

cetirizine (Quzyttir, Reactine, Zyrtec)	
Classification:	Indication:
Piperazines (peripherally selective)	Relieves allergy symptoms that originate from histamines such as seasonal and perennial allergic rhinitis, and chronic urticaria. If given through IV method it is used to treat acute urticaria.
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none"> - Drowsiness - Causes CNS depression if combined with alcohol, opioid analgesics, or sedative/hypnotics. - If mixed with Theophylline it may increase toxicity. - Acute exanthematous pustulosis - pharyngitis 	<ul style="list-style-type: none"> - Must monitor allergic reactions periodically and when administering medication and after. - If using during allergy skin test can produce a negative result - Do not use IV solution if it is not clear and colorless. - Do not use in children under 6 with renal or hepatic impairment - Do not use in those with hypersensitivity to cetirizine, levocetirizine, hydroxyzine or any component.

montelukast (Singulair)	
Classification:	Indication:
Leukotriene Antagonists	Prevents and treats chronic asthma, seasonal or perennial allergic rhinitis if other therapies are not tolerated, prevents exercise induced bronchoconstriction (EIB)
Side effects/ adverse reactions:	Nursing Considerations:

<ul style="list-style-type: none"> - Stevens-johnson syndrome, toxic epidermis necrolysis, rash, suicidal thoughts, tics, sleepwalking, eosinophilic conditions (Churg-Strauss syndrome), rhinorrhea. - Decreases effects of montelukast if used with drugs that induce CYP450 enzyme system. 	<ul style="list-style-type: none"> - Do not use on those with hypersensitivity or acute asthma attacks. - Can be risky to distribute to those with phenylketonuria, hepatic impairment, reduction of corticosteroids, or young children. - Listen to lung sounds before and periodically when administering medication. - Monitor behavioral changes - Can increase AST and ALT concentrations. - Discontinue if fever is present with Stevens-Johnson syndrome
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fluticasone propionate (Armonair Digihaler, Arnuity Ellipta, Flovent Diskus, Flovent HFA)	
Classification:	Indication:
Corticosteroids	Maintenance treatment of asthma as prophylactic therapy.

Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none"> - Cataracts - Glaucoma - Hoarseness - Oropharyngeal fungal infections - Cushing's syndrome - Adrenal suppression - Decreases bone mineral density and growth in children. - Hypersensitivity reactions (anaphylaxis, laryngeal edema, bronchospasm, and urticaria) - Churg-Strauss syndrome - Strong CYP3A4 inhibitors such as ritonavir, atazanir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir, nefazodone, nelfinavir, saquinavir, and decreased voriconazole, decreased metabolism. 	<ul style="list-style-type: none"> - Do not use in children under 5 or 4 years old. - Do not breastfeed - Stop therapy when inhalable therapy begins.

ipratropium (Atrovent, Atrovent HFA)	
Classification:	Indication:
Anticholinergics	Inhalant- used to maintain therapy of reversible airway obstruction due to COPD, including chronic bronchitis and emphysema.

	Intranasal- rhinorrhea associated with allergic and nonallergic perennial rhinitis. Unlabeled use- manages bronchospasm caused by asthma.
Side effects/ adverse reactions:	Nursing Considerations:
-GI irritation, epistaxis, blurred vision, bronchospasm.	<ul style="list-style-type: none"> - Do not use in those hypersensitive to ipratropium, atropine, belladonna alkaloids or bromie - Do not use for acute bronchospasm - Increases anticholinergic effects with other drugs having anticholinergic properties such as antihistamines, phenothiazines, disopyramide. - Combivent MDI should be avoided in those with peanut allergies - Assess respiratory status before and after - Assess for rhinorrhea - Administer bronchodialator before this medication - If diluted must be used within 24 hours.

diphenhydramine (Aller-Aide, Allerdryl, Allergy Formula, AllerMax, Allernix, Banophen, Benadryl Allergy, Benadryl, Benylin, Calmex, Compoz, Compoz Nighttime Sleep Aid, Dimentane)

Classification:	Indication:
Antihistamines, antitussives, allergy, cold and cough	Relieve allergy symptoms caused by histamine release (anaphylaxis, allergic dermatoses, seasonal and perennial

remedies	allergic rhinitis).Parkinson's disease and dystonic reactions from meds, mild nighttime sedation, prevention of motion sickness, and antitussive (syrup).
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none"> - Anorexia, photosensitivity, pain at IM site, thickened bronchial secretions, paradoxical excitation. - Increases risk of CNS depression if used with other antihistamines, alcohol, opioid analgesics, and sedative/hypnotics. - Increases anticholinergic effects with tricyclic antidepressants, quinidine, or disopyramide. - If mixed with MAO inhibitors, it intensifies and prolongs the anticholinergic effects of antihistamines. - Increases CNS depression if used with kava-kava, valerian or chamomile. 	<ul style="list-style-type: none"> - Should not use during lactation, hypersensitivity, acute asthma attacks, and intolerance to alcohol. - Appears of <i>Beers list</i>

guaifenesin (Alfen Jr, Altarussin, Balminil Expectorant, Benlyn Chest Congestion Extra Strength, Breonesin, Bronchophan Expectorant, Chest Congestion, Cough Syrup Expectorant, Diabetic Tussin, Expectorant Syrup, Ganidin NR, Guiatuss, Hytuss, Hytuss-2X, Jack & Jill Expectorant, Mucinex, Naldecon Senior EX, Organidin NR, Robitussin, Scot-tussin Expectorant, Siltussin SA, Siltussin DAS, Vicks Chest Congestion Relief, Vicks Dayquil Mucus Control)

Classification:	Indication:
Expectorant, allergy, cold and cough remedies.	Treatment of coughs associated with viral upper respiratory tract infections.
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none"> - Rash, urticaria. 	<ul style="list-style-type: none"> - Do not use in those with hypersensitivity, alcohol intolerance, or phenylketonuria. - Avoid in children 4 years old and younger. - Assess lung sounds periodically while taking. - Have patient intake 1500-2000 mL/day of fluids to decrease viscosity of secretions. - Do not crush ER tablets nor break them or chew them.

epinephrine (AdrenaClick, Adrenalin, Allerject, Anapen, Anapen Junior, AsthmaNefrin, Auvi-Q, EpiPen, Primatene Must, S-2 (racepinephrine), Symjepi, Twin-Ject)

Classification:	Indication:	
Adrenergics,	For severe allergic reactions, hypotension during septic shock, treats upper airway obstruction and group, temporarily relieves mild symptoms of intermittent asthma (OTC), adjunct in prolonging anesthesia and localizing it. <ul style="list-style-type: none"> - Unlabeled uses: include treating cardiac arrest, or reversing airway disease due asthma or COPD. 	
Side effects/ adverse reactions:	Nursing Considerations:	
<ul style="list-style-type: none"> - Hyperglycemia - Renal impairment - Nervousness, restlessness, tremors. - Paradoxical bronchospasm. 	<ul style="list-style-type: none"> - do not use for those with a hypersensitivity to adrenergic amines, if products contain bisulfates should be avoided in those with hypersensitivity. - High IV doses may reduce milk production. - If used with adrenergic agents can cause side effect. - If used with MAO inhibitors can lead to hypertensive crisis. - If used with beta blockers may negate therapeutic effects. - Tricyclic antidepressants may enhance pressor response to epi. . - If used with caffeine containing herbs can cause a stimulant effect. 	

albuterol sulfate (Quzyttir, Reactine, Zyrtec)

Classification:	Indication:	
Adrenergics	Treats or prevents bronchospasm in asthma or COPD. <i>Inhalant</i> - prevents exercise induced broncho-spasm. <i>PO</i> - treats bronchospasm in asthma or COPD.	
Side effects/ adverse reactions:	Nursing Considerations:	
<ul style="list-style-type: none"> - Paradoxical bronchospasm from excessive use of inhaler - Hyperglycemia - hypokalemia 	<ul style="list-style-type: none"> - Do not use for those who are hypersensitive to adrenergic amines. - If used with other adrenergic agents can increased side effects. - If mixed with beta blocks can stop efficacy. - Mixing drugs can reduce serum digoxin levels. - Those who take tricyclic antidepressants can put patient at risk for cardiovascular effects. - If hypokalemic can increase risk of digoxin toxicity. - Assess lung sounds, pulse and blood pressure before administering the medication and during peak time of the medication. - Assess sputum produced. - Monitor the heart before therapy and during therapy. - Monitor breaths for wheezing and if it occurs, withhold medication and notify the health care provider ASAP. - Administer oral w/ food. 	

terbutaline (Bricanyl)

Classification: adrenergics		Indication: <ul style="list-style-type: none">- Manages reversible airway disease from asthma or COPD. Inhalation and subcutaneous are used for short term whereas oral is long-term.
Side effects/ adverse reactions: <ul style="list-style-type: none">- If used with other adrenergic can have additive adrenergic side effect- Betablocks can negate therapeutic effect- Do not use with MAO inhibitors because it can lead to hypertensive crisis.		Nursing Considerations: <ul style="list-style-type: none">- do not use those with a hypersensitivity to adrenergic amines.- <i>Unlabeled usage</i>: manages pre-term labor, but should not be used in oral form due to risk of death.-

rifampin (Rifadin, Rimactane, Rofact)

Classification:	Indication:	
rifamycins	<ul style="list-style-type: none"> - Treats active tuberculosis with other agents. - Eliminates meningococcal carriers - 	
Side effects/ adverse reactions:		Nursing Considerations:
<ul style="list-style-type: none"> - Life-threatening acute generalized exanthematous pustulosis, drug reaction with eosinophilia and systemic symptoms (DRESS), Stevens-Johnson syndrome, toxic epidermal necrolysis. - Red tears - Hepatotoxicity - Red urine - Hemolytic anemia - Flu-like syndrome. 		<ul style="list-style-type: none"> - <i>Unlabeled uses:</i> prevents disease caused by Haemophilus Influenza type B in close contacts. Synergistic with other anti-microbials for S. aureus infection. - Do not use in those with hypersensitivity - Decreased effectiveness with use of atazanavir, darunavir, fosamprenavir, praziquantel, saquinavir, and tipranavir. - Decreased levels of effectiveness when used with hormonal contraceptives. - Can decrease effectiveness if used with chloramphenicol, clarithromycin, cyclosporine, dapsone, diazepam, diltiazem, disopyramide, doxycycline, fluconazole, glipizide, glyburide, haloperidol, ketonazole, levothyroxine, losartan, lovastatin, metoprolol, mexiletine, morphine, moxifloxacin, nifedipine, nortriptyline, ondansetron, oxycodone, phenytoin, prednisolone, propafenone, propranolol, rosiglitazone, quinidine, simvastatin, tamoxifen, theophylline, toremifene, verapamil, and zolpidem. - - can increase metabolite of clopidogrel risking bleeding. - Can decrease effectiveness of warfarin. - Do not use drug if using itraconazole 2 weeks before and during therapy same for irinotecan.

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| | <ul style="list-style-type: none">- Monitor serum digoxin levels, and increase 20-40% if needed.- Monitor tacrolimus whole blood concentration and increase if needed.- Can increase withdrawal symptoms with methadone.- Administer rifampin an hour or more before antacids.- Probenecid and trimethoprim/sulfamethoxazole can increase toxicity levels.- Can increase toxicity of rifampin if used with atovaquone.- Perform mycobacterial studies and susceptibility tests before and during therapy to detect resistance.- Monitor for s/s of DRESS. |
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