

Captopril (Capoten, Captopril)

Classification:	Indication:
Antihypertensive	Hypertension, left ventricular dysfunction after myocardial infarction, diabetic nephropathy
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none">• Fever, chills• Hypotension, postural hypotension, tachycardia, angina• Loss of taste, increase LFT's• Impotence, dysuria, nocturia, oliguria, urinary frequency• Neutropenia, agranulocytosis, pancytopenia, thrombocytopenia, anemia• Rash, pruritus• Angioedema, hyperkalemia• Bronchospasm, dyspnea, cough	<ul style="list-style-type: none">-Patient should avoid substitutes that have potassium because it will cause retention-Medication should be administered one hour before meals-Patients should not discontinue with the medication unless the doctor says so-Missed doses should be taken immediately one remembers and should not take double doses-Discontinue when pregnancy is detected- Do not breastfeed

Losartan (Cozaar)	
Classification:	Indication:
Antihypertensive	Hypertension, DM neuropathy, CHF
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none"> • Fatigue, nausea, low blood glucose, anemia • Urinary tract infection • Chest pain, weakness, diarrhea, cough • Upper respiratory tract infection • High blood pressure • Dizziness, headache • Skin infection • Gastritis • Rapid swelling • Low blood pressure in patients with low blood plasma or diuretic using patients • Abnormal weakness • Feeling unwell (malaise) • Abdominal pain • High potassium levels • Back pain • Worsening renal failure 	<ul style="list-style-type: none"> -May cause hypotension, tachycardia, angioedema, hyperkalemia -May increase digoxin levels -Assess blood pressure and heart rate -Assess fluid levels -Monitor daily weights with CHF -Monitor renal and liver -Instruct patient on how to take blood pressure

Diltiazem (Cardizem CD, Taztia XT)

Classification:	Indication:
Calcium channel blocker	Supraventricular arrhythmia, hypertension, tachycardia, unstable angina, variant angina, hypertrophic cardiomyopathy, migraine
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none">• Headache, fatigue, drowsiness, dizziness, depression, weakness, insomnia, paresthesia• Bradycardia, constipation, hypotension, AV block occurs, edema	<ul style="list-style-type: none">-Measure the blood pressure of patients before prescribing this drug-Regularly monitor the ECG of the patient-Regular monitor the pulse and heartbeat

Nitroprusside (Nitropress)

Nitroprusside (Nitropress)	
Classification:	Indication:
Vasodilators	Treatment of the symptoms of acute heart failure Hypertensive crisis or life-threatening high blood pressure Control hypotension during surgery
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none"> • Pain in the muscles or twitching and muscle movement problems • Nausea, vomiting and abdominal discomfort, chest pain, severe shortness of breath • Ringing in the ears, confusion, headaches, sweating and pounding of the heart or irregular heartbeat • Restlessness and fatigue • Lips, fingers or toes becomes blue colored sore throat 	<ul style="list-style-type: none"> -Precipitous decrease in the blood pressure and may cause irreversible ischemic injuries or even death -Monitor the blood pressure daily -Medication can also cause cyanide toxicity which can be very lethal -During administration, an infusion at maximum dosage rate of 10mcg/kg/min should not last more than ten minutes -Ensure monitoring of venous oxygen concentration and acid base balance is done during therapy. This is because these tests may indicate cyanide toxicity. -Monitoring or observing for side effects closely -Assess for history of allergic reactions in the past -Take comprehensive medical history of liver disease and other health problems

Atenolol (Tenormin)

Atenolol (Tenormin)	
Classification:	Indication:
Antihypertensive, antianginal	-Hypertension as a first line drug, given alone or in combination with diuretics and calcium channel blocker -Conservative treatment of MI -Given for patients with coronary artery disease (angina pectoris) -Prevention of migraine -Ventricular and supraventricular tachycardia -Alcohol withdrawal syndrome
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none">• Bronchospasm, cough, allergic reaction, respiratory discomfort, dyspnea, laryngospasm, fever• Sleep disturbance, dizziness, vertigo, hallucination, disorientation• Bradycardia, hypotension, CHF, cardiac arrhythmias, sinoatrial or AV nodal block, peripheral vascular insufficiency, pulmonary edema• Rash and pruritis over the skin• Dyspepsia, flatulence, diarrhea, and nausea	-Any allergy to any drug -Previous history of bradycardia, history of second- and third-degree heart block, congestive cardiac failure history, history of bronchial asthma

Metoprolol (Lopressor, Toprol XL)

Metoprolol (Lopressor, Toprol XL)	
Classification:	Indication:
Beta adrenergic blocking agent	Treatment of angina, heart failure, myocardial infarction, atrial flutter, and hypertension. Some off-label uses of metoprolol include supraventricular tachycardia and thyroid storm. All the indications of metoprolol are part of cardiovascular diseases
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none"> • Sudden hypotension, bradycardia leading to cardiac asystole • Nausea, vomiting, constipation and bronchospasm • Cold extremities and absent pulses • Allergic reactions, thrombocytopenia, and agranulocytosis • Prolonged use of propranolol may produce fatigue, muscle cramps, lethargy, hallucinations and mental depression 	<ul style="list-style-type: none"> -Monitor BP, ECG, and pulse frequently during dose adjustment and periodically during therapy -Monitor frequency of prescription refills to determine compliance -Monitor vital signs and ECG every 5-15 min during and for several hrs. after parental administration

Furosemide (Fumide, Furomide, Lasix, Luramide)

Classification:	Indication:	
Loop Diuretic	<p>-Treatment of edema associated with congestive heart failure, cirrhosis of the liver, and renal disease, including the nephrotic syndrome, in adults and pediatric patients.</p> <p>-May be used for management of hypertension, alone or in combination with other antihypertensive agents, and for treatment of hypercalcemia</p>	
Side effects/ adverse reactions:	Nursing Considerations:	
<ul style="list-style-type: none"> • Increased perspiration • Paresthesia • Activation of SLE, muscle spasms, weakness • Postural hypotension, dizziness with excessive diuresis, acute hypotensive episodes, circulatory collapse • Hypovolemia, dehydration, hyponatremia hypokalemia, hypochloremia metabolic alkalosis, hypomagnesemia, hypocalcemia (tetany), hyperglycemia, glycosuria, elevated BUN, hyperuricemia • Nausea, vomiting, oral and gastric burning, anorexia, diarrhea, constipation, abdominal cramping, acute pancreatitis, jaundice • Allergic interstitial nephritis, irreversible renal failure, urinary frequency 	<p>-Monitor daily weight, intake and output ratios, amount and location of edema, lung sounds, skin turgor, and mucous membranes</p> <p>-Administer diuretics in the morning to prevent nocturia</p> <p>-Notify health care professional if thirst, dry mouth, lethargy, weakness, hypotension, or oliguria occurs</p> <p>-Monitor BP and pulse before and during administration</p> <p>-Advised patient to not breast feed while taking this drug</p> <p>-Advise patient to contact health care professional if weight gain more than 3 lbs. in 1 day</p>	

Norepinephrine (Levarterenol, Levophed, Noradrenaline)

Norepinephrine (Levarterenol, Levophed, Noradrenaline)	
Classification:	Indication:
Adrenergic	Cardiogenic shock, Neurogenic shock, shock with systolic blood pressure less than 70 mmHg
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none"> • Headache, nausea, weakness, dizziness • Tissue necrosis with infiltration • Bradycardia • Hypertension • Palpitations • Angina • Tachycardia • Ectopy • Dyspnea • Necrosis at iv site • Vomiting • Metabolic acidosis • Extravasation 	<ul style="list-style-type: none"> -Monitor vital signs especially BP and pulse before starting the medication and adjust flow rate to maintain BP at normal low -Monitor and record mental status, skin temperature of extremities, and color of skin -Monitor intake output chart -Assess for symptoms of headache, vomiting, palpitation, arrhythmias, chest pain, photophobia, and blurred vision as possible symptoms of overdose -The drug must be infused via large bore IV to avoid infiltration and tissue necrosis -Monitor for symptoms of angina due to increase in O2 demand and vasoconstriction effects

Simvastatin (Zocor)

Simvastatin (Zocor)	
Classification:	Indication:
HMG-CoA reductase inhibitors (statins)	Hypercholesterolemia
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none">• Headache, cognitive impairment• Nausea, constipation, diarrhea, dyspepsia, flatus, abnormal pain, liver dysfunction, pancreatitis, hyperglycemia• Rash, pruritus• Muscle cramps, myalgia, myositis, rhabdomyolysis, myopathy	<ul style="list-style-type: none">-Perform a lipid profile-After six weeks, check your cholesterol-During the first year of treatment, have your function tested-If rhabdomyolysis is present, along with increasing muscle soreness and elevated creatine phosphokinase, treatment should stop

Amlodipine (Norvasc, Katerzia)

Amlodipine (Norvasc, Katerzia)	
Classification:	Indication:
Antianginal, antihypertensive, calcium channel blocker	Angina pectoris, hypertension, and vasospastic angina
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none">• Angina, hypotension, peripheral edema, bradycardia, and palpitations• Fatigue, headache, lethargy, asthenia, light-headedness, and dizziness• Hyperplasia, gingival, and nausea• Rash, flushing	<ul style="list-style-type: none">-Be keen not to mistake Norvasc (amlodipine) with Navane (thiothixene)-May cause gingival hyperplasia-Monitor blood pressure and pulse prior to and during therapy-Grapefruit juice can increase the drug level in the system-Assess the characteristics of angina-Monitor intake and output-Teach the patient interventions for hypertension and how to take blood pressure-Assess for signs of CHF