

ACTIVE LEARNING TEMPLATE: **Medication**

STUDENT NAME Briana Busby

MEDICATION Spiromolactone (Addactone)

REVIEW MODULE CHAPTER _____

CATEGORY CLASS potassium sparing diuretics

PURPOSE OF MEDICATION

Expected Pharmacological Action

diuretic
antihypertensive
↑ Na + H₂O excreted K retained

Therapeutic Use

HTN
Edema caused by ~~heart~~ failure
cirrhosis of liver
nephrotic syndrome
hypokalemia

Complications

hyperkalemia
menstrual irregularities
abnormal hair growth
deepening of voice in ♀
gynecomastia + impotence in ♂

Medication Administration

PO
take \bar{c} food to ↑ absorption
can be crushed + mixed \bar{c} food
or fluid

Contraindications/Precautions

Teratogenic
RF + severe renal insufficiency or ↑ renal impairment
hyperkalemia
DM
older adults
hepatic disease

Nursing Interventions

monitor K levels
monitor EKG (cardiac dysrhythmias)
may be used \bar{c} thiazide or loop
monitor endocrine effects

Interactions

counteracts adverse effect (hypokalemia) of loop + thiazide diuretics (may be desired effect)
ACE inhibitors, ARBs, direct renin blockers, potassium supplements, salt substitutes: ↑ risk of hyperkalemia
↑ risk of ↓ BP \bar{c} concurrent ingestion of ETOH, nitrates or other antihypertensives

Client Education

report palpitations, irregular pulse
S/S hyperkalemia
AVOID K supplements, lg amt of high K foods + salt substitutes
report endocrine S/S
take \bar{c} food
can crush if needed

Evaluation of Medication Effectiveness

BP WNL
↓ edema
liver enzymes WNL
K WNL

ACTIVE LEARNING TEMPLATE: Medication

STUDENT NAME Briana Busby

MEDICATION digoxin (Doloxin, Disitel, Lanoxin)

REVIEW MODULE CHAPTER _____

CATEGORY CLASS cardiac glycoside, inotropic, antidysrhythmic

PURPOSE OF MEDICATION

Expected Pharmacological Action

inhibits sodium potassium ATPase pump, makes more calcium available for contractile proteins → ↑ cardiac output, ↑ force of contractions, ↓ heart rate, ↓ AV conduction speed

Therapeutic Use

heart failure ← PSVT
A-fib 2nd line drug
A-flutter

Complications

~~hypersensitivity~~ h/a, dysrhythmias, hypotension
~~A-fib~~ ~~V-tach~~ depression, fatigue, confusion, N/V/D blurred vision, hallucinations, bradycardia, yellow-green halos, diplopia, photophobia
↑ mortality in ♀

Medication Administration

✓ Apical pulse for 1 min prior
heart < 60 give
PO - tabs, cap, elixir - can crush + mix in food
IV - give over @ least 5 min
IM

give adrenergic-blocking agent
DD = d/c, give K, monitor EKG, digoxin immune FAS

Contraindications/Precautions

hypersensitivity
V-fib V-tach - uncontrolled

Pregnancy

digoxin toxicity
AV block or severe disease

Nursing Interventions

apical pulse
monitor dig levels and electrolytes
BEERS
evaluate preg / breast feeding

Interactions

↑ tox - azole antifungals, macrolides, tetracyclines, ritonavir
↑ calcemi, hypomags, digox - thiazides, diuretics, hypokal
flaxseed corticosteroids, β blockers, antidysrhythmics
diltiazem, nifedipine, anticholinergics

Client Education

stop abruptly
monitor heart rate + how to take exactly as Rx
s/s dig tox - call Dr ASAP
sodium restricted diet
± B

Evaluation of Medication Effectiveness
decrease in heart failure, dysrhythmias
serum digoxin levels 0.5 - 2 mg/mL

ACTIVE LEARNING TEMPLATE: Medication

STUDENT NAME Briana Bushy

MEDICATION ~~Lasix~~ hydrochlorothiazide

REVIEW MODULE CHAPTER _____

CATEGORY CLASS Thiazide diuretics

PURPOSE OF MEDICATION

Expected Pharmacological Action

↑ excretion of H₂O, Na⁺, chloride, K

Therapeutic Use

used w/ other drugs treats HF failure
treats cirrhosis of the liver & renal failure
treats HTN

edema
diuresis

diabetes insipidus
hypercalcemia
PMDD renal calculus

Complications

electrolyte imbalance (hypokalemia/hyponatremia/hypochloremia)
dehydration
↑ glucose (in DM)
↑ uric acid levels (hyperuricemia) → possible gouty arthritis

Medication Administration

PO alone in fixed-dose combo

w/ other drugs like ACE, ARBs, BB, other anti HTN, potassium-sparing diuretics

give w/ food

give by 3p (prevent nocturia + sleep loss)

IV - chlorothiazide

Contraindications/Precautions

Allergy to thiazides or sulfonamides
anuria or greatly decreased urine output
electrolyte imbalance
pre-eclampsia
renal decompensation/d/o
older adults
pregnancy
lactation
DM, COPD, gout, hypokalemia
hypomagnesemia

Nursing Interventions

eat food rich in K (citrus, potatoes, bananas)
report s/s electrolyte imbalance (confusion, muscle twitching, weakness, irregular pulse, nausea)

DM - monitor glucose close + report if persistent hyperglycemia

high out pt - report s/s onset of s/s (can happen without s/s)
VS I/O LOC
weights labs edema

Interactions

lithium toxicity may occur
↑ risk digoxin toxicity w/ K or Mg deficiency
Corticosteroids + amphotericin B ↑ risk hypokalemia
↓ absorption w/ cholestyramine or colestipol
NSAID can ↓ effectiveness
↑ FBS, hypotension, cholestrol

Client Education

- slow
- reporting s/s
- take in AM
- monitor weights & edema, VS, I/O
- take w/ food or milk

Evaluation of Medication Effectiveness

↓ s/s of HF failure
labs WNL
VS WNL
I/O =
↓ SOB