| Ibupprofen ( Advil, Motrin) | |
|---|---|
| Classification: | Indication: |
| NSAID | Mild to moderate pain, inflammatory states |

| Side effects/ adverse reactions: | Nursing Considerations: |
|---|---|
| • Nausea or vomiting<br>• Constipation or Diarrhea<br>• Dyspepsia or abdominal pain | • May cause GI bleeding, Stevens-Johnson Syndrome<br>• May cause anaphylaxis<br>• Monitor for headache, nausea, vomiting, constipation<br>• Monitor renal and liver labs<br>• Patient should avoid using alcohol |
| | |

| Acetaminophen (Tylenol) | |
|---|---|
| Classification: | Indication: |

| Analgesics | Pain, fever |
|---|---|
| Side effects/ adverse reactions: | Nursing Considerations: |
| • Itching<br>• Rash<br>• Hives<br>• Difficulty breathing or swallowing.<br>• Blistering skin<br>• Loss of appetite<br>• Nausea or vomiting | • Overdose will lead to hepatotoxicity<br>• Acetadote is the antidote for overdose.<br>• May increase risk for bleed with warfarin therapy<br>• May alter blood glucose measurements. |

| **Baclofen (Lioresal)** |
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| | |
|---|---|
| Classification: | Indication: |
| Skeletal muscle relaxants | Relief of spasticity of voluntary muscle resulting from multiple sclerosis other spinal lesion. e.g. tumor of spinal cord, syringomyelia, motor neuron transverse myelitis, traumatic partial section of cord. |

| Side effects/ adverse reactions: | Nursing Considerations: |
|---|---|
| • Feeling sleepy, tired, dizzy or weak<br>• Nausea or vomiting<br>• Diarrhea<br>• Headaches<br>• Problem sleeping<br>• Dry Mouth<br>• Rapid eye moments blurred vision or difficulty focusing<br>• Excessive sweating or a mild rash | • Monitor patient closely during initial (test) does and titration.<br>• Monitor sudden changes in spasticity muscle strength, or CNS symptoms (confusion, somnolence, agitation hallucinations) that might indicate pump malfunction.<br>• Empty the pump reservoir and the patient should receive symptomatic management<br>• Provide additional spasm and pain relief like rest periods, heat application, NSAIDs as ordered.<br>• Positioning to augment the effects of the drug at relieving the musculoskeletal discomfort |

## Methoadadone (Methadose and Dolophine)

| Classification: | Indication: |
|---|---|
| Schedule II drug | Withdrawal symptoms pain |

| Side effects/ adverse reactions: | Nursing Considerations: |
|---|---|
| • Relief from pain and a feeling of wellbeing.<br>• Nausea<br>• Sleepiness and long-term use can have effects on male reproductive health<br>• Lipido and cause sweating and constipation. | • Use caution if patient is receiving MAO inhibitors<br>• May cause QT prolongation, hypotension, respiratory depression, dependence, confusion, sedation<br>• Assess pain, vital signs, bowel function<br>• May increase pancreatic enzyme level.<br>• Assess withdrawal symptoms |

| **Morphine ( MS Contin)** |
|---|

| Classification: | Indication: |
|---|---|
| Opiod Analgesic | • Moderate to severe pain<br>• Supplement to general anesthesia<br>• Acute/ severe pain<br>  o Breakthrough analgesic |
| Side effects/ adverse reactions: | Nursing Considerations: |
| • Decrease respiration<br>• Lightheadedness<br>• Constipation<br>• Drowsiness<br>• Hypotension<br>• Bradycardia | • Assess during and after administration- causes CNS depression<br>  o Blood Pressure<br>  o Respiration<br>  o Pulse<br>• May be used as an atitussive.<br>• Assess client pain scale frequency.<br>• Use Caution<br>  o With concurrent use of MAOIs<br>  ▪ Avoid use within 14days of each other<br>Dilute with normal saline prior to administration for IV needs. |

| **Naloxone (Narcan)** | |
|---|---|
| Classification: | Indication: |

| | |
|---|---|
| Non-Opiod analgesic | • Mild to moderate pain<br>• Inflammation<br>• Fever<br>• Myocardial Infarction and Stroke (Aspirin) |

| Side effects/ adverse reactions: | Nursing Considerations: |
|---|---|
| • Salicylism<br>• Tinnitus (ring in ear)<br>• Dizziness<br>• Headache<br>• Dyspepsia<br>• Kidney failure<br>• Fluid retention<br>• Edema | • Monitor<br>o Renal and liver labs<br>• Therapy should be discontinued after the first sign of rash.<br>• May cause<br>o Anaphylaxis<br>o GI bleeding<br>o Hepatitis<br>o Stevens-Johnson syndrome |

| **Dopamine (Intropin)** | |
|---|---|
| Classification: | Indication: |

| Intropin | Used to improve blood pressure, cardiac output, and urine output. |
|---|---|
| Side effects/ adverse reactions: | Nursing Considerations: |
| • Chest Pain<br>• Fast, slow or pounding heartbeats.<br>• Shortness of breath<br>• Cold feeling<br>• Numbness | • Can cause neutropenia- check WBCs regularly.<br>• Use cautiously with diuretic therapy<br>• Administer 1 hour before meals<br>• Monitor blood pressure often<br>• Monitor weight and fluid status<br>• Monitor renal profile<br>• Monitor renal profile<br>• Dry cough |

| **Hydrocortisone (Hydrocort)** | |
|---|---|
| Classification: | Indication: |
| Corticosteroids | Skin problems- psoriasis, allergic reaction dermatitis<br>Asthma & COPD<br>Adrenal insufficiency<br>Edema in brain, kidneys, and liver |
| Side effects/ adverse reactions: | Nursing Considerations: |
| Immunosuppression<br>Mood swings<br>Increase appetite<br>Weight gain<br>Insomnia | o May cause<br>o Osteoporosis<br>o Peptic ulcer<br>o CNS alterations<br>o Decreased wound healing |

| | |
|---|---|
| Osteoporosis | Monitor liver profile<br>o Excreted by the liver |

| **Fentanyl (Actiq)** | |
|---|---|
| Classification: | Indication: |
| Opiod | • Moderate to severe pain<br>• Supplement to general anesthesia<br>• Acute/severe pain<br>o Breakthrough analgesic<br>Chronic pain<br>o Patch form for some patch |
| Side effects/ adverse reactions: | Nursing Considerations: |
| | • Assess during and after |

| | |
|---|---|
| • Decrease respirations<br>• Lightheadedness<br>• Constipation<br>• Drowsiness<br>• Hypotension<br>• Bradycardia | administration-causes CNS depression<br>Blood Pressure<br>Respirations<br>Pulse<br>• May be used as an atitussive.<br>• Antidote for Overdose<br>o Narcan (Naloxone)<br>• Use cause<br>o With concurrent use of MAOIs<br>▪ Avoid use 14 days of each other<br>• Assess the client pain scale frequently<br>• Administer slowly to decrease CNS depression |

| **Oxycodone (Oxycontin)** | |
|---|---|
| Classification: | Indication: |
| Opiod analgesics | Pain |
| Side effects/ adverse reactions: | Nursing Considerations: |
| • Constipation<br>• Nausea<br>• Somnolence<br>• Dizziness<br>• Pruritus<br>• Vomiting<br>• Headache | • May cause respiratory depression, constipation confusion, sedation, hallucinations, urinary retention.<br>• Use caution with increased intracranial pressure.<br>• Don’t use with MAOIs |

| | |
|---|---|
| • Asthenia<br>• Sweating | • Assess hemodynamics<br>• Assess pain<br>• May elevate pancreatic enzymes<br>• Assess bowel function |