potential
- recognize respiratory depression and call 911 (naloxone availability)  
 ↳ reverse opioid overdose
- contact provider if pain still
- avoid alcohol or other CNS depressants
- encourage to turn, cough, and breathe deeply every 2 hr to prevent atelectasis (collapse of lung)
- advise good oral hygiene (dry mouth)
- change positions slowly to minimize hypertension