

Amiodarone

Marissa Davila

Trade

<p>Generic Name:</p> <p>Nexterone Pacerone</p>	<p>Dose, Route, and Schedule</p> <p>PO - 800 - 1600 mg/day in 1-2 doses IV - 150mg over 10min; followed by 360 mg over the next 6hr & then 540 mg over the next 18hr. Continue infusion @ 0.5mg/min until oral therapy initiated.</p>
<p>Pharmacologic Classification:</p> <p>Antiarrhythmics Class (III)</p>	<p>IVP- List diluent solution, volume, and rate of administration. IVPB- List concentration and rate of administration.</p> <p>Admin IV Push: undiluted may be diluted in 20-30ml of D5W or 0.9% NaCl <u>Concentration: 50mg/mL</u></p> <p><u>Continuous infusion: dilute 900mg in 500ml of D5W. Concentration: 1.8mg/mL</u> <u>Concentration range: 1-6mg/mL. Infuse: 1mg/min for 1st hr then 0.5mg/min</u></p>
<p>Therapeutic Reason</p> <p>Life threatening Ventricular arrhythmias unresponsive to less toxic agents:</p>	<p>Adverse effects:</p> <p>ARDS, pulmonary toxicity, Heart failure, QT interval prolongation, toxic epidermal necrolysis. Dizziness, Fatigue, bradycardia, hypotension.</p>

Nursing Assessment, teaching, and interventions:

- grapefruit juice inhibits enzymes in the GI tract that metabolizes amiodarone resulting in ↑ ~~tes~~ levels and risk of toxicity
- Monitor ECG continuously during IV therapy.
- Assess for s/s of pulmonary toxicity.
- Monitor BP frequently.
- Monitor liver & thyroid functions before & every 6mo. during therapy.
- PO doses may be administered \bar{c} meals.
- Teach pts to monitor pulse daily & report abnormalities.
- Before administration have second practitioner check original order.

Epinephrine

Marissa Davila

Trade	Dose, Route, and Schedule
<p>Generic Name:</p> <p>Adrenaclick Adrenalin Allerject Anapen Anapen Junior Auvi-Q Epi-Pen</p>	<p>primatene Mist S-2 Symjepi</p> <p>IM - adults & children ≥ 30kg severe anaphylaxis 0.3-0.5mg - may repeat every 10-15min as needed. IV - 0.1-0.25 mg every 5-15min; may be followed by 1-4 mcg/min continuous infusion.</p>
<p>Pharmacologic Classification:</p> <p>Antiasthmatics bronchodilators Vasopressor Adrenergic</p>	<p>IVP- List diluent solution, volume, and rate of administration. IVPB- List concentration and rate of administration.</p> <p>Dilute 1mg (1mL) of 1:1000 solution in 9mL of NS to prepare a 1:10,000 solution. <u>Concentration: 0.1 mg/mL</u> Dilute 1mg of 1:1000 solution in 250mL of D5W or NS protect from light. <u>Concentration: 4mcg/mL</u></p>
<p>Therapeutic Reason</p> <p>Bronchodilation Maintenance of heart rate & BP Localization/prolongation of local/spinal anesthetic.</p>	<p>Adverse effects:</p> <ul style="list-style-type: none"> • Paradoxical Bronchospasm • Angina • nervousness • tremor • HTN • tachycardia • arrhythmias

Nursing Assessment, teaching, and interventions:

- Monitor IV site for extravasation.
- Observe for paradoxical bronchospasm (wheezing)
- May cause ↓ in K⁺
- May cause ↑ in blood glucose & lactic acid
- Toxicity overdose: persistent, agitation, chest pain or discomfort.
- High Alert medication
- Reversal of s/s of anaphylaxis
- Increased in cardiac rate & output when used in cardiac resuscitation.

Dobutamine:

Marissa Davila

Trade

<p>Generic Name:</p> <p>Dobutrex</p>	<p>Dose, Route, and Schedule</p> <p>IV - 2.5 - 15 mcg/kg/min titrate to response (max dose = 40 mcg/kg/min)</p>
<p>Pharmacologic Classification:</p> <p>Therapeutic class: Inotropics</p> <p>Pharmacologic: adrenergics</p>	<p>IVP- List diluent solution, volume, and rate of administration. IVPB- List concentration and rate of administration.</p> <p>Continuous infusion: Must be diluted 250-1000mg in 250-500mL of D5W, NS, 1/2NS, D5 1/2NS, D5NS, LR. <u>Concentration:</u> 0.25 - 5mg/mL</p>
<p>Therapeutic Reason</p> <p>Increased Cardiac Output without significantly increased heart rate.</p>	<p>Adverse effects:</p> <p>H/A: HTN, increased heart rate, premature ventricular contractions.</p>

Nursing Assessment, teaching, and interventions:

- High alert medication: IV vasoactive medication. Have second practitioner verify medication.
- Monitor Hypokalemia
- Monitor BP, heart rate, ECG, Cardiac Output.
- Palpate peripheral pulses & assess appearance of extremities.
- Inform nurse if chest pain occurs

Dopamine:

Reference: Davis
drug
guide

Marissa Davila

Trade

<p>Generic Name:</p> <p>Intropin Renimine</p>	<p>Dose, Route, and Schedule</p> <p>1-5 mcg/kg/min</p>
<p>Pharmacologic Classification:</p> <p>adrenergics</p> <p><u>Therapeutic class:</u></p> <ul style="list-style-type: none"> Inotropics Vasopressors 	<p>IVP- List diluent solution, volume, and rate of administration. IVPB- List concentration and rate of administration.</p> <p>continuous infusion - must be diluted. 200-800mg of dopamine in 250-500ml of NS, D5W, D5LR, D5 1/2 NS, D5NS, LR concentration: 0.8-3.2 mg/ml</p>
<p>Therapeutic Reason</p> <p>Adjunct to standard measures to improve:</p> <ul style="list-style-type: none"> BP Cardiac output Urine output in treatment of shock unresponsive to fluid replacement Increase renal perfusion 	<p>Adverse effects:</p> <ul style="list-style-type: none"> arrhythmias hypotension piloerection angina mydriasis Headache irritation at IV site.

Nursing Assessment, teaching, and interventions:

- Tachyarrhythmias, Pheochromocytoma, hypersensitivity to bisulfites are contraindicated.
- Hypovolemia & myocardial infarction - use cautiously.
- use \pm IV phenytoin may cause hypotension & bradycardia
- use \pm general anesthetics may result in arrhythmias.
- Monitor v/s
- Notify nurse if chest pain

Lidocaine

References: Davis drug guide.

Marissa Davila

Trade

<p>Generic Name:</p> <p>Xylocaine Xylocard</p>	<p>Dose, Route, and Schedule</p> <p>IV: 1-1.5 mg/kg bolus; may repeat doses of 0.5-.75 mg/kg every 5-10 min up to a total of 3 mg/kg; may then start continuous infusion of 1-4 mg/min</p> <p>Endotracheal: give 2-2.5 times the IV loading dose down the ET tube, flush w 10mL saline flush. <u>IM</u> <u>Local</u></p>
<p>Pharmacologic Classification:</p> <ul style="list-style-type: none"> • anesthetics • antiarrhythmics 	<p>IVP- List diluent solution, volume, and rate of administration. IVPB- List concentration and rate of administration.</p> <p>IV: Only use 1:1 & 2:1. Solutions for IV push. Undiluted.</p> <p>Continuous infusion: vials need to be diluted. 2g of lidocaine in 250mL or 500mL of D5W or NS</p> <p>Concentration: 4-8 mg/mL</p>
<p>Therapeutic Reason</p> <ul style="list-style-type: none"> • Control of ventricular arrhythmias • Local anesthesia 	<p>Adverse effects:</p> <p>SEIZURES, cardiac arrest anaphylaxis</p>

Nursing Assessment, teaching, and interventions:

- Confusion, drowsiness may occur.
- Monitor ECG & VS
- Contraindicated in: Hypersensitivity, Third-degree heart block, Wolf-Parkinson-White syndrome.
- IM administration may cause ↑ CPK levels
- Advise ~~pt~~ female of reproductive potential to notify health care professional if pregnancy is planned or suspected or if breast feeding.
- **HIGH ALERT:** Lidocaine is readily absorbed through mucous membrane, inadvertent overdose = Jelly & spray.

Atropine:

Marissa Davila

Trade

<p>Generic Name:</p> <p><u>anticholinergics</u></p> <p>Atro-pen</p>	<p>Dose, Route, and Schedule</p> <p><u>IV</u>: 0.5-1mg may repeat as needed every 5mins. not to exceed a total of 2mg.</p> <p><u>ET</u>:</p> <p><u>IM</u>: 2mg initially, then 2mg every 10 min as needed up to 3 times total</p> <p><u>Inhal</u>:</p>
<p>Pharmacologic Classification:</p> <ul style="list-style-type: none"> • anticholinergics • antimuscarinics • <u>Therapeutic class:</u> anti arrhythmics 	<p><u>IVP</u>- List diluent solution, volume, and rate of administration.</p> <p><u>IVPB</u>- List concentration and rate of administration.</p> <p><u>IVP</u>: admin undiluted, over 1min.</p>
<p>Therapeutic Reason:</p> <ul style="list-style-type: none"> • Increase heart rate • Decreased GI & respiratory secretions • Reversal of muscarinic effects • May have spasmolytic action on the biliary & genitourinary tracts. 	<p>Adverse effects:</p> <ul style="list-style-type: none"> • Tachycardia • drowsiness • urinary hesitancy.

Nursing Assessment, teaching, and interventions:

- antacids ↓ absorption of anticholinergics.
- may alter response to beta-blockers.
- Assess vital signs & ECG
 - ↳ monitor I&O
 - ↳ Assess routinely for abdominal distention.
- may cause drowsiness
- oral rinses, sugarless gum or candy, and frequent oral hygiene may help relieve dry mouth.
- Caution: Atropine impairs heat regulation. strenuous activity in a hot environment may cause heat stroke.

Mannitol

Marissa Davila

Trade

<p>Generic Name:</p> <p>Osmitol Resectisol</p>	<p>Dose, Route, and Schedule</p> <p>IV-ICP- 0.25-2g/kg; may repeat @ 6-8hr. Transurethral</p>
<p>Pharmacologic Classification:</p> <p>Osmotic diuretics</p> <p><u>Therapeutic class:</u> diuretics</p>	<p>IVP- List diluent solution, volume, and rate of administration. IVPB- List concentration and rate of administration.</p> <p>Add Administer IV undiluted. Use in line filter for 15', 20', & 25'. Infusions.</p>
<p>Therapeutic Reason:</p> <ul style="list-style-type: none"> - Reduction of intraocular or intracranial pressure. - Decreased hemolysis when used as an irrigant after transurethral prostatic resection. 	<p>Adverse effects:</p> <p>Coma anaphylaxis Hypotension Dyspnea</p>

Nursing Assessment, teaching, and interventions:

- hypokalemia increases the risk of digoxin toxicity.
- use cautiously in patients w/ renal failure
- Monitor vital signs, urine output, CVP, PAP, before & throughout therapy
- Assess pt s/s of dehydration
- Monitor neurological status & ICP
- Labs: renal & electrolytes
- Assess pt for anorexia, muscle weakness, numbness, tingling, confusion, excessive thirst.

Phenytoin

Marissa Davila

Trade

<p>Generic Name:</p> <p>dilantin Phenytek Tremytoine</p>	<p>Dose, Route, and Schedule <u>PO, IV</u></p> <p>PO - Loading dose of 15-20mg/kg as extended capsules in 3 divided doses given q 2-4 hrs. maintenance dose 5-6mg/kg/d given in 1-3 divided doses Range - 200-1200mg/day.</p> <p><u>Status epilepticus:</u> 15-20^{mg}/kg rate not to exceed 25-50mg/min →</p>
<p>Pharmacologic Classification:</p> <p>hydantoinis</p> <p><u>Therapeutic class:</u></p> <p>antiarrhythmics anticonvulsants</p>	<p>IVP - List diluent solution, volume, and rate of administration. IVPB - List concentration and rate of administration.</p> <p>IVP: Administer undiluted IVPB: Administer by mixing \bar{c} no more than 50 mL of NS. <u>Concentration:</u> 1-10 mg/mL Use tubing with 0.45 to 0.22 micron in-line filter.</p>
<p>Therapeutic Reason:</p> <ul style="list-style-type: none"> - Diminished Seizure activity - Termination of Ventricular Arrhythmias. 	<p>Adverse effects:</p> <p>Cardiac Arrest Suicidal thoughts Acute generalized exanthematous pustulosis SJS Toxic Epidermal Necrolysis Acute Renal Failure Angio edema</p>

Nursing Assessment, teaching, and interventions:

- Monitor closely for behavior changes that could indicate the emergence or worsening of suicidal thoughts or behavior or depression.
- Assess patient for phenytoin hypersensitivity syndrome. Rash usually occurs within the first 2 weeks of therapy.
- Monitor Labs: CBC, Calcium, albumin, hepatic function prior to & monthly for first several months.
 - ↳ may increase alkaline phosphatase, GGT, ↓ glucose levels.
- Monitor phenytoin levels: Therapeutic levels are 10-20 mcg/mL
 - ↳ s/s: nystagmus, ataxia, confusion, nausea, slurred speech, dizziness.

Baclofen

Reference: Davis
drug guide

Marissa Davila

Trade

<p>Generic Name:</p> <p>Grablofen Li oresal Ozobax</p>	<p>Dose, Route, and Schedule</p> <p>PO 5mg 3 times daily may increase every 3 days by 5mg/dose up to 80mg/day.</p>
<p>Pharmacologic Classification:</p> <p>Antispasticity agents Skeletal muscle Relaxants</p>	<p>IVP- List diluent solution, volume, and rate of administration. IVPB- List concentration and rate of administration.</p> <p>N/A</p>
<p>Therapeutic Reason</p> <p>Decreased muscle spasticity; bowel & bladder function may also be improved.</p>	<p>Adverse effects:</p> <p>Seizures dizziness drowsiness fatigue Weakness</p>

Nursing Assessment, teaching, and interventions:

- ↑ CNS depression & other CNS depressants including alcohol, antihistamine, opioid analgesics, and sedative/hypnotics.
- Concomitant use of Kava-Kava, Valerian, or Chamomile can ↑ CNS depression.
- Observe pt for drowsiness, dizziness, or ataxia.
- Labs: May increase glucose, alkaline phosphatase, AST, ALT levels.
- Administer w/ milk or food to minimize gastric irritation.
- Change positions slowly to minimize orthostatic hypotension

Methyl prednisolone

Marissa Davila

Trade

Generic Name:

DEPO-Medrol
Medrol
Solu-medrol

Dose, Route, and Schedule

PO, IV, IM
PO - 160mg/day for 7 days.
IM/IV: ~~160mg/day~~ 40 - 250mg @ 4-6hr.
IM: 40-120mg d, wk, q2wk

Pharmacologic Classification:

Corticosteroids

IVP- List diluent solution, volume, and rate of administration.

IVPB- List concentration and rate of administration.

IVP: Reconstitute in provided solution
or 2mL of bacteriostatic water.
Concentration: 125 mg/mL

Therapeutic class:

Anti-inflammatory
immunosuppressants

Therapeutic Reason

Suppression of inflammation &
modification of the normal immune
response.

- Replacement therapy in adrenal
insufficiency.

Adverse effects:

PEPTIC ULCERATION
Thromboembolism
Muscle Wasting
Cushingoid appearance

Nursing Assessment, teaching, and interventions:

- Do not abruptly stop medication. - Stopping suddenly may result in adrenal insufficiency. Notify your provider immediately if you experience (anorexia, nausea, weakness, fatigue, dyspnea, hypotension, hypoglycemia)
- Advise physician promptly if patient experiences severe abdominal pain or tarry stools.
- Labs: Monitor serum electrolytes & glucose. May cause hyperglycemia may cause hypokalemia. Guaiac test stools. May increase serum cholesterol & lipid values.
- Administer with meals to decrease GI irritation.

Alteplase

Reference: Davis
drug guide

Marissa Davila

Trade

Generic Name:

Activase
Cathflo Activase
tissue plasminogen activator
t-pa

Dose, Route, and Schedule

IV: 15 mg bolus
then 0.75 mg/kg over 30 mins. then
0.5 mg/kg over next 60 min; usually
accompanied by heparin therapy.

Pharmacologic Classification:

plasminogen activators

Therapeutic class:
thrombolytics

IVP- List diluent solution, volume, and rate of administration.

IVPB- List concentration and rate of administration.

Vials are packaged in Sterile
Water for injection.
Swirl or invert gently to mix.

Therapeutic Reason:

Lysis of thrombi in Coronary
Arteries is improvement of
ventricular function, & reduced
risk of heart failure or death
- Restoration of Cannula or
Catheter function.

Adverse effects:

Intracranial Hemorrhage
recurrent Ischemia
Thrombo-embolism
GI bleeding
GU tract bleeding
Bleeding
Anaphylaxis

Nursing Assessment, teaching, and interventions:

- Aspirin, other NSAIDs, warfarin, heparin & heparin like agents
Concurrent use can increase bleeding.
- Assess patient carefully for bleeding every 15 min during the
1st hour of therapy. every 15-30 mins during the next 8 hr.
at least every 4 for the duration of therapy.
- Assess neurological status throughout therapy.
- Assess s/s of hypersensitivity reaction. Keep epinephrine, an antihistamine,
& resuscitation equipment close → s/s: rash, dyspnea, fever, changes in
facial color, swelling around the eyes, wheezing.
- Bedrest and minimal handling during therapy to avoid injury. No shaving

Opioids: fentanyl

Controlled substance: II

Marissa Davila

Trade

<p>Generic Name:</p> <p>Sublimaze</p>	<p>Dose, Route, and Schedule IM, IV, 50, 100mcg 30-60 min before surgery.</p>
<p>Pharmacologic Classification:</p> <p>Opioid agonists</p> <p><u>Therapeutic class:</u></p> <p>Opioid analgesics</p>	<p>IVP- List diluent solution, volume, and rate of administration. IVPB- List concentration and rate of administration.</p> <p><u>IVP:</u> Administer Undiluted <u>Concentration:</u> 50mcg/mL May be diluted in D5W or NS</p>
<p>Therapeutic Reason:</p> <ul style="list-style-type: none"> - Supplement for Anesthesia - Decrease pain. 	<p>Adverse effects:</p> <p>Apnea Laryngospasm Respiratory depression</p>

Nursing Assessment, teaching, and interventions:

- AVOID use in pts who have received MAO inhibitors within the previous 14 days. (may produce, potentially fatal reactions)
- Monitor V/S: Respiratory rate & BP frequently during therapy.
- Labs: may increase serum amylase & lipase concentrations.
- Instruct pt on how & when to ask for pain medication. Explain pain scale
- May cause dizziness or drowsiness. Change positions slowly. to minimize orthostatic hypotension.
- Grapefruit juice is a moderate inhibitor of the CYP3A4 enzyme system. Concurrent use may increase blood levels and the risk of respiratory & CNS depression.

Benzodiazepines: Alprazolam

Marissa Davila

Trade

<p>Generic Name:</p> <p>Xanax Xanax XR</p>	<p>Dose, Route, and Schedule</p> <p>PO: 0.25 - 0.5mg 2-3 times daily. not to exceed 4mg/day.</p>
<p>Pharmacologic Classification:</p> <p>benzodiazepines</p> <p><u>Therapeutic class:</u></p> <p>anti-anxiety agents:</p>	<p>IVP- List diluent solution, volume, and rate of administration., IVPB- List concentration and rate of administration.</p> <p>N/A</p>
<p>Therapeutic Reason</p> <p>Relief of Anxiety</p>	<p>Adverse effects:</p> <p>dizziness drowsiness lethargy</p>

Nursing Assessment, teaching, and interventions:

- Use with opioids or other CNS depressants including other benzodiazepines, anxiolytics, general anesthetics, muscle relaxants, alcohol, and anti-psychotics may cause profound sedation, respiratory depression, coma, & death.
- Kava-kava, Valerian, or Chamomile can increase CNS depression.
- Concurrent ingestion of grapefruit juice increases levels & effects.
- DO NOT take more than prescribed or share medications w anyone.
- may cause dizziness or drowsiness.
- may cause fetal harm.
- Advise patient that alprazolam is a drug w known abuse potential
- Labs: Monitor CBC, liver & renal function periodically during long term therapy.
May cause decrease in hematocrit & neutropenia.

Antiemetics: Ondasteron

Marissa Davila

Trade

Generic Name:

Ondissolve ODF
Zofran
Zofran ODT

Dose, Route, and Schedule

PO, IV, IM
PO - 24mg 30 min prior to chemo.
IM - 4mg before induction of anesthesia or postoperatively.
IV - 0.15mg/kg (max=16mg) 30 min prior to chemo repeat 4-8 hr.

Pharmacologic Classification:

5HT₃ antagonist

IVP - List diluent solution, volume, and rate of administration.
IVPB - List concentration and rate of administration.

IVP: Administer undiluted 2mg/mL

IVPB: 50mL of D5W, NS, D5NS, D5 1/2NS

concentration: 1mg/mL

Therapeutic class:

Antiemetics

Therapeutic Reason

Decreased incidence and severity of nausea & vomiting following chemotherapy, radiation, or surgery.

Adverse effects:

Torsades de pointes
Serotonin Syndrome
SJS
Toxic epidermal necrolysis

Nursing Assessment, teaching, and interventions:

- Monitor EKG in patients with hypokalemia, hypomagnesemia, HF, bradyarrhythmias or pts taking concomitant medications that prolong the QT interval.
- Monitor S/S of Serotonin Syndrome
- Assess rash periodically during therapy
- May cause transient increased in serum bilirubin, Ast, & ALT levels.
- take as directed.
- Advise pt to notify health care professional immediately if symptoms of irregular heart beat, serotonin syndrome, or involuntary movement of eyes, face, or limbs.

Marissa Davila

Dopamine Antagonist: promethazine

~~Trade~~

Generic Name:

- Histantil
- phenergan

Dose, Route, and Schedule

PO, IM, Rectal, IV
 PO: 6.25-12.5mg 3x/d ∇ 25 qHS
IM/IV/Rectal: 25mg; may repeat in 2hr.

Pharmacologic Classification:

Phenothiazines

Therapeutic class:

- Antiemetics
- Antihistamines
- Sedatives/hypnotics

IVP- List diluent solution, volume, and rate of administration.

IVPB- List concentration and rate of administration.

IVP: Dilute in NS or D5W
 Concentration should not exceed a
 concentration of 25mg/ml

IVPB: Administer 25mg slowly over
 10-15 mins (max rate = 25mg/min)

Therapeutic Reason

- Relief of symptoms of histamine excess usually seen in allergic conditions.
- Diminished NIV
- Sedation.

Adverse effects:

- Neuroleptic Malignant Syndrome
- Confusion
- Sedation

Nursing Assessment, teaching, and interventions:

- Monitor for development of neuroleptic Malignant Syndrome. S/S: fever, respiratory distress, tachycardia, seizures, diaphoresis, hypertension, hypotension.
- HIGH alert: If administered IV, assess for burning and pain at IV site; may cause severe tissue injury.
- Monitor pulse, ∇ respiratory rate frequently.
- May cause drowsiness. Caution ~~write~~ avoid driving.
- Advise pt to use mouth rinses, good oral hygiene, and sugarless gum or candy may decrease dry mouth.
- Caution pt to use sunscreen ∇ protective ~~sunscreen~~ clothing to prevent photosensitivity.
- Labs: May cause false-positive or false-negative: CBC, blood dyscrasias, may cause increase serum glucose.

Glycopyrrolate

Reference: Davis
Drug guide

Marissa Davila

Trade

Generic Name:

- Cuvposa
- Glyrx-PF

Dose, Route, and Schedule

PO, IM, IV
IM: 4.4 mcg/kg 30-60 min preop
IV: 100mcg; can be repeated 2-3min.
PO: 1-2mg 2-3 times daily. Do not exceed 8mg/day.

Pharmacologic Classification:

Anticholinergics

Therapeutic Class:

Antispasmodics

IVP- List diluent solution, volume, and rate of administration.

IVPB- List concentration and rate of administration.

IVP: May be given at y-site
concentration: 200mcg/mL

IVPB: Administer at a maximum rate of 20mcg over 1min.

Therapeutic Reason

- decreased GI \rightarrow respiratory secretions.

Adverse effects:

Tachycardia
Urinary hesitancy
dry mouth
vomiting.

Nursing Assessment, teaching, and interventions:

- May increase GI mucosal lesions in patients taking oral potassium chloride; concurrent use with oral glycopyrrolate solution contraindicated
- Assess heart rate, BP, \rightarrow respiratory rate before, periodically
- IF overdose occurs, neostigmine is the antidote.
- Labs: Antagonizes effects of pentagastrin \rightarrow histamine during the gastric acid secretion test. Avoid administration for 24 hours preceding the test.
 - may cause decrease uric acid levels in patients with gout or hyperuricemia.
- may cause drowsiness or blurred vision.
- use frequent oral rinses, sugarless candy, and good oral hygiene.

Succinylcholine

Marissa Davila

Trade

Generic Name:

Anectine
Quelicin

Dose, Route, and Schedule IM, IV

IV: 2.5 mg/min infusion
(range 0.5-10 mg/min)

IM: up to 3-4 mg/kg (total dose not exceed 150 mg).

Pharmacologic Classification:

Neuromuscular blocking agents - depolarizing

IVP - List diluent solution, volume, and rate of administration.
IVPB - List concentration and rate of administration.

IVP: Must be administered undiluted.

IVPB: Administer at a rate of 0.5-10 mg/min; usual rate is 2.5-4.3 mg/min
Titrate dose to patient response → degree of paralysis required.

Therapeutic Reason

Skeletal muscle paralysis.

Adverse effects:

- Hyperkalemia
- Rhabdomyolysis
- Apnea
- Hypersensitivity Reactions
- Malignant Hyperthermia

Nursing Assessment, teaching, and interventions:

- Assess respiratory status continuously throughout use of Succinylcholine.
- Assess pt of Malignant hyperthermia before administration monitor s/s:
↳ tachycardia, tachypnea, jaw muscle spasm, lack of laryngeal relaxation,
- Labs: hyperkalemia especially in patients w/ severe trauma, burns, or neurologic disorders.
- HEALTH ALERT: unplanned administration of a neuromuscular blocking agent instead of administration of the intended medication, or administration of a neuromuscular blocking agent in the absence of ventilatory support has resulted in serious harm.
- Explain all procedures to patient receiving succ. therapy without anesthesia b/c consciousness is not affected by succ alone. provide emotional support

Propofol

Marissa Davila

Trade

<p>Generic Name:</p> <p>Diprivan</p>	<p>Dose, Route, and Schedule</p> <p><u>IV</u>: 40mg every 10 secs until induction achieved (2-2.5mg/kg) Rates of 150-200mcg/kg/min.</p>
<p>Pharmacologic Classification:</p> <p>general anesthetics</p>	<p><u>IVP</u>- List diluent solution, volume, and rate of administration. <u>IVPB</u>- List concentration and rate of administration.</p> <p>administered undiluted If dilution is necessary, use D5W.</p>
<p>Therapeutic Reason</p> <p>Induction & maintenance of anesthesia.</p>	<p>Adverse effects:</p> <p>Apnea propofol infusion syndrome</p>

Nursing Assessment, teaching, and interventions:

- Assess respiratory status, pulse, & BP continuously. Maintain patent airway.
- Monitor for propofol infusion syndrome. S/S: severe metabolic acidosis, hyperkalemia, lipemia, rhabdomyolysis, hepatomegaly, cardiac & renal failure.
- Inform pt this medication will decrease mental recall of procedure
- May cause dizziness or drowsiness.
- Advise pt to avoid alcohol or other CNS depressants.

Atrovastatin

Reference: Davis
drug guide

Marissa Davila

Trade

Generic Name:

Lipitor

Dose, Route, and Schedule

PO - 10-20mg once daily.

Pharmacologic Classification:

hmg CoA reductase inhibitors

IVP- List diluent solution, volume, and rate of administration.

IVPB- List concentration and rate of administration.

Therapeutic class:

lipid-lowering agents

Therapeutic Reason

- Lowering of total & LDL cholesterol & triglycerides, slightly increases HDL cholesterol.
- Reduction of lipids/cholesterol reduces the risk of cardiac infarction & stroke sequelae.
- Slows the progression of coronary atherosclerosis & resultant decrease in coronary heart disease-related events.

Adverse effects:

Rhabdomyolysis
Anaphylaxis
Angioedema

Nursing Assessment, teaching, and interventions:

- Obtain diet history, especially regard to fat consumption.
- Monitor liver function, monitor muscle tenderness, Creatine kinase
- May be administered & regard to food. Avoid grapefruit juice during therapy, may increase risk of toxicity.
- Instruct patient to notify health care professionals if unexplained muscle pain, tenderness, or weakness.
- Emphasize the importance of follow-up exams to determine effectiveness & to monitor for side effects.

propranolol

Marissa Davila

Trade

Generic Name:

Hemangeol
Inderal LA
InnoPran XL

Dose, Route, and Schedule

PO: 80-320 mg/day
IV: 1-3mg; may be repeated after 2 min & again in 4hr if needed.

Pharmacologic Classification:

Beta Blockers

Therapeutic class:

Antianginals
Antiarrhythmics

IVP- List diluent solution, volume, and rate of administration.

IVPB- List concentration and rate of administration.

Undiluted or dilute each 1mg in 10mL of D5W
Concentration: 1mg/mL Diluted in 10mL of D5W: 0.1mg/mL
IVPB: may be diluted in 50mL of NS, D5W, D5/2NS, B5NS, or LR.

Therapeutic Reason

decrease heart rate & BP
Suppression of arrhythmias
Prevention of MI.
Hemangioma resolution

Adverse effects:

Arrhythmias, bradycardia, HF, pulmonary edema, SJS, toxic epidermal necrolysis, Erythema multiforme, Anaphylaxis

Nursing Assessment, teaching, and interventions:

- Monitor BP & pulse frequently during dose adjustment period & periodically during therapy.
- Abrupt withdrawal of propranolol may precipitate life-threatening arrhythmias, hypertension, or MI. drug must be tapered over a 2wk period before discontinuation.
- Advise patient to notify health care professional if slow pulse, difficulty breathing, wheezing, cold hands & feet dizziness, light-headedness, confusion, depression, rash, fever, sore throat, unusual bleeding, or bruising occurs.
- Take apical pulse prior to administration. If <50 bpm or if arrhythmia occurs withhold medication & notify physician or other health care professional.

Captopril

Marissa Davila

Trade

Generic Name:

Capoten

Dose, Route, and Schedule

PO - 12.5 - 25mg 2-3 times daily, may be increased at 1-2wk intervals up to 150mg 3xd

Pharmacologic Classification:

ACE inhibitor

Therapeutic Class:

Antihypertensives

IVP- List diluent solution, volume, and rate of administration.

IVPB- List concentration and rate of administration.

Therapeutic Reason

- Lowering of BP in patients w/ hypertension
- Improved survival & reduced development of overt heart failure after myocardial infarction.
- Decreased progression of diabetic nephropathy & decreased need for transplantation or dialysis.

Adverse effects:

ANGIOEDEMA
AGRANULOCYTOSIS
hypotension

Nursing Assessment, teaching, and interventions:

- Monitor BP & pulse frequently during initial dose adjustment & periodically during therapy.
- Monitor frequency of prescription refills to determine compliance.
- Assess pt for S/S of angioedema. D/c meds & provide supportive care.
- For patients w/ heart failure monitor weight & assess pt routinely for resolution of fluid over
- Labs: Monitor Renal function. May cause ↑ BUN & Serum creatinine. May cause hyperkalemia. may cause ↑ AST, ALT, phosphatase, & bilirubin
- change positions slowly to minimize orthostatic hypotension.
- Advise DM patients ~~slowly~~ closely monitor for hypoglycemia during 1st month

Losartan

Marissa Davila

Trade

Generic Name:

Cozaar

Dose, Route, and Schedule

PO - 50 mg once daily

Pharmacologic Classification:

Angiotensin II receptor
antagonists

Therapeutic class:

Hypertension

IVP- List diluent solution, volume, and rate of administration.

IVPB- List concentration and rate of administration.

Therapeutic Reason

- Lowering of BP in hypertensive patients
- Decreased progression of diabetic nephropathy.
- Decreased incidence of stroke in patients with hypertension and left ventricular hypertrophy.

Adverse effects:

Angioedema
diarrhea

Nursing Assessment, teaching, and interventions:

- Assess patients for signs & symptoms of angioedema
- Assess BP and pulse frequently during initial dose adjustment
- Monitor frequency of prescription refills to determine compliance
- Monitor renal function. may cause increase BUN & serum Creatinine.
- may cause increase AST, ALT, & serum bilirubin. may cause hyperkalemia. may cause slight decrease in hemoglobin & hematocrit.
- take as directed. Do not discontinue therapy unless directed by healthcare professionals.
- avoid sudden changes to positions to decrease orthostatic hypotension

Nitroglycerin

Marissa Davila

Trade

Generic Name:

Nitro-Time
Nitrogard SR

Dose, Route, and Schedule

Translingual: 0.3-0.6mg may repeat 5min for 2 add. doses.
Po: 2.5-9mg q 8-12hr
Dint: 1-2in every 6-8hr
Patch: 0.2-0.4mg/hr. 12 a day
IV: 5 mcg/min; increase by 5mcg/min every 3-5 min to 20mcg/min.

Pharmacologic Classification:

Nitrates

Therapeutic class:
Antianginals

IVP- List diluent solution, volume, and rate of administration.

IVPB- List concentration and rate of administration.

IVP: must be diluted & administered as an infusion.

IVPB: Must be diluted in 0.5N or NS. Concentration should not exceed 400mcg/mL

Therapeutic Reason

- Relief or prevention of Anginal attacks
- Increased Cardiac output
- Reduction of BP.

Adverse effects:

dizziness
hypotension
tachycardia

Nursing Assessment, teaching, and interventions:

- Assess location, duration, intensity and precipitating factors of patient anginal pain.
- Monitor BP & pulse before & after administration.
- Labs: may cause increase catecholamine and urine vanillylmandelic acid concentration.
- change positions slowly to minimize orthostatic hypotension.
- Avoid concurrent use of alcohol with this medication
- Advise pt to notify healthcare provider of dry mouth or blurred vision.

Isosorbide dinitrate

Reference: Davis drug guide

Marissa Davila

Trade

<p>Generic Name:</p> <p>Isordil Imdur Monoket</p>	<p>Dose, Route, and Schedule</p> <p>PO - 5-20 mg 2-3 times daily. usual maintenance dose is 10-40mg every 6hr.</p>
<p>Pharmacologic Classification:</p> <p>Nitrates</p> <p><u>Therapeutic class:</u></p> <p>antianginals</p>	<p>IVP - List diluent solution, volume, and rate of administration. IVPB - List concentration and rate of administration.</p> <p>—</p>
<p>Therapeutic Reason</p> <p>Prevention of Anginal attacks.</p>	<p>Adverse effects:</p> <p>hypotension tachycardia dizziness HA</p>

Nursing Assessment, teaching, and interventions:

- Assess location, duration, intensity, & precipitating factors of anginal pain.
- Monitor BP & pulse routinely during period of dose adjustment.
- Labs: Excessive dose may increase methemoglobin concentrations.
- may cause dizziness. Caution patient to avoid driving or other activities requiring alertness.
- Take medication as instructed, even if feeling better.
- Avoid concurrent use of alcohol with this medication.
- Advise patient to notify health care professional if dry mouth or blurred vision occurs.

Furosemide

Marissa Davila

Trade

<p>Generic Name:</p> <p>Lasix</p>	<p>Dose, Route, and Schedule</p> <p>PO, IM, IV</p> <p>PO - 20-80 mg/day as a single dose initially, may repeat in 6-8hr, may increase dose by 20-40 mg</p> <p>IM - 20-40mg, may repeat in 1-2hr and</p> <p>IV - increase by 20mg every 1-2hr until response obtained.</p>
<p>Pharmacologic Classification:</p> <p>loop diuretics</p> <p><u>Therapeutic Class:</u> diuretics</p>	<p>IVP - List diluent solution, volume, and rate of administration. IVPB - List concentration and rate of administration.</p> <p>IVP: undilute</p> <p>IVPB: dilute larger doses in 50ml of D5W, D10W, D20W, D5NS, D5LR, NS, 3% NS, LR.</p>
<p>Therapeutic Reason</p> <p>- Diuresis and subsequent mobilization of excess fluid (edema, pleural effusions).</p> <p>- Decreased BP.</p>	<p>Adverse effects:</p> <p>Erythema multiforme, SJS Toxic epidermal Necrolysis. Aplastic Anemia Ang Agranulocytosis.</p>

Nursing Assessment, teaching, and interventions:

- Assess fluid status. Monitor daily weight, I/O. Monitor BP & pulse.
- Assess patient for skin rash frequently during therapy. Discontinue Furosemide at first sign of rash; maybe life threatening.
- Monitor Labs: electrolytes, renal & hepatic function, serum glucose, & uric acid levels before & periodically throughout therapy.
- May be taken with food or milk to reduce GI irritation.
- Administer twice daily, give last dose no later than 5pm to minimize disruption of sleep.
- Advise pt to contact health care providers immediately if rash, muscle weakness, cramps, N/V, dizziness, numbness, or tingling of extremities occur.

Hydrochlorothiazide

Marissa Davila

Trade

<p>Generic Name:</p> <p>Microzide Urozide</p>	<p>Dose, Route, and Schedule</p> <p>PO - 12.5 - 100mg/day in 1-2 doses</p>
<p>Pharmacologic Classification:</p> <p>Thiazide diuretics</p> <p><u>Therapeutic class:</u></p> <p>Antihypertensives diuretics</p>	<p>IVP- List diluent solution, volume, and rate of administration. IVPB- List concentration and rate of administration.</p> <p>—</p>
<p>Therapeutic Reason</p> <p>Lowering of BP in hypertensive patients & diuresis & mobilization of edema.</p>	<p>Adverse effects:</p> <p>SKIN CANCER SJS Pancreatitis hypokalemia</p>

Nursing Assessment, teaching, and interventions:

- Assess pt for skin rash frequently during therapy. D/c diuretic at first ^{sign} ~~time~~ of rash, may be life threatening. SJS may develop.
- Monitor BP, I&O, and daily weight. Assess feet, legs, and sacral area for edema.
- Assess pt, especially if taking digoxin, for anorexia, nausea, vomiting, muscle cramps, paresthesia, and confusion. Notify health care professional if these signs of electrolyte imbalance occur.
- Assess pt for allergy of Sulfonamides.
- Labs: Monitor electrolytes (especially potassium), blood glucose, BUN, serum creatinine, & uric acid. levels before & after periodically during therapy.

Spiroinolactone

Marissa Davila

Trade

<p>Generic Name:</p> <p>Aldactone Carospir</p>	<p>Dose, Route, and Schedule</p> <p>PO - 25 mg once daily, may increase to 50mg once daily.</p>
<p>Pharmacologic Classification:</p> <p>Potassium Sparing diuretics</p> <p><u>Therapeutic class:</u> diuretics potassium-sparing diuretics</p>	<p>IVP- List diluent solution, volume, and rate of administration. IVPB- List concentration and rate of administration.</p> <p>—</p>
<p>Therapeutic Reason</p> <ul style="list-style-type: none"> - Improved survival in pts \bar{c} NYHA class II-IV HF. - Weak diuretic & antihypertensive response when compared \bar{c} other diuretics. 	<p>Adverse effects:</p> <ul style="list-style-type: none"> - Drug rash \bar{c} eosinophilia & systemic symptoms. - SJS - Toxic epidermal necrolysis. - hyperkalemia.

Nursing Assessment, teaching, and interventions:

- Use \bar{c} eplerenone increase risk of hyperkalemia; concurrent use contraindicated.
- Assess pt for skin rash frequently during therapy. D/c diuretic at first sign of rash may be life threatening.
- Labs: Evaluate serum potassium levels prior to, within 1wk of starting therapy.
- Monitor I/O's & daily weight
- If medication is given as an adjunct to antihypertensive therapy, evaluate BP before administration.
- assess frequently for development of hyperkalemia (fatigue, muscle weakness,

digoxin

Marissa Davila

Trade

Generic Name:

Lanoxin
Toloxin

Dose, Route, and Schedule

PO: 0.75-1.5 mg given as 50% of the dose initially & one quarter of the initial dose in each 2 doses.
IM: 0.5-1mg given as 50% of dose initially & one quarter of the dose initial dose in each of 2 subsequent doses at 6-12hr intervals.
IV: > quarter of the dose initial dose in each of 2 subsequent doses at 6-12hr intervals.

Pharmacologic Classification:

digitalis glycosides

IVP- List diluent solution, volume, and rate of administration.

IVPB- List concentration and rate of administration.

IVP: undiluted

IVPB: 4mL of sterile water for injection, D5W, NS.

Therapeutic class:

antiarrhythmics
inotropics

Therapeutic Reason

Increase cardiac output (positive inotropic effect & slowing of the heart rate (negative chronotropic effect)

Adverse effects:

ARRHYTHMIAS
bradycardia
anorexia
nausea
vomiting.
fatigue

Nursing Assessment, teaching, and interventions:

- St. Johns wort may decrease levels & effect. licorice & stimulate natural products (aloe) may increase risk of potassium depletion.
- Concurrent ingestion of a high fiber meal may decrease absorption. Administer digoxin 1hr before or 2 hours after such meal.
- monitor ECG during IV administration & 1 hour after each dose. Notify healthcare professional if bradycardia or new arrhythmias occurs.
- Monitor I/O & daily weights
- Assess Apical pulse for one minute before administration
- Labs: electrolytes potassium, magnesium, & calcium, renal & hepatic function.

diltiazem

Marissa Davila

Trade

<p>Generic Name:</p> <p>Cardizem Cartia XT Tiazac</p>	<p>Dose, Route, and Schedule</p> <p><u>PO</u>: 30-120mg 3-4Xd. or 180-240mg Once daily as CD or XR Caps.</p> <p><u>IV</u>: 0.25 mg/kg, may repeat in 15min with a dose of 0.35mg/kg. may follow \bar{c} continuous infusion @ 10mg/hr for 24 hours.</p>
<p>Pharmacologic Classification:</p> <p>Calcium channel blockers</p> <p><u>Therapeutic class:</u></p> <p>Antianginals Antiarrhythmias Antihypertensives</p>	<p><u>IVP</u>- List diluent solution, volume, and rate of administration. <u>IVPB</u>- List concentration and rate of administration.</p> <p><u>IVP</u>: Administer bolus dose undiluted <u>Concentration</u>: 5mg/mL</p> <p><u>IVPB</u>: dilute 125mg in 100ml 250mg in 250ml or 250mg in 500ml. of NS, D5W, D5 1/2 NS,</p>
<p>Therapeutic Reason</p> <ul style="list-style-type: none"> - Systemic vasodilation resulting in decreased BP. - Coronary vasodilation resulting in decreased frequency \uparrow severity of attacks of angina. - Reduction of ventricular rate in at atrial fibrillation or flutter. 	<p>Adverse effects:</p> <p>Arrhythmias HF SJS Peripheral edema</p>

Nursing Assessment, teaching, and interventions:

- May increase digoxin levels. May increase or decrease the effects of lithium theophylline.
- Monitor BP $\&$ pulse prior to therapy. Monitor I \rightarrow O, daily weights. Pt \bar{c} Concurrent use \bar{c} digoxin should have routine serum digoxin levels checked $\&$ Monitor s/s of digoxin toxicity.
- Assess for rash periodically. Dk therapy if severe or if accompanied \bar{c} fever general malaise, fatigue, muscle or joint aches, blisters, oral lesions, conjunctivitis hepatitis $\&$ /or eosinophilia.
- Monitor ECG continuously during administration.
- May be administered \bar{c} no regard to food. Do not open, crush, break, or chew etc.
- Advise pt to notify health care professional if rash, irregular heart beats, dyspnea, swelling in hands $\&$ feet, pronounced dizziness, nausea, constipation, or hypotension occurs.

Enoxaparin

Marissa Davila

Trade

<p>Generic Name:</p> <p>Lovenox</p>	<p>Dose, Route, and Schedule</p> <p>Subcut - 30mg every 12 hours</p>
<p>Pharmacologic Classification:</p> <p>Antithrombotics low molecular weight heparins</p> <p><u>Therapeutic class:</u> Anticoagulants</p>	<p><u>IVP</u>- List diluent solution, volume, and rate of administration. <u>IVPB</u>- List concentration and rate of administration.</p> <p>—</p>
<p>Therapeutic Reason</p> <p>Prevention of thrombus formation.</p>	<p>Adverse effects:</p> <p>bleeding Anemia hematoma</p>

Nursing Assessment, teaching, and interventions:

- Assess S/S of bleeding & hemorrhage (bleeding gums, nosebleed, unusual bruising, black, tarry stools).
- Labs: Monitor CBC, platelet count, & stools for occult blood periodically during therapy. Special monitoring of clotting times (aPTT) is not necessary for most patients. Monitoring of anti-factor Xa levels may be necessary to titrate doses in pediatric patients therapeutic range 0.5-1 unit/mL
- May cause increase in AST & ALT levels. May cause hyperkalemia
- Instruct pt in correct technique for self-injection, care, and disposal of equipment.
- Notify health care professional of therapy before dental or medical treatment or surgery.

Clopidogrel

Reference: Davis
drug guide

Marissa Davila

Trade

Generic Name: PLAVIX	Dose, Route, and Schedule PO - 75 mg once daily
Pharmacologic Classification: platelet aggregation inhibitors <u>Therapeutic class:</u> antiplatelet Agent	<u>IVP</u> - List diluent solution, volume, and rate of administration. <u>IVPB</u> - List concentration and rate of administration. —
Therapeutic Reason Reduction in risk of MI & Stroke	Adverse effects: Acute generalized exanthematous pustulosis Drug rash w/ eosinophilia & systemic symptoms SJS Toxic epidermal necrolysis GI Bleeding Neutropenia thrombotic thrombocytopenic purpura

Nursing Assessment, teaching, and interventions:

- Increase bleeding risk w/ anise, arnica, chamomile, clove, fenugreek, feverfew, garlic, ginger, ginkgo, Panax ginseng, & others.
- Monitor patient s/s of thrombotic thrombocytopenia purpura (neurologic findings, renal dysfunction, fever).
- Assess patient for s/s of stroke, peripheral vascular disease, or MI periodically during therapy.
- D/C PLAVIX 5-7 days before a planned procedure.
- Advise physician promptly if s/s of bleeding, blood in urine, black tarry stools, bruises w/ known cause, cough up blood, fever, weakness chills.
- Caution pt to avoid taking omeprazole.

Amoxicillin

Marissa Davila

Trade

<p>Generic Name:</p> <p>Amoxil Tri MOX</p>	<p>Dose, Route, and Schedule</p> <p>PO - 250-500mg Q8h or 500-875mg Q12h children: 25-50mg/kg/day.</p>
<p>Pharmacologic Classification:</p> <p>Aminopenicillins</p> <p><u>Therapeutic class:</u> anti-infectives anti-ulcer agents</p>	<p><u>IVP</u>- List diluent solution, volume, and rate of administration. <u>IVPB</u>- List concentration and rate of administration.</p>
<p>Therapeutic Reason</p> <p>Bactericidal action spectrum is broader than penicillins</p>	<p>Adverse effects:</p> <p>CDIF SEIZURES Anaphylaxis Serum sickness</p>

Nursing Assessment, teaching, and interventions:

- Use cautiously in severe renal impairment.
- CDIF INFECTION- Watch for change in bowel habits. NOTIFY physician imme.
- May decrease effectiveness of oral contraceptives.
- Monitor for S/S anaphylaxis
- Assess S/S of infection: V/S, appearance of wound, sputum, urine, & stool; wbc)
- Obtain culture specimens for culture before therapy
- May cause increase serum alkaline phosphatase, LDH, AST, and ALT concentrations
- May cause false-positive direct coombs test.
- Advise pt to report S/S of superinfection furry overgrown tongue, vaginal itching or discharge, loose or foul smelling stools.
- Take medication around the clock & finish medication regimen.

Ceftriaxone

Marissa Davila

Trade

<p>Generic Name:</p> <p>Rocephin</p>	<p>Dose, Route, and Schedule</p> <p>IM: 1-2g every 12/24hr.</p> <p>IV: 7</p>
<p>Pharmacologic Classification:</p> <p>third generation Cephalosporins</p> <p><u>Therapeutic class:</u></p> <p>Anti-infectives</p>	<p>IVP- List diluent solution, volume, and rate of administration. IVPB- List concentration and rate of administration.</p> <p>IVP: 250mg = 2.4mL 500mg = 4.8mL 1g = 9.6mL 2g = 19.2mL</p> <p>Sterile water, NS, D5W concentration: 100mg/mL</p>
<p>Therapeutic Reason</p> <p>Bactericidal action against susceptible bacteria.</p>	<p>Adverse effects:</p> <p>LDIF SEIZURES Anaphylaxis</p>

Nursing Assessment, teaching, and interventions:

- May increase risk of bleeding with warfarin
- Observe pt for s/s of anaphylaxis, rash, pruritus, laryngeal edema, wheezing. D/c drug & notify health care professional.
- Monitor bowel function.
- Obtain specimens for culture & sensitivity
- Assess infection (v/s, appearance of wound, sputum, urine, & stool, WBC)
- May cause positive coombs test. May cause increase AST, ALT, alkaline phosphatase, bilirubin, LDH, BUN, and serum creatinine.
- Report s/s of superinfection: furry overgrowth on the tongue, vaginal itching, or discharge, loose or foul smelling stools.

<p>Trade Generic Name:</p> <p>Merrem</p>	<p>Dose, Route, and Schedule</p> <p><u>IV</u>: 500mg every 8 hr 1g Q8hr.</p> <p>Children: 10mg/kg Max dose 500mg Q8h</p>
<p>Pharmacologic Classification:</p> <p>Carbapenems</p> <p><u>Therapeutic class</u>:</p> <p>Anti-infectives</p>	<p><u>IVP</u>- List diluent solution, volume, and rate of administration. <u>IVPB</u>- List concentration and rate of administration.</p> <p><u>IVP</u>: 500mg \bar{c} 10ml \bar{c} sterile water 1g \bar{c} 20ml</p> <p><u>IVPB</u>: 500mg \bar{c} 10ml 1g \bar{c} 20ml sterile water, D5W, NS,</p>
<p>Therapeutic Reason</p> <p>Bactericidal action against susceptible bacteria</p>	<p>Adverse effects:</p> <p>Seizures drug reaction \bar{c} eosinophilia $\&$ systemic symptoms. Erythema multiforme SJS Toxic epidermal necrolysis CDIF anpnea / anaphylaxis</p>

Nursing Assessment, teaching, and interventions:

- use cautiously in renal patients.
- monitor s/s of anaphylaxis: rash, fever, lymphadenopathy, $\&$ / or facial swelling.
- Assess pt for skin rash frequently during therapy. D/c meropenem at first sign of rash.
- monitor for s/s of DRESS: fever, rash, lymphadenopathy, $\&$ or facial swelling.
- Lab: monitor hematologic, hepatic, $\&$ renal functions periodically during therapy. BUN, AST, ALT, LDH, serum alkaline phosphatase, bilirubin, $\&$ creatinine $\&$ H $\&$ H, May cause positive direct or indirect coombs test
- Advise pt to report change in bowel habits or s/s of superinfection

levofloxacin

Marissa Davila

Trade

<p>Generic Name:</p> <p>Levaquin</p>	<p>Dose, Route, and Schedule</p> <p>PO: 750mg once daily for 7-14 days</p> <p>IV: 750mg once daily for 7-14 days</p>
<p>Pharmacologic Classification:</p> <p>Fluoroquinolones</p> <p>Ther. Class:</p> <p>anti-infectives</p>	<p>IVP- List diluent solution, volume, and rate of administration.</p> <p>IVPB- List concentration and rate of administration.</p> <p>may dilute in NS, D5W, D5NS, D5 1/2 NS, D5LR.</p> <p>concentration: 5mg/mL</p>
<p>Therapeutic Reason</p> <p>Death of susceptible bacteria</p>	<p>Adverse effects:</p> <p>Elevated Intracranial Pressure</p> <p>Seizures</p> <p>Suicidal thoughts or behaviors</p> <p>Aortic aneurysm/dissection</p> <p>Torsades de pointes</p> <p>Hepatotoxicity</p> <p>LDIF</p> <p>anaphylaxis</p>

Nursing Assessment, teaching, and interventions:

- Absorption is impaired by concurrent enteral feeding (because of metal cations)
- Observe patient for s/s of anaphylaxis: rash, pruritus, laryngeal edema, wheezing
- Monitor bowel function
- Assess for rash periodically during therapy. May cause SJS. Discontinue therapy
- Assess for suicidal tendencies, depression, or changes in behavior periodically during therapy.

Labs: may increase AST, ALT, LDH, bilirubin, ↑ alkaline phosphatase. glucose

- Notify health care professional if personal or family history of QTc prolongation or pro arrhythmic conditions such as recent hypokalemia. Development of fever or diarrhea. IF a rash, jaundice, s/s hypersensitivity, tendon pain, swelling or inflammation. Look for s/s of suicidality or changes in behavior or mood.

Marissa Davila

albuterol

References: Davis
drug guide

Trade

<p>Generic Name:</p> <p>Accuneb Aironir Proair proVentil HFA</p>	<p>Dose, Route, and Schedule</p> <p>PO: 2-4mg 3-4 times daily</p> <p>Inhaln: 2 inhalations every 4-6hr.</p>
<p>Pharmacologic Classification:</p> <p>ad renergics</p> <p>Ther. class:</p> <p>bronchodilators</p>	<p>IVP- List diluent solution, volume, and rate of administration.</p> <p>IVPB- List concentration and rate of administration.</p> <p>—</p>
<p>Therapeutic Reason</p> <p>Bronchodilation</p>	<p>Adverse effects:</p> <p>Paradoxical Bronchospasm chestpain Palpations restlessness</p>

Nursing Assessment, teaching, and interventions:

- Use \bar{c} Caffeine-containing herbs (cola nut, guarana, tea, Coffee) increase stimulant.
- May decrease serum digoxin levels.
- Assess lung sounds, pulse, \rightarrow BP before administration. \nrightarrow during peak of med.
- Observe for paradoxical bronchospasm (wheezing). IF condition occurs, withhold medication \nrightarrow notify health care provider immediately.
- May cause transient decrease in serum potassium
- Instruct pt to notify health care professional if there is no response to the usual dose or if contents of one canister are used in less than 2wk. Asthma \nrightarrow treatment regimen should be re-evaluated \nrightarrow corticosteroids should be considered.
- Advise pt to rinse mouth \bar{c} water after each inhalation dose to minimize dry mouth.

Marissa Davila

Trade

Ipratropium

Reference: DMS
drug Guide

<p>Generic Name:</p> <p>Anticholinergics</p> <p>Atrovent</p> <p>Atrovent HFA</p>	<p>Dose, Route, and Schedule</p> <p>Inhalation: 2 inhals 4 times daily</p> <p>Intranasal: 2 sprays in each nostril 2-3x daily</p>
<p>Pharmacologic Classification:</p> <p>Anticholinergics</p> <p><u>Ther. class</u></p> <p>allergy, cold & cough remedies</p> <p>bronchodilators</p>	<p><u>IVP</u>- List diluent solution, volume, and rate of administration.</p> <p><u>IVPB</u>- List concentration and rate of administration.</p> <p>—</p>
<p>Therapeutic Reason</p> <ul style="list-style-type: none"> - Bronchodilation & systemic anticholinergic effects. - Decreased rhinorrhea 	<p>Adverse effects:</p> <p>Dizziness</p> <p>HA</p> <p>rash</p> <p>Bronchospasm</p>

Nursing Assessment, teaching, and interventions:

- Assess allergy to atropine & belladonna alkaloids:
- Assess respiratory status before administration & at peak of meds. assess pts for rhinorrhea.
- Solution for nebulization can be diluted & preservative-free NS.
- Advise pt that rinsing mouth after using inhaler, good oral hygiene, & sugarless gum or candy may minimize dry mouth.
- Advise pts to notify health care professional if cough, nervousness, headache, dizziness, nausea, or GI distress occur.

fluticasone

Trade

<p>Generic Name:</p> <p>Ammonair Digihaler Flovent Diskus Flovent HFA</p>	<p>Dose, Route, and Schedule</p> <p>Inhalation: 88 mcg twice daily initially, may increase dose in 2wk if not adequately responding.</p>
<p>Pharmacologic Classification:</p> <p>Corticosteroids</p> <p><u>Ther. class</u></p> <p>Anti-inflammatories</p>	<p><u>IVP</u>- List diluent solution, volume, and rate of administration. <u>IVPB</u>- List concentration and rate of administration.</p>
<p>Therapeutic Reason</p> <p>Decreases frequency & severity of asthma attacks.</p>	<p>Adverse effects:</p> <p>Hypersensitivity reactions: anaphylaxis laryngeal edema bronchospasm urticaria Churg-strauss Syndrome H/A</p>

Nursing Assessment, teaching, and interventions:

- Monitor respiratory & lung sound.
- Assess pts changing from systemic corticosteroids to inhalation corticosteroids for signs of adrenal insufficiency (anorexia, nausea, weakness, fatigue, hypotension, hypoglycemia).
- monitor for withdrawal symptoms: joint or muscular pain, lassitude, depression.
- may cause decreased bone mineral density during prolonged therapy.
- monitor for s/s of hypersensitivity reactions (rash, pruritus, swelling of face & neck)

Ranitidine

Marissa Davila

Trade

<p>Generic Name: Zantac</p>	<p>Dose, Route, and Schedule</p> <p>PO - 150mg twice daily or 300 mg once daily at bedtime</p> <p>IV } 50mg every 6-8hr (not to exceed 400mg/day)</p> <p>IM }</p>
<p>Pharmacologic Classification: histamine h2 antagonists</p> <p><u>Ther. class:</u> antiulcer agent</p>	<p><u>IVP</u>- List diluent solution, volume, and rate of administration. <u>IVPB</u>- List concentration and rate of administration.</p> <p><u>IVP</u>: Dilute each 50mg in 20ml of NS or D5W. concentration: 2.5mg/ml</p> <p><u>IVPB</u>: Dilute each 50mg 100ml of NS or D5W. concentration: 0.5mg/ml</p> <p>Continuous infusion: Dilute D5W. concentration: 150mg/250ml</p>
<p>Therapeutic Reason</p> <ul style="list-style-type: none"> - Healing & prevention of ulcers. - Decreased symptoms of gastroesophageal reflux. - Decreased secretion of gastric acid. 	<p>Adverse effects:</p> <p>Arrhythmias Angranulocytosis Aplastic anemia Confusion</p>

Nursing Assessment, teaching, and interventions:

- May increase effects of Warfarin.
- Assess pt for epigastric or abdominal pain and flank pain or occult blood in the stool, emesis, or gastric aspirate.
- Assess geriatric and debilitated pts routinely for confusion.
- Labs: CBC w/ diff must be monitored periodically during therapy.
- May cause a false-positive results for urine protein; test w/ sulfosalicylic acid.
- Inform pt taking OTC preparations not to take the maximum dose continuously for more than 2wks w/ consulting health care professional.
- Inform pt that smoking interferes w/ the action histamine antagonists.
- May cause dizziness or drowsiness caution when driving or other activities requiring alertness. Report onset of black, tarry stools. Increase fluid & fiber intake.

Marissa Davila

Omeprazole

Reference: Davis Drug Guide

Trade

<p>Generic Name:</p> <p>priLOSEC</p>	<p>Dose, Route, and Schedule</p> <p>PO - 20mg once a day.</p>
<p>Pharmacologic Classification:</p> <p>proton pump inhibitor</p> <p><u>Ther. Class:</u></p> <p>antiulcer agent</p>	<p>IVP- List diluent solution, volume, and rate of administration.</p> <p>IVPB- List concentration and rate of administration.</p> <hr/>
<p>Therapeutic Reason</p> <ul style="list-style-type: none"> - Diminish accumulation of acid in the gastric lumen & lessened gastroesophageal reflux. - Healing of duodenal ulcers 	<p>Adverse effects:</p> <ul style="list-style-type: none"> - Clostridioides difficile-associated diarrhea - Anaphylaxis - Angioedema - Tubulointerstitial - Abd pain

Nursing Assessment, teaching, and interventions:

- use cautiously in hepatic impairment
- Hypomagnesemia increases risk of digoxin toxicity.
- St. Johns wort may decrease levels & may decrease response; avoid concurrent use.
- Monitor bowel function. Diarrhea, abdominal cramping, fever, bloody stools should be reported to the healthcare professionally.
- Labs: CBC, AST, ALT, alkaline phosphate, & bilirubin. Monitor INR & prothrombin time in pts taking warfarin.
- Administer before meals, preferably in the morning.
- Notify physician if present of black, tarry stools, diarrhea, & abdominal pain.
- Advise pts to avoid alcohol or products that contain alcohol. Medications that contain aspirin or NSAIDs. may cause dizziness or drowsiness.

Sucralfate

Marissa Davila
Trade

<p>Generic Name:</p> <p>Carafate Sucrate</p>	<p>Dose, Route, and Schedule</p> <p>PO - 1g 4 times daily. 1hr before meals & at bedtime.</p>
<p>Pharmacologic Classification:</p> <p>GI protectants</p> <p><u>Thera. class:</u></p> <p>Antiulcer Agents.</p>	<p>IVP- List diluent solution, volume, and rate of administration. IVPB- List concentration and rate of administration.</p> <hr/>
<p>Therapeutic Reason</p> <ul style="list-style-type: none"> - Management of gastric ulcers or gastroesophageal reflux. - Prevention of gastric mucosal injury caused by high-dose aspirin or other NSAIDs in pt w/ rheumatoid arthritis or high-stress situations. - protection of ulcers, & subsequent healing. 	<p>Adverse effects:</p> <ul style="list-style-type: none"> - Anaphylaxis - Angioedema - Constipation.

Nursing Assessment, teaching, and interventions:

- use cautiously in renal failure & Diabetes.
- assess patient routinely for abdominal pain & frank or occult blood in stool.
- Advise pt to continue course of therapy for 4-8wk, even if feeling better, to ensure ulcer healing.
- Advise pt that increase in fluid intake, dietary bulk, & exercise may prevent drug induced constipation.
- Emphasize the importance of routine examinations to monitor progress.

Metronidazole

Reference: Davis
drug guide

Marissa Davila

Trade

<p>Generic Name:</p> <p>Flagyl Metrocream Vandazole Noritate</p>	<p>Dose, Route, and Schedule</p> <p>PO - 7.5 mg/kg Q6hr.</p> <p>IV - 15 mg/kg then 7.5/kg Q6hr</p> <p>Topical - Thin layer BID.</p> <p>Vaginal - one applicatorful (37.5mg) of 0.75% gel 1-2 times daily for 5 days.</p>
<p>Pharmacologic Classification:</p> <p>Antibiotic amebicide antiprotozoal</p> <p>Ther. Class:</p> <p>Anti-infectives antiprotozoals Anti-ulcer agent</p>	<p>IVP - List diluent solution, volume, and rate of administration. IVPB - List concentration and rate of administration.</p> <p>IVPB: Administer premixed (500mg/100 ml) undiluted. Concentration 5mg/ml</p>
<p>Therapeutic Reason</p> <p>Bactericidal, trichomonocidal or amebicidal action.</p>	<p>Adverse effects:</p> <p>SJS Seizures Abdominal Pain Anorexia Nausea Aseptic meningitis encephalopathy</p>

Nursing Assessment, teaching, and interventions:

- Use cautiously in severe hepatic impairment, Hx of seizures or neurologic problems.
- Assess rash periodically. May cause SJS.
- Monitor neurologic status during & after IV infusions.
- Monitor I&O & daily weight.
- Monitor 3 stool samples taken several days apart.
- Notify physician promptly if rash occurs.
- Avoid intake of alcoholic beverages or preparations containing alcohol.
- Advise pt treated for trichomoniasis that sexual partners may be asymptomatic sources of reinfection & should be treated concurrently.
- May cause unpleasant metallic taste. Use good oral hygiene, use frequent mouth wash.

Potassium Supplements

Reference: Davis
Drug guide

Marissa Davila

Trade

<p>Generic Name:</p> <p>potassium acetate potassium chloride</p>	<p>Dose, Route, and Schedule</p> <p>PO- potassium acetate - 10.2 mEq/g potassium chloride - 13.4 mEq/g</p> <p>IV 40 - 80 mEq/day.</p>
<p>Pharmacologic Classification:</p> <p>mineral & electrolyte replacements/supplements.</p>	<p>IVP- List diluent solution, volume, and rate of administration. IVPB- List concentration and rate of administration.</p> <p>Do not administer undiluted.</p> <p>IVPB: must be diluted thoroughly mixed in 100 - 1000ml of dextrose, saline, or LR</p>
<p>Therapeutic Reason</p> <p>Replacement</p> <p>- prevention of deficiency.</p>	<p>Adverse effects:</p> <p>Arrhythmias Confusion Weakness ECG changes.</p>

Nursing Assessment, teaching, and interventions:

- Use cautiously in cardiac disease & renal impairment.
- Monitor pulse, BP, & ECG periodically during IV therapy.
- Labs: Monitor potassium before & periodically during therapy.
Monitor renal function, Serum bicarbonate & pH.
- Assess for s/s of hypokalemia (weakness, fatigue, U wave on ECG, arrhythmias.
& hyperkalemia toxicity & OD. - slow irregular heart beat, fatigue, muscle
weakness, prolonged QT segments, widened QRS complexes.
- Notify physician to report dark, tarry stools, weakness, unusual fatigue or tingling
of extremities.

Magnesium Supplements

Reference: Davis Drug Guide

Marissa Davila

Trade

<p><u>Generic Name:</u></p> <p>Magnesium chloride Magnesium gluconate Magnesium oxide Mag-ox 400 Uro-mag</p>	<p><u>Dose, Route, and Schedule</u></p> <p>PO - 500-1000mg 3xD</p>
<p><u>Pharmacologic Classification:</u></p> <p>Mineral & electrolyte replacements / Supplements.</p>	<p><u>IVP</u>- List diluent solution, volume, and rate of administration. <u>IVPB</u>- List concentration and rate of administration.</p> <p>—</p>
<p><u>Therapeutic Reason</u></p> <p>Replacement in deficiency states.</p>	<p><u>Adverse effects:</u></p> <p>diarrhea flushing sweating.</p>

Nursing Assessment, teaching, and interventions:

- use cautiously in renal patients.
- assess for s/s of hypomagnesium
- assess serum magnesium level & renal function before administering
- Give \bar{c} a full glass of water.
- Advise pt not to take this medication within 2hrs. of taking other meds, especially. fluoroquinolones, nitrofurantoin, and tetracyclines.

Raloxifene

Marissa Davila

Trade

Generic Name:

Evista

Dose, Route, and Schedule

PO - 60 mg once daily

Pharmacologic Classification:

Selective estrogen receptor
modulators.

Ther. Class:

Bone resorption inhibitors.

IVP - List diluent solution, volume, and rate of administration.

IVPB - List concentration and rate of administration.

Therapeutic Reason

- prevention of osteoporosis in pts at risk
- decrease risk of breast cancer.

Adverse effects:

- Thromboembolism
- Stroke
- leg cramps
- hot flashes.
- retinal vein thrombosis.

Nursing Assessment, teaching, and interventions:

- Increase risk of thromboembolic event. Hx of stroke or ischemic attack.
- Assess pt for bone mineral density \bar{c} X-ray, serum, \bar{c} urine bone turnover markers.
- Labs: may cause increase apolipoprotein A-1 \bar{c} reduced serum total cholesterol, LDL cholesterol, fibrinogen, apolipoprotein B, and lipoprotein.
- May be administered \bar{c} \bar{c} regard to meals.
- Notify health care professional immediately if leg pain or a feeling of warmth in the lower leg, swelling in the hands \bar{c} feet.
- Advise pt raloxifene may have teratogenic effects.
- Advise pt to discontinue smoking and alcohol consumption

Alendronate

References: Davis drug
guide

Marissa Davila

Trade

Generic Name:

Binosto
Fosamax

Dose, Route, and Schedule

PO - 10 mg once daily or
70 mg once weekly.

Pharmacologic Classification:

biphosphonates

IVP- List diluent solution, volume, and rate of administration.

IVPB- List concentration and rate of administration.

Thera. Class:

bone resorption inhibitors.

Therapeutic Reason

- Reversal of the progression of osteoporosis & decreased fractures.
- Decreased progression of Paget's disease.

Adverse effects:

Musculoskeletal pain
A-FIB
Blurred vision
HA
Asthma exacerbation

Nursing Assessment, teaching, and interventions:

- assess patients for low bone mass before & periodically during therapy.
- assess patients for Paget's disease: Bone pain, HA, decreased visual & auditory acuity.
- Labs: hypocalcemia & vitamin D, alkaline phosphatase.
- administer first thing in the morning. & 6-8oz plain water before other medications, beverages, before meals. Swallow tablets whole; do not crush, break, or chew.
- advise pt to notify healthcare professionals if blurred vision, eye pain, or inflammation occurs.
- Encourage pt to participate in regular exercise & to modify behaviors that increase the risk of osteoporosis.

allopurinol

Reference: Drug guide
Davis:

Marissa Davila

Trade

<p>Generic Name:</p> <ul style="list-style-type: none">- Alopurinol- Lopurin- Zyloprim	<p>Dose, Route, and Schedule</p> <p>PO 100mg/day, increase at weekly intervals based on uric acid levels.</p> <p>IV: 200-400mg/m²/day (up to 600mg/day) as a single dose or in divided doses every 8-24hr.</p>
<p>Pharmacologic Classification: Xanthine Oxidase Inhibitors.</p> <p><u>Therap. Class:</u> Anti gout agents Antihyperuricemics</p>	<p><u>IVP</u>- List diluent solution, volume, and rate of administration. <u>IVPB</u>- List concentration and rate of administration.</p> <p><u>IVPB</u>: reconstitute each 500mg \bar{c} 25mL of sterile water. <u>Concentration</u>: Not 76mg/mL.</p>
<p>Therapeutic Reason Lowering of Serum uric acid levels.</p>	<p>Adverse effects:</p> <ul style="list-style-type: none">- Drug reaction \bar{c} eosinophilia \bar{c} Systemic symptoms.- SJS- Toxic epidermal necrolysis.- Hypersensitivity Reactions.

Nursing Assessment, teaching, and interventions:

- Renal impairment use cautiously
- assess pt for rash or more severe sensitivity reactions.
- Monitor s/s for DRESS (fever, rash, lymphadenopathy, and/or facial swelling)
- Monitor for joint \bar{c} swelling.
- Labs: Serum \bar{c} uric acid levels usually begin to decrease 2-3 days after initiation of oral therapy. Monitor blood glucose. Hematologic, renal, \bar{c} liver.
- Instruct patient to take NSAIDs while on therapy for acute attacks.
- Alkaline diet may be ordered. Urinary acidification \bar{c} large doses of Vitamin C. or other acids may increase kidney stone formation.
- May cause drowsiness. Caution while driving or other activities

Marissa Davila

Trade

Prednisone

Reference: Davis drug guide.

<p>Generic Name: Rayos Sterapred</p>	<p>Dose, Route, and Schedule PO - 5 to 60 mg/day as a single dose or divided dose.</p>
<p>Pharmacologic Classification: Anti-inflammatory (steroidal) (intermediate acting) immune modifiers.</p>	<p>IVP- List diluent solution, volume, and rate of administration. IVPB- List concentration and rate of administration.</p> <p>—</p>
<p>Therapeutic Reason Suppression of inflammation & Modification of the normal immune response.</p>	<p>Adverse effects: - peptic ulceration - Thromboembolism - HTN - muscle wasting - osteoporosis - depression. - Euphoria</p>

Nursing Assessment, teaching, and interventions:

- Assess pt for adrenal insufficiency (hypotension, weight loss, weakness, N/V, lethargy, ~~to~~ confusion.)
- Monitor I&O & daily weights.
- Labs: electrolytes & glucose. Guaiac stools. May increase cholesterol & lipid
- DO NOT Stop taking medication abruptly. May result in adrenal insufficiency & can be LIFE-THREATENING.
- NOTIFY Physician promptly if severe abdominal pain or tarry stools
- Encourage patients to eat a high protein, calcium, & potassium, & a low in sodium & carbohydrates diet. NO alcohol during therapy.

Meloxicam

Marissa Davila

Trade

<p>Generic Name:</p> <p>Anjeso Mobic</p>	<p>Dose, Route, and Schedule</p> <p><u>PO</u>: 5mg once daily; may increase once daily if needed.</p> <p><u>IV</u>: 30 mg once daily.</p>
<p>Pharmacologic Classification:</p> <p>temporary class nonsteroidal Anti-inflammatory drugs (NSAIDs)</p> <p><u>Therapeutic class:</u> nonopioid analgesics</p>	<p><u>IVP</u>- List diluent solution, volume, and rate of administration. <u>IVPB</u>- List concentration and rate of administration.</p> <p>IVP: NS</p>
<p>Therapeutic Reason</p> <p>Decreased pain & inflammation.</p>	<p>Adverse effects:</p> <p>HF MI Stroke Bleeding hepatotoxicity Dress Exfoliative Dermatitis SJS</p>

Nursing Assessment, teaching, and interventions:

- pts who has asthma, aspirin-induced allergy, & nasal polyps are at increased risk of developing hypersensitivity reactions.
- Assess periodically for rash. D/c therapy if severe or if accompanied w/ fever, general malaise, fatigue, muscle or joint aches.
- Monitor for s/s of dress: fever, rash, lymphadenopathy, facial swelling.
- Labs: BUN, Creatinine, CBC, & liver function. May cause anemia, thrombocytopenia, leukopenia, & abnormal liver or renal function. Bleeding time may be prolonged.
- Caution with ~~concurrent use~~ avoid use of alcohol, aspirin, acetaminophen, or other OTC medications.
- Inform patient that meloxicam may increase the risk for heart attack & stroke; risk increases w/ longer use or in pts w/ heart disease.



Methotrexate

Marissa Davila

Trade

<p>Generic Name:</p> <p>Otrexup Rasuvo Trexall Xatemp</p>	<p>Dose, Route, and Schedule</p> <p>Po: 7.5mg once weekly (not to exceed 20 mg/wk)</p> <p>Im: 20-30 mg/m²</p> <p>IV: 10-5,000 mg/m²</p>
<p>Pharmacologic Classification:</p> <p>Antimetabolites</p> <p><u>Therapeutic class:</u></p> <p>Antineoplastics Antirheumatics Immunosuppressants</p>	<p>IVP- List diluent solution, volume, and rate of administration. IVPB- List concentration and rate of administration.</p> <p>IVP: Reconstitute each vial in 25mL of NS.</p> <p>IVPB: Diluent doses 100-300 mg/m² also may be diluted in D5W, D5NS, NS</p> <p>Rate: 4-20 mg/hr.</p>
<p>Therapeutic Reason</p> <p>- Death of rapid replicating cells, particularly malignant one, & immunosuppression.</p>	<p>Adverse effects:</p> <p>- SEIZURES</p> <p>- SJS</p> <p>- Toxic Epidermal Necrolysis</p> <p>- GI Perforation</p> <p>- Hepatotoxicity</p> <p>- Aplastic Anemia</p> <p>- Interstitial Pneumonitis.</p> <p>- Anaphylaxis</p>

Nursing Assessment, teaching, and interventions:

- Monitor for bone marrow depression. Assess for bleeding.
- Monitor for s/s of interstitial pneumonitis, which may manifest early as a dry, nonproductive cough.
- Monitor s/s of gout. Assess for s/s of rash. May cause SJS.
- Monitor I&O & daily weights.
- Labs: monitor CBC, BUN, & creatinine may cause increase of uric acid.
- Confirm negative pregnancy prior to administration
- Instruct pt to inspect oral mucosa for erythema & ulceration
- Do not receive any vaccines ~~while~~ taking & advice of healthcare professionally.

etanercept

Marissa Davila
Trade

<p>Generic Name:</p> <p>Enbrel Erelzi Eticoxo</p>	<p>Dose, Route, and Schedule</p> <p><u>Subcut:</u> 50mg once weekly</p>
<p>Pharmacologic Classification:</p> <p>anti tnf agents</p> <p><u>Therapeutic class:</u> Antirheumatics</p>	<p>IVP- List diluent solution, volume, and rate of administration. IVPB- List concentration and rate of administration.</p> <hr/>
<p>Therapeutic Reason</p> <ul style="list-style-type: none"> - Decreased pain & swelling & decreased rate of joint destruction in pts w/ rheumatoid arthritis, psoriatic arthritis, & ankylosing spondylitis. - Reduced severity of plaques. 	<p>Adverse effects:</p> <ul style="list-style-type: none"> - Malignancy - upper respiratory tract infection - rhinitis - infection site reactions - Infection - Sarcoidosis

Nursing Assessment, teaching, and interventions:

- Monitor pts who develop a new infection while taking etanercept closely. D/C in patients who develop a serious infection or sepsis.
- Assess for signs & symptoms of systemic fungal infections. (fever, malaise, wt loss, sweat.)
- CBL
- Monitor pts range of motion, degree of swelling, & pain affected joints before & periodically.
- Notify health care professional if upper respiratory or other infections occur.
- Advise pt of risk of malignancies such as hepatosplenic T-cell lymphoma
- Advise pt not to receive live vaccines during therapy.

Lispro Insulin

Marissa Davila

Trade

<p>Generic Name:</p> <p>Admelog Humalog Lyumjev</p>	<p>Dose, Route, and Schedule</p> <p>Subcut - Initial dose range - 0.2 - 0.6 units/kg/day.</p>
<p>Pharmacologic Classification:</p> <p>Pancreatics</p> <p><u>Therapeutic Class:</u></p> <ul style="list-style-type: none"> - Antidiabetics - hormones 	<p>IVP- List diluent solution, volume, and rate of administration. IVPB- List concentration and rate of administration.</p> <p><u>IVPB:</u> IV under medical supervision. Concentration. 0.1 unit/mL to 1.0 unit/mL Diluent in NS.</p>
<p>Therapeutic Reason</p> <p>Control hyperglycemia in diabetic patients.</p>	<p>Adverse effects:</p> <ul style="list-style-type: none"> - Hypoglycemia - anaphylaxis - swelling - hypokalemia

Nursing Assessment, teaching, and interventions:

- Assess for s/s of hypoglycemia, anxiety, restlessness, tingling in hands, feet, lips, or tongue, confusion, drowsiness. Hyperglycemia: dry skin, fruit-like breath odor, rapid, deep breathing.
- Labs: Monitor blood glucose every 4hr. A1c may be monitored every 3-6 mo. Monitor potassium
- Overdose is manifested by symptoms of hypoglycemia. In an emergency give IV glucose, glucagon, or epi.
- pts w diabetes should carry a source of sugar (candy, glucose gel.)
- This medication controls glucose does not cure diabetes.

Regular Insulin

Reference: Davis Drug Guide

Marissa Davila

Trade

Generic Name:

Humulin R
Novolin

Dose, Route, and Schedule

IV: 0.1 unit/kg/hr.

Subcut: 0.5 - 1 unit/kg/day

Pharmacologic Classification:

pancreatics

Therapeutic class:

antidiabetics
hormone

IVP- List diluent solution, volume, and rate of administration.

IVPB- List concentration and rate of administration.

IVPB: may be diluted in NS
Concentration: 0.1 unit/mL to 1.0 unit/mL

Therapeutic Reason

Control of hyperglycemia
in diabetic patients

Adverse effects:

- Hypoglycemia
- anaphylaxis
- hypokalemia

Nursing Assessment, teaching, and interventions:

- Glucosamine may worsen blood glucose control.
- assess pt periodically for hypoglycemia (cold, confusion, excessive hunger, weakness.)
- monitor body weight
- monitor blood glucose & A1c
- Do not share pens & other people
- pts should carry a source of candy or glucose gel.

Insulin glargine

Marissa Davila
Trade

<p>Generic Name:</p> <p>Basaglar Lantus Semglee</p>	<p>Dose, Route, and Schedule</p> <p>Subcut: 0.2 units/kg or up to 10 units once daily</p>
<p>Pharmacologic Classification:</p> <p>pancreatics</p> <hr/> <p>Therapeutic Class:</p> <p>hormones</p>	<p>IVP- List diluent solution, volume, and rate of administration. IVPB- List concentration and rate of administration.</p> <hr/>
<p>Therapeutic Reason</p> <p>Control of hyperglycemia in diabetic patients</p>	<p>Adverse effects:</p> <p>Hypoglycemia anaphylaxis hypokalemia swelling pruritus</p>

Nursing Assessment, teaching, and interventions:

- Assess for s/s of hypoglycemia (cool, pale skin, drowsiness)
- Overdose is manifested by symptoms of hypoglycemia. treatment consists of IV glucose, glucagon, or epi.
- Monitor glucose & A1c
- do not share pen device.
- Carry a source of sugar (candy, glucose gel)
- Emphasize the importance of compliance & nutritional guidelines

glipizide

Reference: Davis Drug Guide.

Marissa Davila
Trade

<p>Generic Name:</p> <p>Glucotrol Glucotrol XL</p>	<p>Dose, Route, and Schedule</p> <p>PO: 5mg/day initially, increase as needed (range 2.5-4mg/day).</p>
<p>Pharmacologic Classification:</p> <p>Lowering of blood sugar in diabetic patients.</p> <p>Sulfonylureas</p> <p><u>Therapeutic class:</u></p> <p>antidiabetics</p>	<p><u>IVP</u>- List diluent solution, volume, and rate of administration. <u>IVPB</u>- List concentration and rate of administration.</p> <p>—</p>
<p>Therapeutic Reason</p> <p>Lowering of blood sugar in diabetic patients.</p>	<p>Adverse effects:</p> <ul style="list-style-type: none">- Aplastic Anemia- hypoglycemia- photosensitivity- hyponatremia

Nursing Assessment, teaching, and interventions:

- Observes for s/s of hypoglycemia reactions (sweating, hunger, weakness, dizziness)
- Assess for allergy to sulfonamides.
- Labs: Glucose \ddagger A1C, CBC, AST, LPH, BUN \ddagger Creatinine.
- Overdose: s/s of hypoglycemia.
- pts stabilized on a diabetic regimen who are exposed to stress, fever, trauma, infection, or surgery may require administration of insulin.
- administer 30 minute before meals. swallow ER tablets whole: do not crush, break, or chew.

metformin

Marissa Davila

Trade

<p>Generic Name:</p> <p>Glumetza Riomet</p>	<p>Dose, Route, and Schedule</p> <p>PO: 500 mg twice a day.</p>
<p>Pharmacologic Classification:</p> <p>biguanides</p> <p><u>Therapeutic class:</u></p> <p>antidiabetics</p>	<p><u>IVP</u>- List diluent solution, volume, and rate of administration. <u>IVPB</u>- List concentration and rate of administration.</p> <hr/>
<p>Therapeutic Reason</p> <p>Maintenance of blood glucose.</p>	<p>Adverse effects:</p> <ul style="list-style-type: none"> - lactic acidosis - abdominal bloating - diarrhea - N/V - lowered B12 levels

Nursing Assessment, teaching, and interventions:

- When combined w/ oral sulfonylureas: observe for s/s of hypoglycemia.
- pt who have been well controlled on metformin who develop illness or laboratory abnormalities should be assessed for ketoacidosis or lactic acidosis.
- Labs: Glucose, A1c, renal function, Folic Acid, B12.
- Hold metformin before or at the time of studies requiring IV administration of iodinated contrast media & for 48 hours after study.
- Explain the risk of lactic acidosis & the potential need for discontinuation of metformin therapy.
- Instruct pt the risk of lactic acidosis & the potential need for of metformin therapy if severe infection, dehydration, or severe or continuing diarrhea occurs.

Marissa Davila
Trade

levothyroxine

Reference: Davis Drug
Guide.

<p>Generic Name:</p> <p>Levo-T Synthroid Unithroid</p>	<p>Dose, Route, and Schedule</p> <p>PO: 50mcg as a single dose initially; may be increase every 2-3 weeks but 25mcg/day</p> <p>IV: 50-100mcg/day as a single dose.</p>
<p>Pharmacologic Classification:</p> <p>thyroid preparations</p> <p><u>Therapeutic class:</u> Hormones</p>	<p><u>IVP</u>- List diluent solution, volume, and rate of administration. <u>IVPB</u>- List concentration and rate of administration.</p> <p>IVP: Reconstitute the 200 mcg & 500mcg vials in 205mL, NS. Concentration: 100 mcg/mL</p> <p>IVPB: Administer at a rate of 100mcg over 1 min.</p>
<p>Therapeutic Reason</p> <ul style="list-style-type: none">- Replacement in hypothyroidism to restore normal hormonal balance.- Suppression of thyroid cancer.	<p>Adverse effects:</p> <ul style="list-style-type: none">- HA- Sweating- abdominal cramps- heat intolerance- weight loss- tachycardia

Nursing Assessment, teaching, and interventions:

- use cautiously in cardiovascular disease.
- Foods or supplements containing Calcium, Iron, magnesium, or zinc may bind levothyroxine & prevent complete absorption.
- assess apical pulse & BP prior to and periodically during therapy. Assess for tachyarrhythmias & chest pain.
- Labs: thyroid function prior & during therapy. Monitor blood & urine glucose in DM patients.
- Overdose: is manifested as hyperthyroidism (tachycardia, chest pain, nervousness, tremors, weight loss) withhold dose for 2-3 days then resume at a lower dose. Acute OD is treated by induction of emesis or gastric lavage.

Propylthiouracil

Marissa Davila

Trade

Generic Name:

~~thioamides~~
Propyl-thyracil

Dose, Route, and Schedule

PO: 100mg every 8hr. may be increased to 400mg/day.

Pharmacologic Classification:

thioamides

Therapeutic class:
antithyroid agents.

IVP- List diluent solution, volume, and rate of administration.

IVPB- List concentration and rate of administration.

Therapeutic Reason

Decreased signs & symptoms of hyperthyroidism

Adverse effects:

- Hepatotoxicity
- SJS
- Toxic epidermal necrolysis
- aplastic anemia
- Bleeding
- myalgia
- fever
- rash.

Nursing Assessment, teaching, and interventions:

- decreased bone marrow reserve; use cautiously
- monitor s/s of hyperthyroidism or thyrotoxicosis. (tachycardia, palpitations, nervousness, insomnia, fever, heat intolerance.)
- Assess pt for development of hypothyroidism. (intolerance to cold, constipation, dry skin, HA.)
- Labs: Thyroid function studies should be monitored prior to therapy, monthly during initial therapy, and every 2-3 months. WBC, AST, ALT, LDH, alkaline phosphatase, serum bilirubin, \rightarrow prothrombin time.
- advise pt to report sore throat, fever, chills, HA, malaise, weakness, yellowing of eyes or skin.

phenobarbital

Marissa Davila

Trade

<p>Generic Name: AnCalixir</p>	<p>Dose, Route, and Schedule PO: 30-120mg/day in 2-3 divided doses IM: 30-120 mg/day in 2-3 divided doses. IV: 1-3mg/kg/day as single or divided doses (2)</p>
<p>Pharmacologic Classification: Controlled Substance: barbiturates Schedule: IV</p> <p><u>Therapeutic class:</u> Anticonvulsants Sedative/hypnotics</p>	<p>IVP- List diluent solution, volume, and rate of administration. IVPB- List concentration and rate of administration.</p>
<p>Therapeutic Reason Prevention/treatment of hyperbilirubinemia in neonates. - Anti convulsant activity - Sedation</p>	<p>Adverse effects: - Laryngospasm - Angioedema - Serum sickness - hangover - Respiratory depression - lethargy - Vertigo</p>

Nursing Assessment, teaching, and interventions:

- Use cautiously instead of hepatic dysfunction.
- St John's wort may decrease effects. Concomitant use of Kava-kava, Valerian, chamomile or hops can increase depression.
- Monitor respiratory status, pulse, BP, and S/S of angioedema (swelling of lips, face, throat, dyspnea).
- Elderly patient may react to phenobarbital & marked excitement, depression, & confusion.
- Assess for seizures - location, duration, characteristics.
- Labs: Hepatic & Renal function, CBC periodically.
- Toxicity/overdose: Serum phenobarbital levels may be monitored when used as

Phenytoin

Marissa Davila

Trade

Generic Name:

Dilantin
Phenytek

Dose, Route, and Schedule

PO: Loading dose 15-20mg/kg as extended capsules in 3 divided doses given every 2-4hr. Maintenance dose 5-10mg/kg/day given in 1-3 divided doses.
IV: ~~15-20mg/kg~~ 50-100 mg every 10-15 minutes until arrhythmia is abolished. or total of 15mg/kg.

Pharmacologic Classification:

hydantoins

Therapeutic class:

Antiarrhythmics
Anticonvulsants.

IVP- List diluent solution, volume, and rate of administration.

IVPB- List concentration and rate of administration.

IVP: Administer undiluted
IVPB: Administer by mixing \bar{c} more than 50mL of NS. concentration: 1-10 mg/mL. Use tubing \bar{c} a 0.45- to 0.22 micron in-line filter.

Therapeutic Reason

- Diminished seizure activity
- Termination of ventricular arrhythmias.

Adverse effects:

- Suicidal thoughts
- Cardiac Arrest
- Dress
- Acute generalized exanthematous pustulosis.
- SJS
- acute hepatic failure
- aplastic anemia
- angioedema

Nursing Assessment, teaching, and interventions:

- Use cautiously in pt \bar{c} increased risk of suicidal thoughts/behaviors. Hepatic or renal disease. St. John's wort may decrease levels.
- Monitor closely changes in behavior that could indicate the emergency or worsening of suicidal thoughts or behavior or depression.
- Assess for phenytoin hypersensitivity syndrome (fever, skin rash, angioedema).
- Assess for SJS of DRESS (fever, rash, lymphadenopathy, \bar{c} for facial swelling).
- Labs: monitor - CBC, calcium, albumin, \bar{c} hepatic function.
- Toxicity: Monitor serum phenytoin levels routinely. Therapeutic blood levels are 10-20 mcg/mL in patients \bar{c} normal serum albumin \bar{c} renal function.

levetiracetam

Reference: Davis
Drug Guide

Marissa Davila

Trade

<p>Generic Name:</p> <p>Keppra Elevsia XR Spritam</p>	<p>Dose, Route, and Schedule</p> <p>PO: 500mg twice a day IV: initially; may increase to 1000mg/day at 2-wk intervals; up to 3000mg/day in divided doses.</p>
<p>Pharmacologic Classification:</p> <p>pyrrolidines</p> <p><u>Therapeutic class:</u></p> <p>Anti Convulsants.</p>	<p><u>IVP</u>- List diluent solution, volume, and rate of administration. <u>IVPB</u>- List concentration and rate of administration.</p> <p>IVPB: NS, 0.82 NaCl, dilute in 100 mL of NS, D5W, UR - infuse over 15 mins.</p>
<p>Therapeutic Reason</p> <p>Decreased incidence & severity of seizures.</p>	<p>Adverse effects:</p> <ul style="list-style-type: none">- Suicidal thoughts- DRESS- Anaphylaxis- Angioedema- SJS- Toxic epidermal necrolysis

Nursing Assessment, teaching, and interventions:

- Monitor mood changes. Assess for suicidal tendencies.
- Assess for rash periodically. May cause SJS.
- Monitor SJS for DRESS. fever, rash, or facial swelling.
- Monitor for SJS of anaphylaxis (dyspnea, swelling in face, wheezing)
- Assess seizure activity, location, duration, & characteristics
- Labs: may decrease RBC & WBC. & abnormal liver function test.
- Notify healthcare provider if you plan on becoming pregnant or breast feeding.
- May cause dizziness & somnolence.

Generic Name: aricept	Dose, Route, and Schedule PO - 5mg once daily; may increase to 10mg once daily after 4 weeks.
Pharmacologic Classification: Cholinergics <u>Therapeutic class:</u> anti-alzheimer's agent.	IVP- List diluent solution, volume, and rate of administration. IVPB- List concentration and rate of administration. <hr/>
Therapeutic Reason - May temporarily lessen some of the dementia associated w/ alzheimer's disease. - Enhances cognition. - Does not cure disease.	Adverse effects: diarrhea N/V AFIB H/A dizziness Sedation hyper/hypotension hot flashes

Nursing Assessment, teaching, and interventions:

- Jimson Weed & Scopolia may antagonize cholinergic effects.
- assess cognitive function (memory, attention, reasoning)
- monitor heart rate periodically. May cause bradycardia.
- Emphasize the importance of taking donepezil, daily, as directed.
- Inform family it may take several weeks before improvement
- may cause dizziness.
- Inform pt the importance of follow-up exams.

Memantine

Marissa Davila

Trade

<p>Generic Name:</p> <p>Namenda Namenda XR</p>	<p>Dose, Route, and Schedule</p> <p>PO: 5mg once daily initially, increase at weekly intervals to 10mg/day, then 15mg/day, then to target dose of 20mg/day BID.</p>
<p>Pharmacologic Classification:</p> <p>N-methyl-D-aspartate antagonist.</p> <p><u>Therapeutic class:</u> Anti-Alzheimer's agent.</p>	<p><u>IVP</u>- List diluent solution, volume, and rate of administration. <u>IVPB</u>- List concentration and rate of administration.</p>
<p>Therapeutic Reason</p> <ul style="list-style-type: none"> -decreases symptom of dementia/cognitive decline. Does not slow progression. -Cognitive enhancement -Does not cure disease. 	<p>Adverse effects:</p> <ul style="list-style-type: none"> use dizziness Hypertension rash diarrhea urinary frequency Anemia.

Nursing Assessment, teaching, and interventions:

- use cautiously in severe renal impairment.
- assess cognitive function (memory, attention, reasoning, language, ability to perform simple tasks) periodically during therapy.

- Labs: May cause anemia.

- may cause dizziness
- Teach pt & caregivers that improvement in cognitive functioning may take months; degenerative process is not reversed.
- Advise females of reproductive potential to notify health care professional if pregnancy is planned or suspected.

phenazopyridine

Marissa Davila

Trade

<p>Generic Name:</p> <p>Benidum pyridium</p>	<p>Dose, Route, and Schedule</p> <p>PO - 200mg 3xd for 2days</p>
<p>Pharmacologic Classification:</p> <p>Urinary tract analgesics</p> <p><u>Therapeutic class:</u> nonopioid analgesics</p>	<p>IVP- List diluent solution, volume, and rate of administration. IVPB- List concentration and rate of administration.</p> <hr/>
<p>Therapeutic Reason</p> <p>Diminished urinary tract discomfort</p>	<p>Adverse effects:</p> <p>bright orange urine renal failure nausea hepatotoxicity H/A vertigo</p>

Nursing Assessment, teaching, and interventions:

- use cautiously in pt w hepatitis, renal insufficiency.
- Assess for pts frequency, urgency & pain on urination prior to & throughout therapy.
- Labs: renal function, glucose, ketones, bilirubin, steroids, & protein.)
- Advise pt medication causes reddish-orange discoloration of urine that may stain clothing or bedding.
- Notify health care provider if rash, skin discoloration, or unusual tiredness occurs.