

Phenytoin ( <i>Dilantin</i> )	
Classification	Indication
Anticonvulsant	To treat tonic-clonic, simple, or complex partial seizures in patients who have had no prior treatment
Side effects/ adverse reactions	Nursing Considerations
<ul style="list-style-type: none"><li>• Amblyopia</li><li>• Diplopia</li><li>• Dysrhythmias</li><li>• Lessens effects of birth control</li><li>• Toxic epidermal necrolysis</li></ul>	<ul style="list-style-type: none"><li>• Monitor cardiac rhythm</li><li>• Black box warning – do not administer to pregnant women</li></ul>

<b>Phenobarbital</b> (Phenytoin)	
<b>Classification</b> Anticonvulsant	<b>Indication</b> Phenytoin is indicated for the treatment of tonic-clonic (grand mal) and psychomotor (temporal lobe) seizures and for the prevention and treatment of seizures occurring during or following neurosurgery.
<b>Side effects/ adverse reactions</b> <ul style="list-style-type: none"><li>• Toxic epidermal necrolysis</li><li>• Steven's Johnson syndrome</li><li>• Arrhythmia</li><li>• hypotension</li></ul>	<b>Nursing Considerations</b> <ul style="list-style-type: none"><li>• Cardiac monitoring</li><li>• Check BP</li></ul>

<b>Diazepam</b> (Valium)	
<b>Classification</b>	<b>Indication</b>
benzodiazepines	Anxiety, muscle spasms, seizures
<b>Side effects/ adverse reactions</b>	<b>Nursing Considerations</b>
<ul style="list-style-type: none"><li>• Muscle weakness</li><li>• Dry mouth</li><li>• Fatigue</li><li>• Blurred vision</li></ul>	<ul style="list-style-type: none"><li>• Ensure patient does not drive after dose</li><li>• Check mental status – LOC</li><li>• Assess baseline BP</li></ul>

<b>Valproic acid</b> (Belvo, Depakote, Dyantil, Convulex, Syonell)	
<b>Classification</b>	<b>Indication</b>
Anticonvulsant	adjunctive therapy in the treatment of simple and complex absence seizures, and adjunctively in patients with multiple seizure types which include absence seizures
<b>Side effects/ adverse reactions</b>	<b>Nursing Considerations</b>
<ul style="list-style-type: none"><li>• Thinning hair</li><li>• Tremors</li><li>• Unusual body movements</li><li>• Low platelet count</li></ul>	<ul style="list-style-type: none"><li>• Baseline blood work for platelets</li><li>• Monitor patient for clotting defects</li><li>• Neuro assessment</li></ul>

<b>Carbamazepine</b> (Tegretol)	
<b>Classification</b>	<b>Indication</b>
Antiepileptoc	<ul style="list-style-type: none"> <li>• Seizure disorders</li> <li>• Trigeminal neuralgia</li> </ul>
<b>Side effects/ adverse reactions</b>	<b>Nursing Considerations</b>
<ul style="list-style-type: none"> <li>• Stevens Johnson's syndrome</li> <li>• Hepatitis</li> <li>• Hematologic disorders</li> </ul>	<ul style="list-style-type: none"> <li>▪ History: Hypersensitivity to carbamazepine or TCAs; history of bone marrow depression; concomitant use of MAOIs; history of adverse hematologic reaction to any drug; glaucoma or increased IOP; history of cardiac, hepatic, or renal damage; psychiatric history; lactation; pregnancy</li> <li>▪ Physical: Weight; T; skin color, lesions; palpation of lymph glands; orientation, affect, reflexes; ophthalmologic examination (including tonometry, funduscopy, slit lamp examination); P, BP, perfusion; auscultation; peripheral vascular examination; R, adventitious sounds; bowel sounds, normal output; oral mucous membranes; normal urinary output, voiding pattern; CBC including platelet, reticulocyte counts and serum iron; hepatic function tests, urinalysis, BUN, thyroid function tests, EEG</li> </ul>

<b>carbidopa-levodopa</b> (Dopar, Larodopa)	
<b>Classification</b>	<b>Indication</b>
antiparkinsonian	Treatment of Parkinson's disease
<b>Side effects/ adverse reactions</b>	<b>Nursing Considerations</b>
<ul style="list-style-type: none"> <li>▪ GI disturbances e.g. nausea, vomiting, anorexia.</li> <li>▪ GI bleeding in peptic ulcer patients.</li> <li>▪ Orthostatic hypotension, cardiac arrhythmias.</li> <li>▪ Psychiatric symptoms (especially the elderly), depression with or without suicidal tendency.</li> <li>▪ Abnormal involuntary movements or dyskinesias, delirium, hallucinations.</li> <li>▪ Slight elevation of liver enzymes, BUN and uric acid.</li> <li>▪ Transient leucopenia and thrombocytopenia.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>WARNING:</b> Arrange to decrease dosage if therapy is interrupted; observe for the development of suicidal tendencies. Give with meals if GI upset occurs.</li> <li>▪ Ensure that patient voids before receiving dose if urinary retention is a problem.</li> <li>▪ Monitor hepatic, renal, hematopoietic, and CV function.</li> <li>▪ For patients who take multivitamins provide Larobec, a preparation without pyridoxine.</li> </ul>

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<b>Benzotropine</b> (Cogentin)	
<b>Classification</b>	<b>Indication</b>
Anticholinergic	Treat Parkinson's Disease
<b>Side effects/ adverse reactions</b>	<b>Nursing Considerations</b>
<ul style="list-style-type: none"><li>• May lead to arrhythmias, hypotension, palpitations, and tachycardia</li><li>• Anticholinergic effects like constipation, dry mouth</li></ul>	<ul style="list-style-type: none"><li>• Assess for extrapyramidal symptoms</li><li>• Instruct patient to take as directed</li><li>• Instruct patient to maintain good oral hygiene</li></ul>

Bethanechol (Duvoid, Urabeth, Urecholine)	
Classification	Indication
Autonomic nervous system agent; direct acting cholinergic	Acute postoperative and postpartum nonobstructive (functional) urinary retention, and for neurogenic atony of urinary bladder with retention.
Side effects/ adverse reactions	Nursing Considerations
<ul style="list-style-type: none"><li>• Increased sweating</li><li>• Malaise</li><li>• Blurred vision</li><li>• Acute asthma attack</li></ul>	<ul style="list-style-type: none"><li>• Monitor BP and pulse. Observe patient for at least 1 h following SC administration. Report early signs of overdosage: Salivation, sweating, flushing, abdominal cramps, nausea.</li><li>• Monitor I&amp;O. Observe and record patient's response to bethanechol, and report any failure of the drug to relieve the particular condition for which it was prescribed.</li><li>• Monitor respiratory status. Promptly report dyspnea or any other indication of respiratory distress.</li><li>• Supervise ambulation as indicated by patient response to drug.</li></ul>

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Pyridostigmine (Mestinon)	
Classification	Indication
Parasympathetic medication	Myasthenia gravis
Side effects/ adverse reactions	Nursing Considerations
<ul style="list-style-type: none"><li>• Heart block</li><li>• Decreased BP</li><li>• Constrict bronchial muscles</li><li>• Increased GI motility</li></ul>	<ul style="list-style-type: none"><li>• Give on an empty stomach to decrease n/v</li><li>• Monitor side effects</li></ul>

<b>Atropine</b> (atropen)	
<b>Classification</b> anticholinergic	<b>Indication</b> Decreases oral and respiratory secretions, treats sinus bradycardia and heart block, treatment of bronchospasm
<b>Side effects/ adverse reactions</b> <ul style="list-style-type: none"><li>• Increases HR</li><li>• Bronchodilation</li><li>• Decreased respiratory secretions</li><li>• Decreased GI secretions</li></ul>	<b>Nursing Considerations</b> <ul style="list-style-type: none"><li>• Avoid in acute hemorrhage, tachycardia, and angle closure glaucoma</li><li>• Monitor patient for tachycardia and palpitations</li><li>• May cause urinary retention in elderly patients</li><li>• Patients may experience constipation due to slowed GI motility</li></ul>