

Drug Class/ Example	Common Uses	Common Reactions	Serious Reactions	Nursing Interventions	Patient Teaching	Caution
<u>Anticoagulants</u>						
Low-molecular-weight (LMW) heparin: <i>enoxaparin</i>	Prevent DVT: surgical patients, immobile patients, angina, STEMI, pulmonary embolus; Stroke prevention	Hemorrhage Fever Injection site reactions	Heparin induced thrombocytopenia (HIT) Major Hemorrhage	Administer deep subcutaneously, 90° angle, in the love handles. Maintain bunch throughout injection – <u>Always rotate sites.</u> Monitor for bleeding Monitor platelet count	Report bleeding gums, nosebleeds, blood in urine or stool, increased or unusual bruising	Renal failure – decrease dose History of HIT Coagulation disorders GI bleed or history of ulcers
<u>Antidiabetics</u>						
Rapid Acting: <i>Insulin Lispro</i> <i>Admelog</i>	Control of hyperglycemia	Injection Site Reaction: rash, pruritus	Hypoglycemia Insulin Resistance Insulin Allergy	Assess blood glucose before administration, administer Sub-Q, <u>rotate sites</u> The nurse should know when an Insulin will peak to teach a patient when to eat	Monitor blood glucose closely, eat within 15 min of administration. Recognize s/s hypoglycemia and how to treat	Rapid absorption <i>Onset: 15-30 min.</i> <i>Peak: 30-90 min.</i> <i>Duration: 3-5 hrs</i>
Short Acting <i>Regular Insulin</i> <i>Humalin R</i> <i>Novolin R</i>	Same as above	Same as above	Same as above	Same as above Recommended for IV infusion for treatment of DKA	Same as above	Less rapid absorption <i>Onset: 30-60 min.</i> <i>Peak: 2-4hrs.</i> <i>Duration: 6-8 hrs</i>
Intermediate: <i>Humalin N</i> <i>Novalin N</i>	Same as above	Same as above	Same as above	Same as above	Same as above	Intermediate Absorption <i>Onset: 2-4 hrs.</i> <i>Peak: 4-12 hrs.</i> <i>Duration: 12-18 hrs</i>

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Long Acting: <i>Insulin glargine</i> <i>Insulin detemir</i> <i>Insulin degludec</i>	Same as above	Same as above	Same as above	Same as above	Inject daily at same time – <u>rotate sites</u> Do Not Mix in same syringe with other Insulins Multiple Drug Interactions Provides slow, steady level of insulin Can be used with other diabetic meds	Slower, steady absorption <i>Onset: 1-2 hrs.</i> <i>Peak: No Peak.</i> <i>Duration: 20-24 hrs</i> Recognize s/s hypoglycemia and how to treat (Beware “Dawn Phenomenon”)
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Diuretics						
Loop diuretic: <i>furosemide</i>	Fluid retaining disorders: heart failure, renal impairment	Taken before bedtime can result in nocturia	Dehydration <u>Hypokalemia</u> Hypomagnesemia Ototoxicity	Monitor/assess blood pressure, electrolytes (KCl, Na, magnesium, chloride), BUN and creatinine, blood glucose in diabetic patients, intake and output Daily weight	Try to take the medication before 2-3 o'clock in the afternoon Increase dietary intake of potassium rich foods Caution when changing positions Report muscle cramps Report ringing in the ears	Diabetes Pregnant female Renal disease Liver disease Polypharmacy
Thiazide: <i>hydrochlorothiazide</i>	Hypertension Mild-moderate heart failure	<i>Can affect blood glucose levels in the diabetic patient</i>	<u>Hypokalemia</u> Hypernatremia Dehydration Hyperglycemia	Monitor/assess electrolytes (KCl, sodium, chloride, magnesium), Monitor blood glucose levels in diabetic patient	Report muscle cramps and weakness Report changes in mental status Diabetic patients - monitor blood glucose levels	Diabetes

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Potassium sparing <i>spironolactone</i>	Hypertension Edema Severe heart failure	GI upset Vertigo Muscle/Leg cramps	<u>Hyperkalemia</u>	Monitor potassium and sodium	Report muscle cramps, weakness Avoid potassium rich foods; <u>avoid low-sodium salt products</u>	Avoid in pregnancy but may be used when breast-feeding;
Drug Class/Example	Common Uses	Common Reactions	Serious Reactions	Nursing Interventions	Patient Teaching	Caution
Antimicrobials						
Cephalosporins (there are 4 generations): <i>cefazolin</i> (1 st gen.) <i>ceftriaxone</i> (3 rd gen.) <i>cefepime</i> (4 th gen)	<u>Bacterial Infections:</u> Respiratory Urinary tract Skin Ear Sexually transmitted infections	GI upset (upper and/or lower)	Anaphylaxis C. difficile associated diarrhea Bleeding Thrombophlebitis Hemolytic Anemia	Monitor for any bleeding; labs may be needed such as PT, INR, WBC; temperature Monitor/assess bowel movements for watery diarrhea	Report loose stools or diarrhea, abdominal cramping, vomiting Report bleeding gums or easy bruising	Penicillin hypersensitivity Seizure disorder Vitamin K deficiency Renal impairment Anti-coagulant therapy
Antimicrobials (cont)						
Fluroquinolones: <i>levofloxacin</i>	Skin infections Anthrax Respiratory infections Urinary tract infections Prostatitis Epididymitis	GI upset (upper and/or lower)	<i>Achilles tendon rupture</i> Peripheral neuropathy Toxic psychosis C. difficile associated diarrhea Hypoglycemia Fetal harm	Monitor/assess tendon pain Assess for loose or watery stools Monitor mental status Monitor blood glucose levels in the diabetic patient	Report tendon pain Report numbness or tingling in hands and feet Report loose or watery stools	Renal insufficiency Peripheral neuropathy Myasthenia Gravis Diabetes Geriatric population Pregnancy
Drug Class/Example	Common Uses	Common	Serious Reactions	Nursing	Patient Teaching	Caution

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		Reactions		Interventions		
Analgesics						
Opioid: <i>morphine sulfate</i>	Postoperative pain Pulmonary edema Acute myocardial infarction Labor and delivery	<i>Constipation</i> Urinary retention Dizziness; altered VS Nausea, Vomiting	<i>Respiratory depression/arrest</i> Severe hypotension Cardiac arrest Neurotoxicity Abuse and dependency	Assess rate and quality of respirations Monitor bowel and bladder habits Monitor level of consciousness	Call for help before getting out of bed Report urinary difficulty or constipation Report nausea/vomiting	Avoid before and during pregnancy Liver disease Head injury
Non-opioid – non-steroidal anti-inflammatory: <i>Acetaminophen</i>	Analgesic (mild to moderate) Fever reducer	GI upset	Anaphylaxis S/S Liver failure	Monitor response to med; all labs but esp. liver panel	<u>Do Not</u> exceed recommended dosing of 4000mg/day Caution - Often used in combination with other OTC meds	Avoid alcohol Caution with hx of liver disease
<i>Ibuprofen</i> <i>ketorolac</i>	Same as Above	Same as above	Fatal Heart Attack, Stroke; stomach or Intestinal Bleeding Allergic Reaction, Asthma attack	Same as above; monitor labs, esp CBC	<u>Same as above;</u> Use with caution or DC before procedures Monitor for bleeding	Hx of GI bleeding; liver or kidney disease; severe reaction; heart attack/stroke ** Ketolorac – do not exceed 5 days**
Drug Class/Example	Common Uses	Common Reactions	Serious Reactions	Nursing Interventions	Patient Teaching	Caution
Drugs affecting the RAAS (Renin Angiotensin Aldosterone System)						
ACE Inhibitors (“pril”): <i>lisinopril</i> ARB (“sartan”): <i>losartan</i>	Hypertension Heart failure MI Stroke Prevention Diabetic Nephropathy Diabetic Retinopathy	<i>Cough</i>	<i>Angioedema</i> <i>Hyperkalemia</i> Hypoglycemia Fetal harm	<i>Monitor/assess potassium</i> Monitor/assess blood glucose in the diabetic patient	Caution with potassium rich foods Monitor blood glucose and report signs of hypoglycemia	Diabetic patient Pregnant female Renal failure Polypharmacy
Direct Renin Inhibitor: <i>Aliskiren</i>	Hypertension	Gynecomastia Hirsutism GI upset	Hyperkalemia Renal failure	Monitor KCL, sodium Daily weight, Intake and output; VS	Report muscle cramps or weakness; monitor BP, urine output	Avoid Potassium supplements or salt substitutes; high fat meals; NSAIDs

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Aldosterone Receptor Antagonist: <i>eplerenone</i>	Hypertension Heart failure	Hyperkalemia Vertigo Headache	Same as Above	Same as Above + blood sugar; BP	Caution with potassium rich foods Monitor blood glucose, VS if taking BP meds	Antibiotics/Antivirals/ Antifungals; diuretics; Potassium Diabetic Patient; NSAIDs; BP meds
Beta Adrenergic Antagonists						
(Beta Blockers) <u>Non-selective:</u> <i>propranolol</i>	Hypertension, Angina, Cardiac Dysrhythmias, Myocardial Infarction, Migraine Prophylaxis, Stage fright (anxiety)	Bradycardia, orthostatic hypotension weakness	Bradycardia, AV heart block, heart failure, rebound cardiac excitation, bronchoconstriction, inhibition of glycogenolysis, rebound cardiac excitation with abrupt withdrawal	Assess / monitor <i>blood pressure and apical pulse</i> Assess / monitor patient with diabetes Assess / monitor respiratory status in patients with asthma or COPD Assess for weakness / prevent fall injuries <u>Do not administer when heart rate is less than 60 bpm</u> *When a beta blocker is used to treat angina pectoris, the medication should not be withheld when the heart rate is below 60. Goal rate for treatment is 50-60	Never abruptly stop taking the medication Caution when changing positions Report dizziness or weakness Monitor VS regularly *Diabetic patient – monitor blood glucose and always have rapid acting sugar handy	Diabetic patient Asthma / COPD/Emphysema AV block Heart failure Caution when combined with a calcium channel blocker Avoid alcohol
<u>cardio-selective:</u> <i>metoprolol</i> <u>non-cardio-selective:</u> (3 rd Gen.) <i>Carvedilol</i>	Same reasons as non- selective agents with the addition of heart failure	Same as above (SSA)	SSA	SSA	SSA	SSA

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Calcium Channel Blockers						
Vascular Smooth Muscle/Heart <i>verapamil</i> <i>diltiazem</i>	Angina pectoris, Essential hypertension, Cardiac dysrhythmia	Constipation, Pedal edema, Headache, Bradycardia	AV block	Assess and monitor blood pressure and heart rate Assess and monitor bowel habits Monitor for edema	Avoid grapefruit juice Report constipation Increase dietary intake of fiber, water (if not restricted), and consider stool softener Caution changing positions Report any difficulty breathing	AV block, Sick sinus syndrome, Heart failure Avoid grapefruit juice – can result in toxicity
Dihydropyridines affect vascular smooth muscle <i>amlodipine</i>	Angina, Hypertension, coronary artery disease	Vertigo Drowsiness Edema to LE's Irregular rate	Chest pain Acute hypotension	Same as above	Take regularly Monitor BP Report chest pain, s/s MI, acute vertigo	Using other cardiac medications, antihistamines, mood altering medications. Avoid alcohol
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Gastrointestinal Drugs						
Prokinetic agent – <i>metoclopramide</i>	Oral preparations treat diabetic gastroparesis and gastroesophageal reflux (GERD) IV preparations: Postoperative nausea and vomiting, Chemotherapy induced nausea and vomiting (CINA)	Sedation Diarrhea	Irreversible tardive dyskinesia (long-term high-dose therapy)	Monitor for cessation of nausea and vomiting Monitor involuntary muscle movements	Caution when changing positions Do not operate heavy machinery Caution with alcohol use	Avoid use in GI obstruction, perforation or hemorrhage
Proton Pump Inhibitors <i>pantoprazole</i>	Peptic ulcers Gastroesophageal Reflux Disease (GERD)	Headache, Diarrhea	Pneumonia, Fractures, Rebound Acid Hypersecretion, Hypomagnesemia,	Monitor for diarrhea Although rare, thrombocytopenia can occur –		For patients taking medications that are dependent on gastric acidity for absorption,

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			Clostridium difficile, Thrombocytopenia	monitor for bleeding, may require assessing platelet count		dosing between pantoprazole and other medications should be about 4 hours apart
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Benzodiazepine <i>lorazepam</i>	Anxiety disorders	Drowsiness Weakness	Stupor Changes in mood, depression Addiction Resp. Failure	Monitor: VS, mood changes,	Avoid alcohol, antihistamines, other mood- altering medications Do not drive, etc. until acclimated Recog. s/s addiction & overdose	Do not abruptly d/c or change doses without approval - withdrawal can be life-threatening
Drug Class/Example	Common Uses	Common Reactions	Serious Reactions	Nursing Interventions	Patient Teaching	Caution
Glucocorticoids <i>methylprednisolone</i>	Inflammatory Conditions/Allergic reactions: Skin, Respiratory, Arthritis, ulcerative colitis	Fluid retention Headache Muscle pain Vertigo GI upset	Hypoglycemia Hypokalemia	Monitor for serious reactions Administer as directed Monitor for hypokalemia, hypoglycemia	Med can lower immune system Avoid others who are ill Monitor blood sugar	<u>Do not:</u> use if a fungal infection is present, stop abruptly, get a live vaccine Use caution with diabetic pt
Vaccines						
Tdap	Prevent tetanus, diphtheria, and pertussis	Pain, swelling at injection site; mild fever, headache, GI upset	Anaphylaxis, Guillain-Barré Syndrome (GBS)	Assess for severe reactions; Should receive a booster every 10 yrs or after 5 yrs in the case of a severe wound or burn	Report severe reaction, coma, seizure post- injection; severe pain/swelling to site; postpone if mod. or severely ill	Avoid if hx of severe allergic reaction to this vaccine; hx of seizures or GBS

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Influenza	Prevent the spread of influenza	Same as above	Same as above	Assess for severe reactions; Seasonal 1x dose	Report severe reaction; postpone if mod or severely ill	Avoid if hx of severe allergic reaction to this vaccine; hx of GBS
Pneumococcal Conjugate (PCV13, 15, 20)	Preventing pneumococcal disease	Same as above	Anaphylaxis	Assess for severe reactions; for high-risk groups (ages 19- 64), PCV 15 + 23 or single dose of PCV 20. For all other adults 65+, PCV 15 + 23 or single dose of PCV 20.	Report severe reaction; postpone if mod. or severely ill	Anaphylaxis, severe reaction to previous dose of PCV13,15,20 or to TD vaccine
Recombinant Zoster	Prevent shingles	Same as above	Same as above	Assess for severe reactions; 2 doses for ages ≥ 50; if age 19+ with compromised immune system, 2 doses	Report severe reaction; postpone if moderately or severely ill; 2 doses provide best protection	Anaphylaxis, severe reaction to previous dose of vaccine, pregnant, breastfeeding or currently ill with disease