

Ibuprofen (*Advil, Motrin*)

Classification		Indication	
NSAIDs (Nonsteroidal anti-inflammatory steroid drugs)		<ul style="list-style-type: none"> <li>• Reduce fever (antipyretic)</li> <li>• Anti-inflammation → reduce minor aches</li> </ul>	
Side effects/ adverse reactions		Nursing Considerations	
<ul style="list-style-type: none"> <li>• GI bleeding</li> <li>• Bronchospasms</li> <li>• Swelling heart</li> <li>• Increases creatinine and BUN labs</li> <li>• Risk for thrombosis (blood clots)</li> </ul>		<ul style="list-style-type: none"> <li>• Avoid “peptic ulcer” pts unless on PPI</li> <li>• Monitor and notify HCP for bleeding (easy bruising, tarry stools and coffee ground emesis)</li> <li>• Do not give to pts with asthma or nasal polyps</li> <li>• Avoid patients with long term HTN or CVD as it can worsen HTN and CHF</li> <li>• Avoid in renal pts / avoid long term use to prevent kidney damage</li> <li>• Monitor creatine and urine output (&lt;30 mL/hr – notify HCP)</li> <li>• Avoid giving to patients with a clot history</li> <li>• Educate patient to never take on an empty stomach</li> </ul>	

Acetaminophen (*Tylenol*)

Acetaminophen ( <i>Tylenol</i> )	
<b>Classification</b>	<b>Indication</b>
<ul style="list-style-type: none"><li>• Analgesic</li><li>• Antipyretic</li></ul>	<ul style="list-style-type: none"><li>• Used instead of NSAIDs to decrease the bleeding risk (pts with a peptic ulcer or hemophilia)</li><li>• Mild joint pain</li><li>• Reduce fever (antipyretic)</li></ul>
<b>Side effects/ adverse reactions</b>	<b>Nursing Considerations</b>
<ul style="list-style-type: none"><li>• Nephrotoxicity</li></ul>	<ul style="list-style-type: none"><li>• Avoid in alcoholics!</li><li>• Monitor ALT and AST enzymes</li><li>• Acetylcysteine is the antidote for acetaminophen</li></ul>

Baclofen (*Lioresal*)

Baclofen ( <i>Lioresal</i> )	
Classification	Indication
<ul style="list-style-type: none"> <li>• Muscle relaxer</li> </ul>	<ul style="list-style-type: none"> <li>• Treat muscle spasms in spinal cord injuries, MS, Cerebral palsy</li> </ul>
Side effects/ adverse reactions	Nursing Considerations
<ul style="list-style-type: none"> <li>• Sedation/ drowsiness</li> <li>• Really sedates the body so everything goes low and slow</li> <li>• → Constipation</li> <li>• → low and slow BP causing orthostatic hypotension (dizziness upon changing positions - normal effect)</li> <li>• Rhabdomyolysis</li> <li>• Multiple organ failure</li> </ul>	<ul style="list-style-type: none"> <li>• Educate pt: dizziness is expected upon changing positions</li> <li>• Educate pt: no alcohol use because it can make them more sedative and drowsiness</li> <li>• Educate pt: Do not stop abruptly (can cause a rebound effect)</li> <li>• Pt to increase fluids and fiber</li> <li>• Slow position changes to prevent falls</li> <li>• Monitor for muscle cramps, aches or pains that are more severe than usual.</li> <li>• Minor for dark urine</li> </ul>

Methadone (*Dolphine*)

Classification

- Opioid – schedule II

Indication

- Treatment for opioid use disorder (i.e: intoxication)
- Chronic pain management

Side effects/ adverse reactions

- Risk for addiction
- Respiratory depression
- QT prolongation

Nursing Considerations

- Monitor for misuse, abuse and addiction
- Monitor for slow and shallow breaths
- Monitor for EKG changes
- Assess pt with hx of cardiac conduction abnormalities and pts taking medications that affect cardiac rhythm

Morphine sulfate (MST, Zomorph, Sevedrol, Morphgesic, MXL, Oramorph)

Morphine sulfate (MST, Zomorph, Sevedrol, Morphgesic, MXL, Oramorph)	
Classification	Indication
<ul style="list-style-type: none"> <li>Opioid – schedule II</li> </ul>	<ul style="list-style-type: none"> <li>Management of chronic pain</li> </ul>
Side effects/ adverse reactions	Nursing Considerations
<ul style="list-style-type: none"> <li>Low RR – respiratory depression</li> <li>Low BP – orthostatic hypotension</li> <li>CNS sedation – easily falling asleep when talking, unarousable</li> <li>Puritis, itchy skin – normal SE</li> <li>Constipation in long term use</li> </ul>	<ul style="list-style-type: none"> <li>Hold dose if RR &lt;12</li> <li>Do not give to a patient with COPD or Asthma due to risk for respiratory depression</li> <li>Educate pt: do not get up unassisted – place bed alarm*</li> <li>If pt becomes dizzy or lightheaded – assist them into a seated position</li> <li>If patient is unarousable or falls asleep when talking – hold next dose and notify HCP</li> <li>Naloxone (Narcan) is the antidote</li> <li>IV push 2-3 min</li> <li>Assess every 15-30 mins not every hour!</li> <li>Question order if given to patient 70 years or older, or is post-surgery 24 hrs</li> <li>PO – take with food</li> <li>Educate patient that nausea is normal</li> <li>Give patient anti-emetic if needed</li> <li>Give antihistamine if needed for puritis</li> <li>PRN stool softeners</li> <li>Increase fluid, fiber and ambulation</li> </ul>

Naloxone (*Narcan*)

Classification

- Opioid antagonist

Indication

- Reversing overdose of opioids and heroin

Side effects/ adverse reactions

- Fever, sweating, body aches, weakness
- Tremors, shivering, fast heart rate  
pounding heartbeats.
- Feeling nervous, restless or irritable

Nursing Considerations

- Prepare for multiple doses
- 1-2 hr. half life (gone quickly!)
- Reassess for s/s of withdrawal
- Reassess that s/s of overdose are improving  
(low RR, low BP, unarousable, falling asleep  
when talking)

Dopamine (*Intropin*)

Classification		Indication	
<ul style="list-style-type: none"><li>Inotropic agent</li></ul>		<ul style="list-style-type: none"><li>Treat low BP</li><li>Treat low HR and cardiac arrest</li></ul>	
Side effects/ adverse reactions		Nursing Considerations	
<ul style="list-style-type: none"><li>Hypovolemia</li><li>Ventricular fibrillation</li><li>Tachyarrhythmia</li></ul>		<ul style="list-style-type: none"><li>Monitor potassium levels</li><li>Monitor BP</li><li>Monitor EKG</li></ul>	

Hydrocortisone (*Hydrocort, Cortef*)

Hydrocortisone ( <i>Hydrocort, Cortef</i> )	
<b>Classification</b>	<b>Indication</b>
<ul style="list-style-type: none"><li>• Corticosteroid</li></ul>	<ul style="list-style-type: none"><li>• Inflammation*</li><li>• Severe allergic reactions</li><li>• Lupus</li><li>• Skin conditions</li></ul>
<b>Side effects/ adverse reactions</b>	<b>Nursing Considerations</b>
<ul style="list-style-type: none"><li>• Hypokalemia</li><li>• DM</li><li>• Weight gain</li><li>• Edema</li><li>• Growth suppression in peds pts after long term use</li><li>• Steroid myopathy</li></ul>	<ul style="list-style-type: none"><li>• Monitor electrolytes</li><li>• Monitor BP</li><li>• Monitor weight</li><li>• Monitor glucose levels</li><li>• Assess for muscle weakness</li><li>• Upper GI xray if prolonged use</li><li>• Educate patient - do not stop abruptly!</li></ul>

Fentanyl (*Actiq, Fentora, Abstral, Subsys, Lazanda*)

Classification		Indication	
<ul style="list-style-type: none"> <li>Opioid – Schedule II</li> </ul> <p><i>VERY strong opioid* one of the most potent narcotics</i>  <i>Comes in different forms – patch is what is usually administered</i></p>		<ul style="list-style-type: none"> <li>Severe chronic pain</li> </ul>	
Side effects/ adverse reactions		Nursing Considerations	
<ul style="list-style-type: none"> <li>Fentanyl patch – constipation</li> </ul>		<ul style="list-style-type: none"> <li>If patch is prescribed, it takes longer for it to enter body and will not provide immediate pain relief – do not use for acute or post-op pain</li> <li>Stool softeners</li> <li>Always remove old patch before administering new one</li> </ul>	

Oxycodone (OxyContin)

Classification	Indication
<ul style="list-style-type: none"> <li>• Opioid – Schedule II</li> </ul>	<ul style="list-style-type: none"> <li>• Severe chronic pain (i.e: cancer pain)</li> <li>• Slower onset &amp; extended-release pain reliever (usually 12 hrs – so typically given 2x daily)</li> </ul>
Side effects/ adverse reactions	Nursing Considerations
<ul style="list-style-type: none"> <li>• Constipation</li> <li>• Tachypnea</li> <li>• Drowsiness</li> <li>• Loss of appetite</li> <li>• Low RR – respiratory depression</li> <li>• Low BP – orthostatic hypotension</li> <li>• CNS sedation – easily falling asleep when talking, unarousable</li> <li>• Pruritis, itchy skin – normal SE</li> <li>• Constipation in long term use</li> </ul>	<ul style="list-style-type: none"> <li>• Can be administered with other pain meds</li> <li>• Given “as scheduled, around the clock” even if not reporting pain</li> <li>• Administer stool softeners are needed</li> <li>• Educate patient that meds should not be crushed or chewed</li> <li>• Educate patient to not drink alcohol</li> <li>• Hold dose if RR &lt;12</li> <li>• Do not give to a patient with COPD or Asthma due to risk for respiratory depression</li> <li>• Educate pt: do not get up unassisted – place bed alarm*</li> <li>• If pt becomes dizzy or lightheaded – assist them into a seated position</li> <li>• If patient is unarousable or falls asleep when talking – hold next dose and notify HCP</li> </ul>