

Medication Template

STUDENT NAME: Lauren Jenks

MEDICATION: Digoxin (Lanoxin)

PHARMACOLOGIC CLASSIFICATION:
Digitalis glycosides

THERAPEUTIC CLASSIFICATION:
Antiarrhythmics, inotropics

PHARMACOLOGICAL ACTIONS

- Increases the force of myocardial contraction.
- Prolongs refractory period of the AV node.
- Decreases conduction through the SA and AV nodes.

THERAPEUTIC EFFECTS

- Increased cardiac output (+ inotropic effect)
- Slows the heart rate (- chronotropic effect)

ADVERSE REACTIONS/SIDE EFFECTS

- Arrhythmias
- Bradycardia
- ECG changes
- Blurred vision – yellow/green vision
- Anorexia
- N/V
- Thrombocytopenia
- Electrolyte imbalance with toxicity
- Fatigue/headaches/weakness

MEDICATION INTERACTIONS

- Excessive laxatives may cause hypokalemia; increases risk of toxicity.
- Quinidine and ritonavir increase levels leading to toxicity- decrease digoxin dose 30-50%
- Amiodarone may increase levels; decrease digoxin levels by 50%
- Levels may decrease by antineoplastics.
- Beta-blockers may cause additive bradycardia.

CONTRAINDICATIONS/PRECAUTIONS

Contraindication: Uncontrolled ventricular arrhythmias

Contraindication: Constrictive pericarditis

Contraindication: Known alcohol intolerance (elixir only)

Precaution: Hypokalemia, Hypercalcemia, Hypomagnesemia, Hypothyroidism

Precaution: Myocardial infarction

Precaution: Renal impairment/ Obesity

NURSING INTERVENTIONS

- Monitor apical pulse 1 min before administration
- Monitor EKG during IV administration and 6 hr after each dose
- Monitor I&O's and daily weights
- Assess for peripheral edema & auscultate lungs for rales/crackles throughout the day
- Evaluate serum electrolyte levels
- Therapeutic serum digoxin levels (0.5-2 ng/mL)

ROUTES/ADULT DOSAGES

IV, IM: 0.5-1 mg
PO adults: 0.75-1.5 mg
PO maintenance: 0.125-0.5 mg/day
PO geriatric patients: initial dose should not exceed 0.125 mg

CLIENT EDUCATION

- Instruct pt to take medication as directed – at same time every day.
- Take missed dose within 12 hr of scheduled dose.
- Take pulse before administration – if below or above 60 or 100 contact HCP
- Review fall prevention.
- Instruct to keep medication in original container.
- Emphasize importance of routine follow-up exams to determine effectiveness and to monitor toxicity.
 - Toxicity symptoms can be mistaken for the flu
- Can be crushed/ take with meals