

<b>dobutamine (Dobutrex)</b>	
<b>Classification:</b>	<b>Indication:</b>
<ul style="list-style-type: none"> <li>- Sympathetic Adrenergic Agonist</li> <li>- Vasopressor</li> </ul>	<ul style="list-style-type: none"> <li>- Short term management of HF caused by depressed contractility from heart disease or surgical procedures</li> </ul>
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
<p>CNS: headache</p> <p>Resp: shortness of breath.</p> <p>CV: hypertension, increased heart rate, premature ventricular contractions, angina pectoris, arrhythmias, hypotension, palpitations.</p> <p>GI: nausea, vomiting.</p> <p>Local: phlebitis.</p> <p>Misc.: hypersensitivity reactions, including skin rash, fever, bronchospasm, or eosinophilia; nonanginal chest pain.</p>	<ul style="list-style-type: none"> <li>- Assess signs and symptoms of CHF (dyspnea, rales/crackles, peripheral edema, jugular venous distention, exercise intolerance) to help document whether drug therapy is effective in reducing these symptoms.</li> <li>- Instruct patients to weigh themselves every day, and call their physician if they gain 3 or more lb in 1 day or more than 5 lb in 1 week. Sudden weight gain may indicate fluid buildup due to worsening heart failure.</li> </ul>

<b>Iodine</b>	
<b>Classification:</b>	<b>Indication:</b>
<ul style="list-style-type: none"> <li>- Anti thyroid medication</li> </ul>	<ul style="list-style-type: none"> <li>- Adjunct therapy for hyperthyroidism; thyroid blocking in radiation emergency</li> </ul>
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
<ul style="list-style-type: none"> <li>- Rash, hypothyroidism, goiter, swelling of the salivary glands.</li> <li>- iodism (metallic taste, burning mouth and throat, sore teeth and gums, head cold symptoms, stomach upset, diarrhea)</li> </ul>	<ul style="list-style-type: none"> <li>- Monitor patient's response to drug therapy and adverse effects</li> <li>- Assess for skin lesions, orientation, and affect,</li> <li>- monitor baseline pulse, BP, EKG, RR, lung sounds, and thyroid function test to determine baseline before beginning therapy</li> </ul>

<b>Vasopressin</b>		
<b>Classification:</b>	<b>Indication:</b>	
<ul style="list-style-type: none"> <li>- Antidiuretic hormone</li> </ul>	<ul style="list-style-type: none"> <li>- Central diabetes insipidus due to deficient antidiuretic hormone.</li> <li>- Management of pulseless VT/VF unresponsive to initial shocks, asystole, or pulseless electrical activity (PEA)</li> </ul>	
<b>Side effects/ adverse reactions:</b>		<b>Nursing Considerations:</b>
<ul style="list-style-type: none"> <li>- <b>CNS:</b> dizziness, “pounding” sensation in head.</li> <li>- <b>CV:</b> MI, angina, chest pain.</li> <li>- <b>GI:</b> abdominal cramps, belching, diarrhea, flatulence, heartburn, nausea, vomiting.</li> <li>- <b>Derm:</b> paleness, perioral blanching, sweating.</li> <li>- <b>Neuro:</b> trembling.</li> <li>- <b>Misc:</b> allergic reactions, fever, water intoxication (higher doses).</li> </ul>		<ul style="list-style-type: none"> <li>- Assess heart rate, ECG, and heart sounds, especially during exercise Although intended to resolve severe arrhythmias, this drug can unmask or precipitate new arrhythmias</li> <li>- Because of the risk of arrhythmias and MI, use extreme caution during aerobic exercise and other forms of therapeutic exercise.</li> </ul>

<b>Nystatin</b>		
<b>Classification:</b>	<b>Indication:</b>	
<ul style="list-style-type: none"> <li>- Antifungal</li> </ul>	<ul style="list-style-type: none"> <li>- Treatment of oropharyngeal candidiasis</li> <li>- Treatment of cutaneous or mucocutaneous mycotic infections caused by <i>Candida albicans</i> and other <i>Candida</i> species</li> </ul>	
<b>Side effects/ adverse reactions:</b>		<b>Nursing Considerations:</b>
<ul style="list-style-type: none"> <li>▪ Diarrhea, GI distress, nausea, and vomiting.</li> <li>▪ vaginal pessaries/cream</li> <li>▪ May damage latex contraceptives additional contraceptive measures should be taken.</li> <li>▪ Irritation</li> </ul>		<ul style="list-style-type: none"> <li>- Culture fungus before therapy.</li> <li>- Have the patient retain oral suspension in the mouth as long as possible before swallowing. Paint suspension on each side of the mouth. Continue local treatment for at least 48 hr after clinical improvement is noted.</li> </ul>

<b>Lactulose (Constilac)</b>	
<b>Classification:</b>	<b>Indication:</b>
<ul style="list-style-type: none"> <li>- Osmotic Laxative</li> </ul>	<ul style="list-style-type: none"> <li>- TX for chronic constipation</li> <li>- Adjunct management of hepatic encephalopathy</li> </ul>
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
<ul style="list-style-type: none"> <li>- Belching</li> <li>- Cramps</li> <li>- Distention</li> <li>- Flatulence</li> <li>- Diarrhea</li> <li>- Hyperglycemia</li> </ul>	<ul style="list-style-type: none"> <li>- Assess for abdominal distension, presence of bowel sounds, and normal pattern of bowel function.</li> <li>- Assess mental status before and periodically throughout course of treatment.</li> <li>- May cause increase blood glucose levels in diabetic patients.</li> <li>- Monitor serum electrolytes when used chronically – can cause hypokalemia and hypernatremia</li> </ul>

<b>alteplase (Activase)</b>	
<b>Classification:</b>	<b>Indication:</b>
<ul style="list-style-type: none"> <li>- Thrombolytic Agent</li> </ul>	<ul style="list-style-type: none"> <li>- Acute myocardial infarction (MI). Acute ischemic stroke. Pulmonary embolism (PE)</li> <li>- Occluded central venous access devices.</li> <li>- Deep venous thrombosis (DVT). Acute peripheral arterial thrombosis.</li> </ul>
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
<ul style="list-style-type: none"> <li>- <b>CNS:</b> INTRACRANIAL HEMORRHAGE.</li> <li>- <b>CV:</b> reperfusion arrhythmias, hypotension, RECURRENT ISCHEMIA/THROMBOEMBOLISM.</li> <li>- <b>GI:</b> GI bleeding, nausea, Retroperitoneal bleeding, vomiting.</li> </ul>	<ul style="list-style-type: none"> <li>- Be alert for signs of recurrent cardiac ischemia.</li> <li>- Monitor signs of recurrent thromboembolism and PE (shortness of breath, chest pain, cough, bloody sputum). Notify the physician immediately, and request objective tests</li> <li>- Assess the injection site during and after IV administration, and report signs of bleeding or phlebitis (local pain, swelling, inflammation).</li> </ul>

<b>folic acid (Folate)</b>	
<b>Classification:</b>	<b>Indication:</b>
<ul style="list-style-type: none"> <li>- Thrombolytic Agent</li> <li>- Fibrinolytics</li> </ul>	<ul style="list-style-type: none"> <li>- Treatment of megaloblastic anemias due to sprue, nutritional deficiency, pregnancy, infancy, and childhood</li> </ul>
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
<ul style="list-style-type: none"> <li>- GI disturbances, hypersensitivity reactions; bronchospasm.</li> </ul>	<ul style="list-style-type: none"> <li>- Use caution when giving the parenteral preparations to premature infants. These preparations contain benzyl alcohol and may produce a fatal gasping syndrome in premature infants.</li> <li>- Report rash, difficulty breathing, pain or discomfort at injection site.</li> </ul>

<b>streptokinase (Streptase)</b>	
<b>Classification:</b>	<b>Indication:</b>
<ul style="list-style-type: none"> <li>- Thrombolytic Agent</li> <li>- Fibrinolytics</li> </ul>	<ul style="list-style-type: none"> <li>- Acute myocardial infarction (MI). Pulmonary embolism (PE). Deep vein thrombosis (DVT). Acute peripheral arterial thrombosis. Occluded arteriovenous cannulae.</li> </ul>
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
<ul style="list-style-type: none"> <li>- Intracranial hemorrhage, gingival bleeding, bronchospasm, hemoptysis, retroperitoneal bleeding, urticaria, phlebitis at injection site, anaphylaxis</li> </ul>	<ul style="list-style-type: none"> <li>- Be alert for signs of recurrent cardiac ischemia or recurrent peripheral arterial thrombosis</li> <li>- Monitor signs of recurrent thromboembolism and PE such as shortness of breath, chest pain, cough, and bloody sputum.</li> </ul>

<b>Glucagon</b>	
<b>Classification:</b>	<b>Indication:</b>
<ul style="list-style-type: none"> <li>- Antidiabetic Agent</li> <li>- Hormone</li> </ul>	<ul style="list-style-type: none"> <li>- Counteracts severe hypoglycemic reactions in diabetic patients treated with insulin.</li> </ul>
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
<ul style="list-style-type: none"> <li>- Hypotension, hypertension, nausea, vomiting, respiratory distress with hypersensitivity reactions, hypokalemia with overdose.</li> </ul>	<ul style="list-style-type: none"> <li>- Monitor blood glucose levels as ordered to assess the effectiveness of the drug and patient response to treatment.</li> <li>- Have insulin on standby during emergency use to treat severe hyperglycemia if it occurs because of an overdose.</li> <li>- Monitor nutritional status to provide nutritional consultation as needed.</li> </ul>

<b>Dexamethasone</b>	
<b>Classification:</b>	<b>Indication:</b>
<ul style="list-style-type: none"> <li>- Adrenocortical Agent</li> <li>- Corticosteroid</li> </ul>	<ul style="list-style-type: none"> <li>- Short-term management of various inflammatory and allergic disorders, such as rheumatoid arthritis, collagen diseases (SLE), dermatologic diseases (pemphigus), status asthmaticus, and autoimmune disorders</li> </ul>
<b>Side effects/ adverse reactions:</b>	<b>Nursing Considerations:</b>
<ul style="list-style-type: none"> <li>- osteoporosis, peptic ulcer, glaucoma and subcapsular cataracts, vertebral compression fractures</li> <li>- Increased susceptibility to infection</li> <li>- Dermal atrophy, local irritation, folliculitis, delayed wound healing, systemic absorption, and toxicity with occlusive dressing on application to large areas of the body and broken skin</li> </ul>	<ul style="list-style-type: none"> <li>- History for systemic administration: Active infections; renal or hepatic disease</li> <li>- Give daily doses before 9 AM to mimic normal peak corticosteroid blood levels.</li> <li>- Increase dosage when patient is subject to stress.</li> <li>- For topical dermatologic preparations, use caution when occlusive dressings, tight diapers cover affected area; these can increase systemic absorption.</li> </ul>

