ACTIVE LEARNING TEMPLATE: *Medication*

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MEDICATION Sacubitril/valsartan REVIEW MODULE CHAPTER

CATEGORY CLASS Angiotensin II receptor antagonist/neprilysin inhibitor

PURPOSE OF MEDICATION

Expected Pharmacological Action

Sacubitril: inhibits enzyme neprilysin (degrades vasoactive peptides resulting in increrased level of peptides (natriuretic, bradykinin, adrenomedullin) causing vasodilation and decreased extracellular fluid volume via sodium excretion
Valsartan: Blocks vasoconstrictor and aldosterone-producing effects of angiotensin II at receptor sites

Therapeutic Use

Reduction of cardiovascular death and hospiitalizations due to HF in adults.
Reduction of NT-proBNP concentrations in children

Complications

Hypotension, hyperkalemia, dizziness, cough, angioedema

Contraindications/Precautions

CI: concurrent use of ACE inhibitors during or for 36hr before/after; severe hepatic impairment; hypersensitivity; herreditary angioedema; pregancy/lactation
Prec: HF, volume-/salt-depleted pts, black pts, impaired renal function

Interactions

Increased risk of hypotension with other antihypertensives and diuretics; concurrent use of potassium-sparing diuretics/potassium-containing salt substitutes may increase risk of hyperkalemia; Increased risk of hyperkalemia/renal dysfunction/hypotension/syncope with concurrent use of ACE inhibitors or aliskiren

Evaluation of Medication Effectiveness

Decreased heart-failure-related hospitalizations in patients with heart failure.

Medication Administration

PO: sacubitril 49mg/valsartan 51mg twice daily initially; double dose in 2-4wks to target dose of sacubitril 97mg/valsartan 103mg as tolerated

Nursing Interventions

Assess BP, anda pulse frequently durring initial dose adajustment and periodically throughout therapy; correct volume or salt depletion prior to therapy; reduce dose of diuretics if hypotension occurs; monitor daily weights and assess frequently for resolution of fluid overload; Assess for signs of angioedema (dyspnea, orofacial swelling), if occurs, discontinue therapy, provide suupportive therapy, anda monitor for airway compromise. Monitor renal function (may increaase serum BUN and creatinine)

Client Education

Take as directed at the same time eaach day; Caution to avoid salt substitutes containing potassium or foods containing high levels of potassium; Notify HCP if swelling of eyes, face, lips, or tongue, difficulty swalling or breathing occur; Avoid driving as it may cause dizziness; Notify HCP of all medications; May cause fetal harm - use contraceptives and avoid breastfeeding