

NUR 203

WEEK 10

DRUG CARD

estradiol (Estrace, Vivelle-Dot, Delestrogen, DepoEstradiol)	
Classifications	Indications:
Estrogen	Estradiol is indicated for the treatment of moderate to severe vasomotor symptoms and vulvar and vaginal atrophy due to menopause. Used for the treatment of hypoestrogenism due to hypogonadism, castration, or primary ovarian failure, and for the prevention of postmenopausal osteoporosis.
Side effects/Adverse Reactions:	Nursing Considerations
Headache, breast pain or tenderness, nausea, vomiting, constipation, gas, heartburn, weight gain, or loss.	Do not use if you are pregnant. Estradiol may increase your risk of developing a condition that may lead to uterine cancer. Report any unusual vaginal bleeding right away. Using this medicine can increase your risk of blood clots, stroke, heart attack, or cancer of the breast, uterus, or ovaries.

oxytocin (Pitocin)	
Classifications	Indications:
Oxytocic Hormones	For mothers who have preeclampsia, maternal diabetes, and premature rupture of the membranes. For mothers with inactive uteri that require stimulation to start labor.
Side effects/Adverse Reactions:	Nursing Considerations
Confusion, convulsions (seizures), difficulty in breathing, fast or irregular heartbeat, headache (continuing or severe), hives, pelvic or abdominal pain(severe), skin rash or itching.	Frequent monitoring of mom. Contractions. Monitor and chart frequency, duration, and intensity. Watch for hypertonic contraction a single contraction lasting >2 min or >5 contractions in 10 mins. Frequent fetal monitoring. Continuous fetal monitoring.

	Assess for uterine atony. Give Pitocin to stimulate contractions.
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vardenafil (Levitra)	
Classifications	Indications:
phosphodiesterase (PDE) inhibitors.	Used to treat erectile dysfunction (impotence; inability to get or keep an erection) in men. It works by increasing blood flow to the penis during sexual stimulation. This increased blood flow can cause an erection.
Side effects/Adverse Reactions:	Nursing Considerations
Headache, upset stomach, heartburn, flushing, stuffy or runny nose, flu-like symptoms.	Take this drug 30 minutes to 4 hours before anticipated sexual activity. The usual timing is 1 hour. The drug will have no effect in the absence of sexual stimulation. If taking this drug for pulmonary arterial hypertension, take it three times a day; make sure the doses are 4-6 hours apart.

sildenafil (Aronix, Liberize, Nipatra, Revatio, Grandipam)	
Classifications	Indications:
phosphodiesterase-5 inhibitor (PDE5-I)	Used in the management and treatment of erectile dysfunction and pulmonary arterial hypertension.
Side effects/Adverse Reactions:	Nursing Considerations
Headache, Feeling sick (nausea), flushing including hot flushing, Indigestion, stuffy nose, feeling dizzy.	Ensure diagnosis of pulmonary arterial hypertension (Revatio). Ensure diagnosis of erectile dysfunction and determine underlying causes and other appropriate treatment. Advise the patient that the drug does not work in the absence of sexual stimulation.

lidocain (Xylocain)	
Classifications	Indications:
class Ib antiarrhythmic agent	Used is indicated in the management of acute ventricular tachydysrhythmias. It also has roles as an adjuvant analgesic in managing acute and chronic pain.
Side effects/Adverse Reactions:	Nursing Considerations

Blistering, bruising, burning, discoloration, itching, redness, or swelling at the application site, bluish-colored lips, fingernails, palms, drowsiness, dizziness, fear or nervousness, and headache.	Use caution in patients with hepatic disease. Effects prolonged. Do not use with. Severe heart block. Wolff-Parkinson-White syndrome. Stokes-Adam syndrome. Allergy. Signs of overdose. Nervousness. Double vision. Tremors. Confusion. May interact with beta-blockers
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Propranolol (Inderal LA)	
Classifications	Indications:
Beta- blockers	Used to treat hypertension. Propranolol is also indicated to treat angina pectoris due to coronary atherosclerosis, atrial fibrillation, myocardial infarction, migraine, essential tremor, hypertrophic subaortic stenosis, pheochromocytoma, and proliferating infantile hemangioma.
Side effects/Adverse Reactions:	Nursing Considerations
Headaches, feeling tired, dizzy or weak, cold fingers or toes, feeling or being sick (nausea or vomiting), diarrhea, stomach pain.	Nonselective beta-blockers must be used cautiously with patients who have co-existing asthma or chronic obstructive pulmonary disease (COPD) because of the effects on Beta-2 receptors that could potentially cause bronchoconstriction. It can also mask symptoms of hypoglycemia in diabetics.

amiodarone (Nexterone)	
Classifications	Indications:
antiarrhythmics	Used to treat and prevent certain types of serious, life-threatening ventricular arrhythmias (a certain type of abnormal heart rhythm when other medications did not help or could not be tolerated.
Side effects/Adverse Reactions:	Nursing Considerations
Constipation, loss of appetite, headache, decreased sex drive, difficulty falling asleep or staying asleep, flushing.	Monitor the EKG continuously during IV amiodarone infusion and initiation of PO therapy. Amiodarone can cause pulmonary toxicity and ARDS, so monitor your patient's respiratory status carefully. Patients taking amiodarone long-term should get regular chest X-rays and pulmonary function tests.

diltiazem (Cardizem)	
Classifications	Indications:
calcium-channel blockers	FDA-approved indications for atrial arrhythmia, hypertension,

	paroxysmal supraventricular tachycardia, and chronic stable angina. Diltiazem also has numerous off-label indications for migraine prophylaxis, anal fissures, and pulmonary hypertension.
<b>Side effects/Adverse Reactions:</b>	<b>Nursing Considerations</b>
Dizziness or lightheadedness, flushing, headache, weakness, slow heartbeat, vomiting, diarrhea, constipation.	Check blood pressure, heart rate, and cardiac monitor prior to administering diltiazem. Assess baseline renal (BUN, Cr) and liver function (AST, ALT) lab tests. Monitor for signs of heart failure (e.g., pulmonary edema, weakness, dyspnea). Provide analgesics for headaches.

adenosine ( Adenocard, Adenoscan )	
<b>Classifications</b>	<b>Indications:</b>
G-protein-coupled receptors.	Indicated as an adjunct to thallium-201 in myocardial perfusion scintigraphy in patients unable to adequately exercise. It is also indicated to convert the sinus rhythm of paroxysmal supraventricular tachycardia.
<b>Side effects/Adverse Reactions:</b>	<b>Nursing Considerations</b>
Diarrhea, feeling of warmth, nausea or vomiting, passing of gas, redness of the face, neck, arms, and occasionally, upper chest, stomach pain, fullness, or discomfort.	Continuous ECG printouts during and immediately after administration are essential. Where practical record blood pressure prior to the first dose. Continuous cardio-respiratory monitoring. Monitor and assess patient response to therapy. Observe for signs of adverse effects and arrhythmias.

digoxin (Lanoxin)	
<b>Classifications</b>	<b>Indications:</b>
Digitalis glycosides.	For the treatment of mild to moderate heart failure in adult patients. To increase myocardial contraction in children diagnosed with heart failure. To maintain control ventricular rate in adult patients diagnosed with chronic atrial fibrillation.
<b>Side effects/Adverse Reactions:</b>	<b>Nursing Considerations</b>
Feeling dizzy, feeling or being sick (nausea or vomiting) diarrhea, changes in your vision, skin rashes.	Serum digoxin levels should be monitored, with a normal therapeutic range from 0.8 to 2 ng/mL. Serum potassium levels should also be closely monitored for patients on digoxin because hypokalemia increases the effect of digoxin and can result in digoxin toxicity.

