

ACTIVE LEARNING TEMPLATE: Medication

STUDENT NAME Josh Hernandez

MEDICATION Spironolactone REVIEW MODULE CHAPTER _____

CATEGORY CLASS Diuretic, Potassium-sparing diuretic

PURPOSE OF MEDICATION

Expected Pharmacological Action

- Causes loss of sodium bicarbonate and calcium while saving potassium and hydrogen ions by antagonizing aldosterone.
- Directly inhibits testosterone secretion and androgen binding to the androgen receptor

Therapeutic Use

- Improved survival in patients with NYHA class II-IV HF
- Weak diuretic and antihypertensive response when compared with other diuretics.

Complications

- Arrhythmias
- DRESS
- Steven johnson syndrome
- hyperkalemia
- gynecomastia
- GI irritation
- dysuria
- muscle cramps
- Dizziness

Medication Administration

(PO) Adults (HF): Tablet:25 mg once daily; if develop hyperkalemia with 25 mg once daily, decrease dose to 25 mg every other day.

(PO)Adult hypertension:tablets 25-100 mg/day as a single dose or 2 divided doses may titrate dose every 2 weeks (Max dose=100 mg/day)

(PO) adult (edema): tablets 25-200 mg/day as a single dose or 2 divided dose

Contraindications/Precautions

- Contraindicated in
- *Hypersensitivity
- *Anuria
- *acute renal insufficiency
- *Hyperkalemia
- *Addison's disease
- (Cautiously in)
- Hepatic dysfunction
- Geriatric patients

Nursing Interventions

- Monitor intake and output
- Evaluate BP before administering
- Assess patient for skin rashe frequently during therapy.
- Periodic ECGs may be recommended in patients receiving prolonged therapy
- Evaluate serum potassium levels prior to within 1 week of starting therapy or dose increase.
- Monitor BUN, serum creatinine and electrolytes prior to and periodically during therapy.

Interactions

- decrease lithium excretion
- eplerone (increase risk of hyperkalemia)
- Antihypersentive and diuretic effectiveness may decrease the NSAIDS
- May increase the effects of digoxin
- Cholestyramine may increase risk of hyperkalemic metabolic acidosis
- Use with ACE inhibitors, NSAIDS, potassium supplements, angiotensin converting enzyme inhibitors, or cyclosporine, increase risk of hyperkalemia.

Client Education

- Emphasize the importance of continuing to take this medication even if feeling well.
- Instruct to take medication at the same time every day.
- Caution patient to avoid salt substitutes and foods that contain high levels of potassium unless prescribed by health care professional.
- May cause dizziness. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.
- Advise patient to notify health care professional if rash, muscle weakness or cramps; fatigue; or severe nausea, vomiting, or diarrhea occurs.
- Inform male patients that spironolactone may cause gynecomastia; may require dose decrease. usually reversible.
- Advise females of reproductive potentiality to notify health care professional if pregnant.
- Teach how to check BP weekly/

Evaluation of Medication Effectiveness

- Reduction in symptoms such as lowering of blood pressure.
- Reduction in swelling