

Ibuprofen (Advil, Motrin)

Classification:	Indication:	
Nonopioid analgesics	Mild to moderate pain, inflammatory states	
Side effects/ adverse reactions:	Nursing Considerations:	
<ul style="list-style-type: none"> -headache, dizziness, drowsiness, fatigue -tachycardia, MI, stroke -NVD, jaundice, hepatitis, GI bleeding, ulceration, GI perforation -blood dyscrasias -anaphylaxis 	<ul style="list-style-type: none"> -may cause GI bleeding, hepatitis, Stevens-Johnson Syndrome -may cause anaphylaxis -monitor for headache, nausea, vomiting, constipation -therapy should be discontinued after first sign of rash -monitor renal and liver labs -patient should avoid using alcohol 	

Acetaminophen (Tylenol)

Classification:	Indication:	
Nonopioid analgesic, antipyretic	Pain, fever, headache	
Side effects/ adverse reactions:	Nursing Considerations:	
<ul style="list-style-type: none"> -nausea, vomiting, abdominal pain, hepatotoxicity -renal failure -leukopenia, neutropenia -rash <p>Toxicity = cyanosis, anemia, jaundice, CNS stimulation, delirium followed by vascular collapse, seizures, coma, death</p>	<ul style="list-style-type: none"> -do not exceed 4g of acetaminophen per day to limit risk for liver, renal, and cardiac damage -overdose will lead to hepatotoxicity -antidote = acetadote - may increase risk for bleed with warfarin therapy - may alter blood glucose measurements 	

Baclofen (Ozobax, Lioresal, Gablofen)

Classification:	Indication:
Skeletal muscle relaxants	Muscle pain, spasms, stiffness in people with MS or spinal cord injury or disease
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none"> -sedation, drowsiness, ataxia, dizziness, headache, confusion, hallucinations, skin reactions, GI symptoms, enuresis -respiratory or CV depression, seizures 	<ul style="list-style-type: none"> -hypersensitivity to baclofen -skeletal muscle spasm resulting from rheumatic disorders, stroke, cerebral palsy, Parkinson's disease, -seizure disorders, lactation, pregnancy

Methoadone (Mathadose)

Classification:	Indication:
Opioid agonist	Depresses pain impulse transmission at the spinal cord level by interacting with opioid receptors; produces CNS depression
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none"> -drowsiness, dizziness, confusion, headaches, sedation, seizures -palpitations, bradycardia, change in BP, cardiac arrest, shock, hypotension -tinnitus, blurred vision, miosis -nausea, vomiting, anorexia, constipation, cramps -increased urinary output, urinary retention -rash, bruising, flushing -respiratory depression, respiratory arrest 	<ul style="list-style-type: none"> -use caution if patient is receiving MAO inhibitors -may cause QT prolongation, hypotension, respiratory depression, dependence, confusion, sedation -assess pain, vital signs, bowel function -may increase pancreatic enzyme levels -assess withdrawal symptoms

Morphine (MS Contin)

Classification:	Indication:
Opioid agonist	Pain, pulmonary edema, MI
Side effects/ adverse reactions:	Nursing Considerations:
-drowsiness, dizziness, confusion, seizures -palpitations, bradycardia, change in BP, shock, cardiac arrest, chest pain -blurred vision -nausea, vomiting, anorexia, constipation -urinary retention, -rash, urticaria, bruising, flushing -respiratory depression, respiratory arrest	-may cause alterations in mentation, hypotension, constipation, nausea, vomiting -assess BP, pulse, and RR prior to administration and frequently during administration -antidote = Narcan

Naloxone (Narcan, Suboxone, Targin)

Classification:	Indication:
Opioid receptor antagonist	Rapidly reverse an opioid overdose
Side effects/ adverse reactions:	Nursing Considerations:
-seizures, tremor, opioid withdrawal symptoms -rapid pulse, increased systolic BP, cardiac arrest, sinus tachycardia -nausea, vomiting -pulmonary edema, dyspnea	-cramping, hypertension, anxiety, vomiting, signs of withdrawal -respiratory depression, character, rate, rhythm -pain = duration, intensity, location before and after administration -patients may become very agitated and violent after use

Dopamine (Inotropin)

Classification:	Indication:
Adrenergic	Improve BP, cardiac output and urine output
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none"> -headache, anxiety -palpitations, tachycardia, hypertension, hypotension -NVD -necrosis, gangrene -dyspnea 	<ul style="list-style-type: none"> -monitor hemodynamics closely -obtain parameters for hemodynamic values -titrate to obtain appropriate BP -irritation may occur at IV site -Beta blockers may counteract therapeutic effects

Hydrocortisone (Corticaïne, Cortoderm)

Classification:	Indication:
Corticosteroid	Allergic states, relieve inflammatory manifestations
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none"> -sodium and fluid retention -euphoria, insomnia, seizures -hypertension -NVD, GI hemorrhage 	<ul style="list-style-type: none"> -assess potassium, blood glucose, urine glucose while patient receiving long term therapy -assess hypokalemia and hyperglycemia -assess I&O ratio -teach to immediately report abdominal pain

Oxycodone (Oxycontin)

Classification:	Indication:
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Opioid agonist/nonopioid, Analgesic combinations	Pain
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none"> -drowsiness, dizziness, confusion, headache, sedation, euphoria -palpitations, bradycardia, change in BP -tinnitus, blurred vision, -nausea, vomiting, anorexia, constipation, cramps -increased urinary output, urinary retention -rash, bruising, flushing, diaphoresis -respiratory depression 	<ul style="list-style-type: none"> -may cause respiratory depression, constipation, confusion, sedation, hallucinations, urinary retention, -use caution with increase ICP -don't use with MAOIs -assess hemodynamics -assess pain -can cause physical dependence -assess bowel function

Fentanyl (Sublimaze)	
Classification:	Indication:
Opioid agonist	Supplement to general anesthesia, continuous IV infusion for purpose of analgesia
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none"> -dizziness, delirium, euphoria, sedation, confusion, seizures -bradycardia, arrest, DVT, PE -blurred vision, constipation -nausea, vomiting, constipation -urinary retention -rash, diaphoresis -muscle rigidity -respiratory depression, arrest, laryngospasm 	<ul style="list-style-type: none"> -use caution with increase ICP, head trauma, adrenal insufficiency -avoid use with MAOIs -may cause apnea, laryngospasm, decreased respirations, bradycardia, hypotension -do not consume grapefruit while taking this medication -monitor hemodynamics during administration -assess patient pain scale frequently