

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 must take all meds!
Histamine Receptor Antagonist H2 blocker	Ranitidine	Suppress secretion of gastric acid	Serious SE uncommon		
Proton Pump Inhibitors PPI	Pantoprazole	Suppress secretion of gastric acid Most effective	Diarrhea headaches	Pt needs to take lowest dose for shortest time possible	Tablets cannot be crushed
Antiulcer drug	sucralfate	Creates a protective barrier against acid			Administer one hour before meals and bedtime
Antacid	Aluminum hydroxide	Neutralize stomach acid		constipation	Take with glass of water
Antiemetic	ondansetron	Prevent nausea and vomiting	Headache and diarrhea	Should not be given to pt with long QT syndrome	
Antiemetic	promethazine	Decrease vomiting	Extra-pyramidal reactions Restlessness, uncontrolled muscle spasms head, neck	Respiratory depression Local tissue damage injection site	

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			and uncontrolled movement of tongue/jaw		
Antiemetic/	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 muscles.	
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			