

| Ibuprofen (Advil / Motrin) | |
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| Classification: | Indication: |
| <ul style="list-style-type: none"> - Analgesic - NSAID | <ul style="list-style-type: none"> - Relief of signs and symptoms of rheumatoid arthritis, osteoarthritis, mild to moderate pain, primary dysmenorrhea, and fever reduction |
| Side effects/ adverse reactions: | Nursing Considerations: |
| <ul style="list-style-type: none"> - Headache - Dizziness - Somnolence - Fatigue - Rash - Nausea - Dyspepsia - Bleeding - constipation | <ul style="list-style-type: none"> - avoid overdose and take with food or after meals to avoid GI upset - discontinue use if eye changes, symptoms of hepatic impairment or renal impairment occur. |

| Acetaminophen (Tylenol) | |
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| Classification: | Indication: |
| <ul style="list-style-type: none"> - Antipyretic - Analgesic | <ul style="list-style-type: none"> - Given to patients with aspirin allergy, hemostatic disturbances, bleeding, upper GI disease, and gouty arthritis. - Common cold, flu, or viral and bacterial infections with pain and fever. |
| Side effects/ adverse reactions: | Nursing Considerations: |
| <ul style="list-style-type: none"> - Headache, chest pain, dyspnea, myocardial damage with doses greater than 8grams per day - Jaundice - Acute kidney failure - Hematuria, anuria, neutropenia, leukopenia, pancytopenia, thrombocytopenia, and hypoglycemia | <ul style="list-style-type: none"> - Use cautiously with impaired hepatic function, chronic alcoholism, pregnancy and lactation. - Assess for allergies and be careful to not exceed recommended dose. - Avoid OTC medications that may contain acetaminophen – can cause an overdose |

| baclofen (Lioresal) | | |
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| Classification: | Indication: | |
| - Centrally acting skeletal muscle relaxant | - Tx of muscle spasticity associated with cerebral palsy, spinal cord injuries, or spinal cord diseases. | |
| Side effects/ adverse reactions: | | Nursing Considerations: |
| <ul style="list-style-type: none"> - Sedation, drowsiness, ataxia, headache, confusion, hallucinations, enuresis - Hypersensitivity can activate peptic ulcer disease | | <ul style="list-style-type: none"> - Prevent hypersensitivity reactions: cardiac depression, epilepsy, muscle weakness, rheumatic disorder. - Assess temperature, skin color, lesions, CNS orientation, bilateral grip strength, and spasticity evaluation. - Taper the drug over 1 to 2 weeks to prevent psychoses or hallucinations. |

| methadone (Dolophine) | | |
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| Classification: | Indication: | |
| - Opioid Agonist | - Relief of severe pain; detoxification and temporary maintenance treatment of opioid addiction in adults | |
| Side effects/ adverse reactions: | | Nursing Considerations: |
| <ul style="list-style-type: none"> - Nausea, vomiting, constipation, anorexia, drowsiness, respiratory depression, hypotension, bradycardia, dysphoria, urinary retention, visual disturbances, impotence, arrhythmias, QT prolongation, and cardiac arrest | | <ul style="list-style-type: none"> - Use caution when injecting subcutaneously in patients with hypotension or in shock. - Monitor for QT-interval prolongation. - Avoid alcohol and pregnancy |

| morphine (Roxanol / Astramorph) | |
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| Classification: | Indication: |
| - Opioid Agonist | - Relief of moderate to severe acute or chronic pain; preoperative medication; component of combination therapy for severe chronic pain; intraspinal to reduce intractable pain. |
| Side effects/ adverse reactions: | Nursing Considerations: |
| - Respiratory depression, rash, skin changes, GI depression, constipation, visual changes, and loss of appetite | - Assess renal and liver function tests - Monitor for drug-drug interactions - Do not take leftover medication for other disorders - Dilute and administer slow IV to minimize likelihood of adverse effects - Patient should lie down during IV administration - |

| naloxone (Narcan) | |
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| Classification: | Indication: |
| - Opioid antagonist | - Complete or partial reversal of opioid depression - dx of suspected opioid overdose |
| Side effects/ adverse reactions: | Nursing Considerations: |
| - acute opioid abstinence syndrome (nausea, vomiting, sweating, tachycardia, hypotension, | - Monitor patient response to drug reversal of opioid effects or alcohol dependency. - Monitor for adverse effects – arrhythmias, and hypertension. - Provide safety measures such as side rails and assistance with ambulation to prevent falls. - Assess neurological status – LOC, affect, reflexes, pupil size - Monitor and assess the respiratory rate and lung sounds - Monitor vital signs and obtain EKG |

| dopamine (generic) | |
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| Classification: | Indication: |
| <ul style="list-style-type: none"> - Inotropic - Vasopressor - Alpha and Beta Adrenergic Agonist | <ul style="list-style-type: none"> - Correction of hemodynamic imbalance present in shock |
| Side effects/ adverse reactions: | Nursing Considerations: |
| <ul style="list-style-type: none"> - Tachycardia, ectopic beats, anginal pain, hypotension, dyspnea, nausea, vomiting, and headache | <ul style="list-style-type: none"> - Monitor blood pressure, ocular pressure, and bronchial airflow - Assess for adverse effects: decreased urine output, headache, and GI upset. - Monitor light exposure to prevent sensitivity caused by pupil dilation. - Encourage the patient to void to alleviate urinary retention. |

| Hydrocortisone (Cortef) | |
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| Classification: | Indication: |
| <ul style="list-style-type: none"> - Adrenocortical agents | <ul style="list-style-type: none"> - Tx of allergic and inflammatory disorders |
| Side effects/ adverse reactions: | Nursing Considerations: |
| <ul style="list-style-type: none"> - Sodium and fluid retention; potassium and calcium depletion, muscle wasting, weakness, osteoporosis, increased appetite and delayed wound healing - Bruising, hirsutism, acne, and flushing | <ul style="list-style-type: none"> - Caution in patients with diabetes, acute peptic ulcers, endocrine disorders, and pregnancy |

| Fentanyl | |
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| Classification: | Indication: |
| <ul style="list-style-type: none"> - Opioid Agonist | <ul style="list-style-type: none"> - Analgesic action of short duration during anesthesia and immediate postoperative period - General or regional anesthesia - Transdermal system: management of chronic pain |
| Side effects/ adverse reactions: | Nursing Considerations: |
| <ul style="list-style-type: none"> - Bradycardia, edema, CNS depression, hypotension, peripheral vasodilation, increased ICP - High doses may cause chest wall rigidity. - Rash, erythema, itching - Respiratory depression, laryngospasm, and bronchoconstriction | <ul style="list-style-type: none"> - Avoid grapefruit juice - Discontinue or remove the patch that has been torn or damaged - Remove old patch before applying new patch (avoid overdose) - Assess for visual impairment - Prepare site for transdermal form by clipping hair at site and apply pressure for 10-20 seconds – replacement required up to 72 hours if pain has not subsided |

| Oxycodone (Oxycontin) | |
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| Classification: | Indication: |
| <ul style="list-style-type: none"> - Opioid agonist | <ul style="list-style-type: none"> - Moderate to chronic pain |
| Side effects/ adverse reactions: | Nursing Considerations: |
| <ul style="list-style-type: none"> - Confusion, sedation, dizziness, dysphoria, hallucination, blurred vision, hypotension, urinary retention, flushing, and physical dependence. | <ul style="list-style-type: none"> - Assess for respiratory depression and excessive sedation or changes in mood and behavior. - Assess blood pressure and document if systolic falls >20mm HG or diastolic >10mmHG - Assess for dizziness that can affect gait, balance, or functional activities |