

Medication template

Thursday, March 7, 2024 9:50 AM



Medication template

ACTIVE LEARNING TEMPLATE: Medication

STUDENT NAME Asley Huntley
MEDICATION Dobutamine REVIEW MODULE CHAPTER _____
CATEGORY CLASS inotropic, adrenergic

PURPOSE OF MEDICATION

Expected Pharmacological Action

Stimulates beta 1 myocardial-adrenergic receptors with relatively minor effect on heart rate or peripheral vessels

Therapeutic Use

↑ cardiac output without significantly
↑ heart rate

Complications

HTN, ↑ heart rate, premature ventricular contractions, n/v, pruritus, headache, SOB,

Medication Administration

correct hypovolemia prior to administration. Admin into large vein + assess administration frequently. Extravasation causes pain + inflammation. Immediately notify nurse of pain @ admin site.

Contraindications/Precautions

hypersensitivity to dobutamine or bi sulfites, idiopathic hypertrophic subaortic stenosis. Caution in rx of HTN, MI, A-Fib, vascular atopic activity hypovolemia

Nursing Interventions

Monitor BP, HR, ECG, CO, + urinary output. palpate peripheral pulses + edema during therapy. Monitor potassium, BUN, creatinine

Interactions

Nitroprusside may have synergistic effect on ↑ CO
Beta blockers may negate the effect of dobutamine
↑ Risk of HTN or arrhythmias with some anesthetics, MAOIs, oxytocics, or tricyclic antidepressants

Client Education

Tell nurse about chest pain, dyspnea, numbness, burning, or tingling occurs

Evaluation of Medication Effectiveness

↑ CO
↑ hemodynamic parameters
↑ urinary output

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STUDENT NAME Asley Huntley
MEDICATION Bumetanide REVIEW MODULE CHAPTER _____
CATEGORY CLASS loop diuretics

PURPOSE OF MEDICATION

Expected Pharmacological Action

inhibits absorption of sodium + chloride from loop of henle + distal renal tubule. ↑ excretion of water, sodium chloride, magnesium, potassium, and calcium

Therapeutic Use

Diuresis + subsequent mobilization of excess fluid (edema, pleural effusions)

Complications

Stevens-johnson syndrome, toxic epidermal necrolysis, dizziness, low levels of all electrolytes, metabolic alkalosis

Medication Administration

Administer no later than 8pm to not disrupt sleep cycle. IV is preferred over IM

Contraindications/Precautions

hypersensitivity, cross-sensitivity to thiazides or sulfonamides hepatic coma or anuria. Caution in severe liver disease, Electronic depletion, DM, ↑ SE in geriatrics.

Nursing Interventions

Assess fluid status, BP, HR before and during treatment, assess for tinnitus and hearing loss, skin rashes, Monitor electrolytes, renal + hepatic function

Interactions

↑ risk of hypotension if antihypertensives + nitrates, alcohol
↑ risk of hypokalemia if other diuretics
NSAIDs ↓ effects of bumetanide

Client Education

Take as directed, take missed dose as soon as possible, change positions slowly
control diet if you gain > 3 lbs in 1 day
wear sunscreen due to photosensitivity
Monitor blood glucose if diabetic, may ↑ glucose levels

Evaluation of Medication Effectiveness

↓ edema
↓ abdominal girth + weight
↑ urinary output

ACTIVE LEARNING TEMPLATES

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STUDENT NAME Asley Huntley
MEDICATION Hydrochlorothiazide REVIEW MODULE CHAPTER _____
CATEGORY CLASS antihypertensives, diuretics, thiazide diuretics

PURPOSE OF MEDICATION

Expected Pharmacological Action

↑ excretion of sodium and water by inhibiting sodium reabsorption in distal tubule. Promotes excretion of chloride, potassium, hydrogen, magnesium, phosphate, calcium + bicarbonate. May produce arteriolar dilation.

Therapeutic Use

↓ BP in hypertensive patients and diuresis with mobilization of edema

Complications

Skin cancer, stevens-johnson syndrome, hypokalemia, dehydration, electrolyte imbalances, pancreatitis

Medication Administration

Take w/ food or milk to ↓ GI upset

Contraindications/Precautions

hypersensitivity with other thiazides or sulfonamides anuria, lactation
caution in renal or hepatic impairment

Nursing Interventions

Monitor BP, I/O, daily weights, assess feet, hands, and sacral area for edema, rashes, monitor electrolytes
administer in the morning to not disrupt sleep/wake cycle.

Interactions

hypotension with other antihypertensives, alcohol, or nitrates
hypokalemia with corticosteroids, amphotericin B
may ↑ lithium levels
Cholestyramine or colestipol ↓ absorption
NSAIDs may ↓ effectiveness

Client Education

may ↑ blood glucose in diabetic pts
may ↑ serum cholesterol
Admin in morning to not disrupt sleep/wake cycle. Take at the same time each day
change positions slowly
use sunscreen to protect from photosensitivity
take medication even if you feel better

Evaluation of Medication Effectiveness

↓ in Blood Pressure and Edema

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