GI MEDS

CLASS	GENERIC NAMES (Prototype)	MOA	Side Effects	ADVERSE EFFECTS	NURSING ADMINISTRATION/teaching
Antibacterial Antibiotics	Metronidazole		Nausea and headache		Most effective against H.pylori Avoid alcohol Should not be taken during pregnancy. When treating h.pylori – more than one antibiotic should be used. Teach mudy take all meds!
	Ranitidine	Suppress secretion of gastric acid			
	Pantoprazole	Suppress secretion of gastric acid Most effective	Diarrhea headaches		
Antiulcer drug	sucralfate			Its hard to give meds one hour before a meal and bedtime. That 4 times a day	
Antacid	Aluminum hydroxide	Neutralize stomach acid			
Antiulcer drug	Misoprostol	Prevention of gastric ulcers by long term NSAIDs users			The risk of use by pregnant women clearly outweighs any possible benefit of med. Med causes stimulation of uterine contractions
Antiemetic	ondansetron	Prevent nausea and vomiting	Headache and diarrhea	hould not be given to pt with long QT syndrome	

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Antiemetic	promethazine	Decrease vomiting	Extra-pyramidal reactions Restlessness, uncontrolled muscle spasms head, neck and uncontrolled movement of tongue/jaw	Respiratory depression Local tissue damage injection site	
Antimetic/	dimenhydrinate	Motion sickness	Sedation Dry mouth Constipation		
Prokinetic	metoclopramide	Increase upper GI motility and suppresses emesis		Long term high therapy tardive dyskinesia – repetitive involuntary movement of arms, legs and facial muscle	
Bulk forming laxative	psyllium	Acts fiber in the bowel, increases bulk of fecal volume – therefore stimulates peristalsis		rare	Work 1-3 days Full glass of water
	Docusate sodium	Stool softener			
Stimulant laxative	bisacodyl	Increases the amount of water / electrolytes within the intestinal lumen.			Acts within 6-12 hours after taking Need to teach pt about key factors to establishing good bowel habits and reducing laxative abuse
Antidiarrheal	1. Diphenoxylate (lomotil) & 2.Loperamide (Imodium)	Decrease intestinal motility			