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Estradiol (Alora, Divigel)	
Classification:	Indication:
Estrogen replacement	Estradiol is indicated in various preparations for the treatment of moderate to severe vasomotor symptoms and vulvar and vaginal atrophy due to menopause, 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:
<ul style="list-style-type: none">• Back pain.• headache.• itching or pain of the vagina or genital area.• thick, white vaginal discharge with mild or no odor.• weight gain.	<ul style="list-style-type: none">• Monitor adverse GI effects. Nausea, frequently at breakfast time, usually disappears after 1 or 2 wk. of drug use.• Check BP on a regular basis in patients with cardiac or kidney dysfunction or hypertension; monitored carefully.• Note: Severe hypercalcemia (>15 mg/dL) may be caused by estradiol therapy in patients with breast cancer and bone metastasis.• Interrupt estrogen treatment at least 4 wk before surgery associated with a prolonged period of immobilization or vascular complications.

Oxytocin (Pitocin)

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Classification:	Indication:
oxytocic hormones	oxytocin is indicated for mothers who have preeclampsia, maternal diabetes, premature rupture of the membranes. For mothers with inactive uteri that require stimulation to start labor.
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none">• Confusion.• convulsions (seizures)• difficulty in breathing.• fast or irregular heartbeat.• headache (continuing or severe)• hives.• pelvic or abdominal pain (severe)• skin rash or itching.	Fetal maturity, presentation, and pelvic adequacy should be assessed prior to administration of oxytocin for induction of labor. Assess character, frequency, and duration of uterine contractions; resting uterine tone; and fetal heart rate frequently throughout administration.

Vardenafil (Levitra, Staxyn)

Classification:		Indication:	
phosphodiesterase (PDE) inhibitors		Vardenafil is used to treat erectile dysfunction (impotence; inability to get or keep an erection) in men. Vardenafil is in a class of medications called phosphodiesterase (PDE) inhibitors. 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:	
<ul style="list-style-type: none">• headache.• upset stomach.• heartburn.• flushing.• stuffy or runny nose.• flu-like symptoms.		<ul style="list-style-type: none">• Do not take more than once a day and never take more than the prescribed dose.• Do not take this drug without consulting physician if you are taking drugs called "alpha blockers" or "nitrates" or any other drugs for high blood pressure, chest pain, or enlarged prostate.• Report promptly any of the following: palpitations, chest pain, back pain, difficulty breathing, or shortness of breath; dizziness or fainting; changes in vision; dizziness; swollen eyelids; muscle aches; painful or prolonged erection (lasting longer than 4 h); skin rash, or itching.	

Sildenafil (Aronix, Liberialize)

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Classification:	Indication:
phosphodiesterase 5 (PDE5) inhibitors	Sildenafil is used to treat men who have erectile dysfunction (also called sexual impotence). Sildenafil belongs to a group of medicines called phosphodiesterase 5 (PDE5) inhibitors. These medicines prevent an enzyme called phosphodiesterase type-5 from working too quickly.
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none"> • Headaches. Make sure you rest and drink plenty of fluids. • Feeling sick (nausea) It may help if you avoid rich or spicy food. • Flushing including hot flushes. Try cutting down on coffee, tea and alcohol. • Indigestion. • Stuffy nose. • Feeling dizzy. 	<ul style="list-style-type: none"> ▪ Ensure diagnosis of pulmonary arterial hypertension (Revatio) ▪ Ensure diagnosis of erectile dysfunction and determine underlying causes and other appropriate treatment. ▪ Advise patient that drug does not work in the absence of sexual stimulation. Limit use to once per day. ▪ Remind patient that drug does not protect against sexually transmitted diseases and appropriate measures should be taken. ▪ WARNING: Advise patient to never take this drug with nitrates; serious and even fatal complications can occur. ▪ WARNING: Advise patients receiving HIV medications that there is an increased risk of sildenafil-associated adverse drug reactions, including hypotension, visual changes, and priapism. Do not exceed 25 mg of sildenafil in 48 hr. ▪ WARNING: Advise patients not to take this drug within 4 hr of alpha blocker.

Lidocaine (Xylocaine)

Classification:	Indication:
Ib antiarrhythmic agent on the Vaughan-Williams classification.	<ul style="list-style-type: none">• For the treatment of perfusing ventricular arrhythmias including ventricular fibrillation (VF) and ventricular tachycardia (VT) that may result during acute myocardial infarction or cardiac manipulation (e.g., cardiac surgery).• For topical anesthesia of skin and mucous membranes or stomatitis.
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none">• Blistering, bruising, burning, discoloration, itching, redness, or swelling at the application site.• bluish-colored lips, fingernails, or palms.• cold, clammy, or pale skin.• drowsiness or dizziness.• false or unusual sense of well-being.• fear or nervousness.• headache.	<ul style="list-style-type: none">• 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.

Propranolol (Inderal LA)

Classification:		Indication:
beta blockers		<ul style="list-style-type: none">• treat high blood pressure.• treat conditions that cause an irregular heartbeat (arrhythmia), like atrial fibrillation.• help prevent future heart disease, heart attacks and strokes.• help prevent chest pain caused by angina.
Side effects/ adverse reactions:		Nursing Considerations:
<ul style="list-style-type: none">• feeling dizzy• tired• cold hands or feet• difficulties sleeping and nightmares		Monitor signs of peripheral vasoconstriction, such as extreme coldness in the hands and feet, cyanosis, and muscle cramping. Notify physician of severe or prolonged signs of vasoconstriction. Assess symptoms of bronchospasm (wheezing, coughing, tightness in chest).

Amiodarone (Pacerone)

Classification:		Indication:	
antiarrhythmics		The FDA approved indications for amiodarone are recurrent ventricular fibrillation (VF) and recurrent hemodynamically unstable ventricular tachycardia (VT).	
Side effects/ adverse reactions:		Nursing Considerations:	
<ul style="list-style-type: none">• Cough.• dizziness, lightheadedness, or fainting.• fever (slight)• numbness or tingling in the fingers or toes.• painful breathing.• sensitivity of the skin to sunlight.• trembling or shaking of the hands.• trouble with walking.		Monitor blood pressure and apical pulse prior to administration. Cardiac monitor should be used on patients receiving amiodarone therapy. Baseline chest x-ray and pulmonary function test is recommended before beginning PO therapy. Baseline assessments should be checked of liver function and thyroid function	

Diltiazem (Cardizem CD, Taztia XT)

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Classification:	Indication:
calcium-channel blockers	FDA-approved indications include 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.
Side effects/ adverse reactions:	Nursing Considerations:
<ul style="list-style-type: none"> • swollen hands, ankles or feet. • headaches. • feeling dizzy and lightheaded. • feeling tired, weak and generally unwell. • feeling hot (flushing) and redness of the skin. • itching or burning on the skin where you use the cream or ointment. • stomach pain, indigestion and constipation. 	<ul style="list-style-type: none"> • Drug Interactions: 1) exacerbates AV blocks with digoxin; 2) increases serum digoxin and serum quinidine levels as well as cyclosporine levels; 3) cimetidine increases diltiazem serum levels. • Check blood pressure, heart rate, and cardiac monitor prior to administering diltiazem.

Adenosine (Adenocard, Adenoscan.)

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Classification: antiarrhythmic agent.	Indication: Adenosine is indicated as an adjunct to thallium-201 in myocardial perfusion scintigraphy in patients unable to adequately exercise. It is also indicated to convert sinus rhythm of paroxysmal supraventricular tachycardia. Build, train, & validate predictive machine-learning models with structured datasets
Side effects/ adverse reactions: <ul style="list-style-type: none">• 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.	Nursing Considerations: <ul style="list-style-type: none">• Continuous ECG printout during and immediately after administration IS ESSENTIAL.• Where practical record blood pressure prior to first dose.• Continuous cardio-respiratory monitoring.• Monitor and assess patient response to therapy.• Observe for signs of adverse effects and arrhythmias.

Digoxin (Lanoxin)

Classification:		Indication:	
digitalis glycosides		Digoxin is indicated in the following conditions: 1) For the treatment of mild to moderate heart failure in adult patients. 2) To increase myocardial contraction in children diagnosed with heart failure. 3) To maintain control ventricular rate in adult patients diagnosed with chronic atrial fibrillation.	
Side effects/ adverse reactions:		Nursing Considerations:	
<ul style="list-style-type: none">• Feeling confused, dizzy or generally unwell.• Feeling or being sick (nausea or vomiting) and loss of appetite.• Diarrhea.• Changes in your vision (including blurred vision and not being able to look at bright light).• Skin rashes.		Monitor BP periodically in patients receiving IV digoxin. Monitor ECG during IV administration and 6 hr after each dose. Notify health care professional if bradycardia or new arrhythmias occur. Observe IV site for redness or infiltration; extravasation can lead to tissue irritation and sloughing.	