

<b>Hydrochlorothiazide</b>	
<b>Classification:</b>	<b>Indication:</b>
<ul style="list-style-type: none"> <li>- Thiazide diuretic</li> </ul>	<ul style="list-style-type: none"> <li>- Adjunctive therapy for edema associated with HF, cirrhosis, corticosteroid or estrogen therapy, and renal dysfunction; treatment of hypertension as monotherapy or in combination with other antihypertensives.</li> </ul>
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
<ul style="list-style-type: none"> <li>- Dizziness, vertigo, orthostatic hypotension, nausea, anorexia</li> <li>- vomiting, dry mouth, diarrhea, polyuria, nocturia</li> <li>- muscle cramps, or spasms.</li> </ul>	<ul style="list-style-type: none"> <li>- History: Allergy to thiazides, sulfonamides; fluid or electrolyte imbalance; renal or liver disease; gout; SLE; glucose tolerance abnormalities, diabetes mellitus; hyperparathyroidism; manic-depressive disorders; lactation, pregnancy</li> <li>- Physical: Skin color, lesions, edema; orientation, reflexes, muscle strength; pulses, baseline ECG, BP, orthostatic BP, perfusion; R, pattern, adventitious sounds; liver evaluation, bowel sounds, urinary output patterns</li> </ul>

<b>Spirolactone (Aldactone)</b>	
<b>Classification:</b>	<b>Indication:</b>
<ul style="list-style-type: none"> <li>- Potassium-sparing diuretic</li> </ul>	<ul style="list-style-type: none"> <li>- Primary hyperaldosteronism, adjunctive therapy in the treatment of edema associated with HF, nephrotic syndrome, hepatic cirrhosis; treatment of hypokalemia or prevention of hypokalemia in patients at high risk if hypokalemia occurs; essential hypertension.</li> </ul>
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
<ul style="list-style-type: none"> <li>- Dizziness, headache, drowsiness, rash, cramping, diarrhea</li> <li>- hyperkalemia, hirsutism, gynecomastia, deepening of the voice, irregular menses</li> </ul>	<ul style="list-style-type: none"> <li>- Give daily doses early so that increased urination does not interfere with sleep.</li> <li>- Make suspension as follows: Tablets may be pulverized and given in cherry syrup for young children. This suspension is stable for 1 mo if refrigerated.</li> <li>- Measure and record regular weight to monitor mobilization of edema fluid.</li> <li>- Avoid giving food rich in potassium</li> </ul>

<b>mannitol</b>	
<b>Classification:</b>	<b>Indication:</b>
<ul style="list-style-type: none"> <li>- Osmotic diuretic</li> </ul>	<ul style="list-style-type: none"> <li>- Prevention and treatment of the oliguric phase of renal failure; reduction of intracranial pressure and treatment of cerebral edema; reduction of elevated IOP; promotion of urinary excretion of toxic substances;</li> </ul>
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
<ul style="list-style-type: none"> <li>- Dizziness, headache, hypotension, rash, nausea, anorexia, dry mouth, thirst, diuresis, fluid and electrolyte imbalances</li> </ul>	<ul style="list-style-type: none"> <li>- Obtain an accurate body weight to provide a baseline to monitor fluid balance.</li> <li>- Monitor intake and output and assess voiding patterns to evaluate fluid balance and renal function.</li> <li>- Evaluate liver status to determine potential problems in drug metabolism.</li> <li>- Monitor the results of laboratory tests, including serum electrolyte levels, especially potassium and calcium, uric acid, and glucose levels, to determine the drug's effect, and renal and liver function tests to identify the need for possible dose adjustment and toxic effects.</li> </ul>

<b>Oxybutynin chloride</b>	
<b>Classification:</b>	<b>Indication:</b>
<ul style="list-style-type: none"> <li>- Anticholinergics</li> <li>- Urinary tract antispasmodic</li> </ul>	<ul style="list-style-type: none"> <li>- Drowsiness, dizziness, blurred vision, tachycardia, dry mouth, nausea, urinary hesitancy, decreased sweating.</li> </ul>
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
<ul style="list-style-type: none"> <li>- Drowsiness, dizziness, blurred vision, tachycardia, dry mouth, nausea, urinary hesitancy, decreased sweating.</li> </ul>	<ul style="list-style-type: none"> <li>- Assess level of consciousness, orientation, and reflexes to evaluate for any CNS effects of the drug.</li> <li>- Assess urinary elimination pattern, including amount and frequency of episodes, and for any complaints of frequency, urgency, pain, or difficulty voiding to monitor for excessive parasympathetic blockade or development of underlying UTI.</li> </ul>

<b>Phenazopyridine (Azo)</b>	
<b>Classification:</b>	<b>Indication:</b>
<ul style="list-style-type: none"> <li>- Urinary tract analgesic</li> <li>- Nonopioid analgesic</li> </ul>	<ul style="list-style-type: none"> <li>- Symptomatic relief of pain, urgency, burning, frequency, and discomfort related to lower urinary tract irritation caused by infection, trauma, surgery, or various procedures.</li> </ul>
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
<ul style="list-style-type: none"> <li>- Headache; rash; yellowish tinge to the skin, sclera, urine; and GI disturbances.</li> </ul>	<ul style="list-style-type: none"> <li>- Monitor patient response to the drug (resolution of urinary tract pain).</li> <li>- Monitor for adverse effects (skin evaluation, GI upset and complaints, headache).</li> <li>- Evaluate the effectiveness of the teaching plan (patient can name drug, dosage, adverse effects to watch for, and specific measures to avoid them).</li> <li>- Monitor the effectiveness of comfort measures and compliance with the regimen.</li> </ul>

<b>Finasteride (Proscar)</b>	
<b>Classification:</b>	<b>Indication:</b>
<ul style="list-style-type: none"> <li>- Androgen inhibitors</li> </ul>	<ul style="list-style-type: none"> <li>- Treatment of BPH</li> </ul>
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
<ul style="list-style-type: none"> <li>- Impotence</li> <li>- decreased libido.</li> <li>- abdominal upset</li> <li>- gynecomastia</li> </ul>	<ul style="list-style-type: none"> <li>- Monitor patient response to the drug (relief of signs and symptoms of BPH, improved urine flow, decrease in discomfort).</li> <li>- Monitor for adverse effects (skin evaluation, GI upset and complaints, headache, cardiovascular effects, changes in sexual functioning).</li> <li>- Monitor the effectiveness of comfort measures and compliance with the regimen.</li> <li>- Evaluate the effectiveness of the teaching plan (patient can name drug, dosage, adverse effects to watch for, and specific measures to avoid them).</li> </ul>

### Fluoxetine (Prozac)

<b>Fluoxetine (Prozac)</b>	
<b>Classification:</b>	<b>Indication:</b>
<ul style="list-style-type: none"><li>- Antidepressant</li><li>- SSRI</li></ul>	<ul style="list-style-type: none"><li>- Treatment of depression, OCDs, bulimia, premenstrual dysphoric disorder, panic disorders; off-label uses include chronic pain, alcoholism, neuropathies, obesity.</li></ul>
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
<ul style="list-style-type: none"><li>- Headache, nervousness, insomnia, drowsiness, anxiety, tremor, dizziness, sweating, rash, nausea, vomiting, diarrhea, dry mouth, anorexia, sexual dysfunction, upper respiratory infections, weight loss, fever</li></ul>	<ul style="list-style-type: none"><li>- Monitor patient response to the drug (alleviation of signs and symptoms of depression, OCD, bulimia, panic disorder).</li><li>- Monitor for adverse effects of SSRIs There is a risk of serotonin syndrome with both classifications of medications.</li><li>- Monitor the effectiveness of comfort</li><li>- Arrange for lower dose in elderly patients and in those with renal or hepatic impairment because of the potential for severe adverse effects.</li></ul>

### Amitriptyline (Elavil)

<b>Amitriptyline (Elavil)</b>	
<b>Classification:</b>	<b>Indication:</b>
- Tricyclic antidepressants	- Relief of symptoms of depression (endogenous most responsive); sedative effects may help when depression is associated with anxiety and sleep disturbance.
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
- Bone marrow suppression, rash, pruritus, dry mouth, constipation, orthostatic hypotension, depressed blood sugar, tinnitus, disturbed concentration, hypersensitivity	- Take drug exactly as prescribed; do not stop abruptly or without consulting health care provider. - Avoid using alcohol, other sleep-inducing drugs, over-the-counter drugs. - Avoid prolonged exposure to sunlight or sunlamps; use a sunscreen or protective garments.

### Lithium

<b>Lithium</b>	
<b>Classification:</b>	<b>Indication:</b>
- Antimanic	- Treatment of manic episodes of bipolar disorder and maintenance treatment of bipolar disorder.
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
- CNS problems, including lethargy, slurred speech, muscle weakness, and fine tremor; polyuria, gastric toxicity, with nausea, vomiting, and diarrhea progressing; CV collapse, coma; adverse effects are related to serum drug levels	- Monitor patient response to the drug (decreased manifestations and frequency of manic episodes). - Monitor for adverse effects (CV toxicity, renal toxicity, GI upset, respiratory complications). - Evaluate effectiveness of the teaching plan (patient can give the drug name and dosage and describe the possible adverse effects to watch for, specific measures to help avoid adverse effects, warning signs to report, and the need to avoid pregnancy). - Monitor effectiveness of comfort measures and compliance with the regimen.

**haloperidol (Haldol)**

<b>Classification:</b>		<b>Indication:</b>	
- Antipsychotics		- Acute and chronic psychotic disorders, including schizophrenia, manic states, drug-induced psychoses	
<b>Side effects/ adverse reactions:</b>		<b>Nursing Considerations:</b>	
- extrapyramidal reactions, confusion, drowsiness, restlessness, and tardive dyskinesia. - blurred vision, dry eyes. - respiratory depression - hypotension, tachycardia.		- Monitor signs of hypersensitivity reactions, including pulmonary symptoms (laryngeal edema, wheezing, dyspnea) or skin reactions (rash, pruritus, urticaria). Notify the physician or nursing staff immediately if these reactions occur. - Assess BP periodically, and compare to normal values - Report low BP (hypotension), especially if patient experiences dizziness or syncope	