**Pharmacology**

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**Branches of pharmacology**1. **Pharacotherapeutic**: ( clinical pharmacology)  
It deals with relative effect of drugs in the human system for various  
disorders or it deals with the effect of a drug that the Dr. orders for  
treating a human patient  
―The study of drug action in man‖.  
**2. Pharmacodynamic:**Which deal with experimental (science pertaining to theories of drug  
action or it deals with the interactions between chemical components of  
living system and foreign chemical including drugs that enter living  
organism.  
―What the drug does to the body‖  
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**3. Pharmacokinetics:**Which is the study of drug’s alteration during its way through the body or  
it's the study of the fate of drug in the body as it is absorbed, distributed,  
bound to or localized in tissues, biotransformed and excreted.  
**The science concerns itself with:**1. Drug absorption and distribution.  
2. Drug plasma concentration.  
3. Therapeutic plasma levels.  
4. Concentration of the active drug at the target site.  
5. Rate of metabolism.  
6. Rate of excretion.  
**These parameters in turn affected by:**1. Physiochmeical nature of the drug e.g. lipid solubility.  
2. Formulation of the drug.  
3. Route of administration.  
4. binding of the drug to plasma and/or tissue (bioavialability)  
5. Individual characteristics of the patient.  
6. Concomitant diseases.  
7. Concomitant administration of food or other drugs.  
❖**Sources of drugs:**Drugs and biologic products are derived from 4 main sources:  
1. Plants: examples of which are digitalis.  
2. Animals and human: from which drugs such as insulin,  
epinephrine are obtained.  
3. Minerals or mineral products: examples such as iodine and iron.  
4. Chemicals: made in laboratories. They are pure drugs and some of  
them are simple such as sodium bicarbonate where others are  
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complex synthesis such as sulfonomides and  
adrenocorticosteroids.  
❖**Active constituents of plant drugs:**The leaves, roots, seeds and other parts of plants may be dried or  
otherwise processed for use as medicine and they are known as crude  
drugs.  
On separation of these active constituents, the resulting pure form are:  
1. More potent.  
2. Usually produce effects more reliable than those of the crude drugs.  
3. More poisonous and the dose must be smaller.  
**Common Drug Preparations:  
1. Solutions and Suspensions:**❖Aqueous Solutions: have one or more substance dissolved in  
water e.g. Epinephrine nasal sol.  
❖Aqueous suspensions: are preparations of finally divided drugs  
either intended for suspension or already in suspension in some  
suitable liquid vehicle.  
❖Sterile suspensions are intended for intramuscular or  
subcutaneous injections but they can’t be given intravenously or  
intrathecally into spinal fluid.  
❖Oral suspensions are NOT sterile and must NOT be injected.  
N.B.: - Suspensions tend to settle slowly and should be CHAKED  
WELL before use to provide uniform distribution of the drug.  
❖Elixir: clear fluid containing water and alcohol designed for oral  
use, usually has a sweetener added.  
❖Syrup: medication dissolved in a concentrated sugar solution.  
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**2. Dosage Forms:-**Capsules, controlled- release or sustained- release capsules, tablets, pills  
and troches are used to provide a drug or mixture of drugs into definite  
doses and avoid the inconvenience of preparing the dose from dry  
powder.  
- Capsules and coated tablets are a convenient way of giving  
drugs that have unpleasant taste.  
❖**Capsules**:- are solid dosage form for oral use medication in a powder,  
liquid or oil form are incased in gelatin shell, capsule colored to avoid  
mistakes in product identification.  
❖**Tablet**: Powered dosage form compressed into hard disks or cylinders.  
In addition to primary drug, they contain binders (adhesive to allow  
powder to stick together) and disintegrates (to promote tablet  
dissolution).  
**NOTES**1- Some gelatin capsules and tablets may be coated with substances that  
resist the action of gastric juice so that will not disintegrate until they  
reach the alkaline secretions of the intestine.  
2- Sustained – release dosage forms contain small particles of the drug  
coated with materials that require a varying amount of time to dissolve.  
This provides for a long continuous period of absorption and effect.  
❖**Pill**: Solid dosage form containing one or more drug. Recently, they  
were replaced by tablets.  
❖**Ampoules and vials**: Ampoules and vials contain powder or liquid  
drug usually intended for injection.  
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❖**Disposable Syringes**: Disposable syringes containing single dose of  
drug preparations are widely used.  
❖**Large volume intravenous Solutions**:- In glass, flexible plastic or  
semi-rigid plastic usually of 250, 500, 100 ml e.g. 0.9% sodium  
chloride.  
❖**Intermittent IV. Solution:** These solutions are similar to the I.V.  
solutions except they come in smaller volumes.  
**3-Additional Formulations:-**❖**Drops:** are aqueous solutions that anesthetize, soothe or medicate  
eyes, ears, or nose.  
❖Installations: are aqueous solution instilled into the body cavities or  
wound and allowed to dwell there in contact with tissue.  
❖**Foams and aerosols**: are powders or solutions for spraying skin as  
topical anesthesia to soothe or protect or inhalation for bronchodilation.  
**4- Others:**❖**Lotions:** Liquid suspensions or dispersions used for external  
applications e.g. calamine lotion.  
❖**Creams:** aqueous and oily emulsions to soothe skin.  
❖**Ointments:** semisolid preparations of medical substances in some  
type of base such as petrolatum lanolin used for their soothing or  
bacteriostatic effect. **Ophthalmic ointment:** Are sterile (e.g.  
Synthomycin) ophthalmic ointment.  
❖**Pasts:** Ointment- like preparations suited for only external  
application. e.g. Zinc oxide past.  
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❖**Suppositories:-** are mixtures of drugs with a firm base that can be  
molded in shapes suitable for insertion manually or with an applicator  
into body cavity or orifice e.g. Aminophylline supp.  
**N.B**. : they should be kept cool.  
**Drug Absorption, Distribution metabolism and Excretion**❖**Absorption:** Is the process that involves the movement of drug  
molecules from the site of entry into the body to the circulating fluid.  
❖The process begins at the site of administration and is essential (to  
the subsequent processes, distribution, metabolism and excretion).  
❖Absorption as a process varies according to the route of administration,  
dosage form and the dose of the drug.  
❖**Factors Affecting Drug Absorption:-  
1- Nature of the absorbing surface (cell membrane), through  
which the drug must traverse.**• The drug molecule may pass through a single layer of cells  
(intestinal epithelium) faster than several layers of cells (skin).  
• Size of the absorbing surface.  
N.B.: The more extensive the absorbing surface, the greater the  
absorption and more rapid effect of the drug.  
**2- Blood flow to the site of administration.**Rich blood supply (sublingual) enhances absorption whereas;  
poorly vascular site (subcutaneous) delays it.  
For example, patient in shock may not respond to (IM)  
administration of drugs because of poor peripheral circulation.  
N.B. : Drugs injected (IV) are placed directly into the circulatory system.  
**3- Solubility of the drug.**  
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- In order to be absorbed drug must be in solution.  
- The more soluble the drug, the more rapidly it will be absorbed.  
N.B.: chemicals and minerals that form insoluble precipitates in the GIT  
or drugs that are insoluble in water or lipids can’t be absorbed.  
- Parenterally administered drugs prepared in oily vehicle will be more  
slowly absorbed than drugs dissolved in water or isotonic sodium  
chloride.  
**4- Influence of pH:**Drugs that are acidic (e.g. Aspirin) become relatively undissociated in an  
acidic environment such as the stomach. And therefore can readily  
diffuse across the membrane into the circulation. In contrast, a basic  
drug tends to ionize in the stomach acid environment and not absorbed  
through the gastric mucosa. The reverse occurs when the drugs are in an  
alkaline media.  
**N.B.**: The unionized drug is lipid soluble readily diffuses across the cell  
membrane, the ionized drug is lipid insoluble and non-diffusable.  
**5- Drug concentration:-**Drug administered in high concentration tend to be more rapidly absorbed  
than drugs administered in low concentration.  
In certain situations, drug may be initially administered in large doses that  
temporarily exceed the body capacity for exertion of the drug. In this  
way the active drug levels are rapidly are rapidly reached at the receptor  
site.  
❖Once active drug level is established by such cumulating effects, smaller  
doses of the drug can be administered to replace only the amount of the  
drug excreted since the previous dose.  
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❖**N.B**. :- The initial dose temporary overloading doses of the drug are  
**Priming or Loading doses**, while the smaller daily doses are  
**Maintenance dose  
Dosage form:  
“Enteric coating”** on drugs are used for the following reasons.  
1- To prevent decomposition of chemically sensitive drugs to gastric  
secretions.  
2- To prevent dilution of the drug before it reaches the intestine.  
3- To prevent nausea and vomiting.  
4- To provide delay action of the drug.  
**N.B**.: Capsules forms are absorbed more rapidly than tablets because the  
powder inside capsules affords a large surface area than the compressed  
tablets.  
**Distribution:-**Is defined as the transport of a drug in body fluids from the blood stream  
to various tissues of the body and ultimately to it’s site of action.  
-Most of drugs distributed initially to organs that have rich blood supply  
as the heart, liver and kidney. Delivery of the drug to the viscera, skin  
and adipose tissue is slower.  
- The distribution phase can be extremely slow for drugs that bind  
strongly to serum proteins, because the drug- protein complex is unable  
to pass out of the plasma.  
― Hypoalbuminemia, as in liver disease, burn and malnutrition may affect  
absorption and distribution of drugs‖.  
❖**Distribution barriers:-**Specialized structures which are made up of biologic membranes can  
serve as barriers to passage of drugs at certain sites in the body:  
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**1- Blood- Brain Barrier: (BBB)**- Is a special anatomic arrangement that aims to distribute only lipidsoluble  
drugs into the brain and CSF e.g. General anesthesia.  
- Ionized drugs & poorly soluble in fat are not allowed to enter into the  
brain and CSF.  
- Antibiotics that cross the BBB with difficulty can NOT be used for CNS  
Infections such as meningitis and encephalities.  
- The instillation of the drug INTRATHECALY to bypass the BBB  
will provide direct effect against bacterial bran infection.  
**2- Placental Barrier: (PB)**Is the membrane layers that separate the blood vessels of the mother and  
fetus.  
N.B.: Tissue enzymes in the placenta have the ability to metabolize some  
agents (e.g. catecholamines) by inactivating them as they travel from  
maternal circulation to the embryo.  
- Unlike BBB, the non-selective passage of drugs across the  
placenta to the fetus is well-established fact.  
**• 2 major types of drug effects occur in the fetus:-**1- In the first trimester:  
One type of drug may induce aberrant development of organs &  
systems during the formation of these structures. This is known as a  
teratogenic drug which is defined as ―An agent that causes physical  
defects in developing embryo‖.  
2- The second type of drug affects the second half of pregnancy as well as  
delivery, when respiratory depression may occur in the newborn  
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because of its inability to biotransform & excrete the drug given to the  
mother.  
**FDA Drug Categories:  
Category A:**Adequate, well-controlled studies in pregnant women have not shown an  
increased risk of fetal abnormalities to the fetus in any trimester of  
pregnancy.  
**Category B:**Animal studies have revealed no evidence of harm to the fetus; however,  
there are no adequate and well-controlled studies in pregnant women.  
OR  
Animal studies have shown as adverse effect, but adequate and wellcontrolled studies in pregnant women have failed to demonstrate a risk to the  
fetus in any trimester.  
**Category C:**Animal studies have shown an adverse effect and there are no adequate and  
well-controlled studies in pregnant women.  
OR  
No animal studies have been conducted and there are no adequate and wellcontrolled studies in pregnant women.  
**Category D:**Adequate well-controlled or observational studies in pregnant women have  
demonstrated a risk to the fetus.  
However, the benefits of therapy may outweigh the potential risk. For  
example, the drug may be acceptable if needed in a life-threatening situation  
or serious disease for which safer drugs cannot be used or are ineffective.  
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Positive evidence of human fetal risk exists, but benefits in certain  
situations  
"e.g. life- threatening situations or serious diseases " may make use of  
the drug  
acceptable despite its risks.  
**Category X:**Adequate well-controlled or observational studies in animals or pregnant  
women have demonstrated positive evidence of fetal abnormalities or risks.  
The use of the product is contraindicated in women who are or may become  
pregnant.  
Studies in animals or humans have demonstrated fetal abnormalities,  
or there is evidence of fetal risk based on human experience, or both and  
the risk clearly outweighs any possible benefit .  
**Biotransformation “Metabolism”**Is a process that chemically inactivates a drug by converting it to a more  
soluble compound or metabolites for excretion from the body.  
- Liver is the primary site of drug metabolism, but other tissues  
also may be involved in this process as plasma, kidney, lungs,  
and the intestinal mucosa.  
- Chemical alterations produced by microsomal enzyme system located  
largely in the liver.  
- By this process the drug is converted to more polar & more water  
soluble.  
**- The process occurs by:-**1- **Conjugation reaction:** union of the polar group of a drug with  
another substance in the body. The conjugated molecule also  
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becomes more polar & more water soluble, therefore more  
excretable.  
2- **Oxidation-** reduction reaction:-  
3- **Hydrolysis**•These responses generally produce a loss in pharmacological activity  
and occasionally are referred as DETOXIFICATION reactions.  
•**N.B. :- Prolonged drugs metabolism may be expected in the  
following cases:-**

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| --- | --- |
| 1- | Liver disease. |
| 2- | Renal problems |
| 3- | Sever cardiovascular dysfunction. |
| 4- | Infant with immature metabolizing system. |
| 5- | Aged with degenerative enzyme function. |
| - | **Cumulative drug effects** may be expected when drug metabolism is delayed which may be manifested as excessive or prolonged responses to ordinary doses of drug. **Excretion:** |

Is the process by which drugs and pharmacologically active or inactive  
metabolites are eliminated from the body, so this process decreases the  
drug level in the body.  
**-The routes of elimination are:**1-Kidney: The majority of drugs and/or their metabolites are excreted  
through the urine.  
2-Lung: The gases and volatile liquids, as general anesthetic, are excreted  
across the lung in the expired air.  
3-Intestine: Many agents are eliminated through the intestine in the feces  
by biliary excretion.  
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4-Sweat and salivary glands (may cause skin rashes).  
5-Mammary glands … Transfer from mother to baby.  
**N.B. :** Because of renal disease, the risk of drugs accumulation and drug  
toxicity is increased.  
Note that dosage is reduced for most drugs in the presence of impaired  
renal function ―some drugs can’t be given‖.  
**Onset of action:**Reefers to the time interval between administration and notation of the  
first therapeutic effect. It depends on  
1- The route of administration.  
2- The characteristics of the drug.  
3- The drug’s rate of absorption through various membranes.  
4- The formulation of the dose.  
**N.B.:** The onset of action is especially variable after oral administration  
depending on the presence of food in the stomach, the motility of the GI  
tract and other factors.  
**Peak of activity:-**When the drug reaches its maximum effect (coincides often with peak  
serum concentration). Many drugs cause this peak to surpass the  
optimally effective level but the concentration can fall rapidly below this  
level as a result of biotransformation and excretion. This drop occurs  
especially often when a short acting drug is given initially or  
intermittently.  
Example: In treatment of diabetes, insulin with various lengths of action  
are mixed to keep insulin levels at a therapeutically effective level  
around the clock.  
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**Duration:** is the period between the administration of the drug and the  
excretion of the entire dose of that drug or its metabolites.  
**Bioavailability:-**It measures the concentration of the pharmacologically active substance at  
the target site and / or in the serum.  
It is the function of:  
1- The drug itself.  
2- The metabolism of the patient.  
3- The rate at which the drug is liberated from its dosage form or  
from storage in the body.  
**Example**: many drugs bind to serum protein (albumin) from which they  
released gradually, others stored at specific site as bone (tetracycline).  
Drug isn’t to be bioavilable if:  
1- Bound to protein or to any other substance that makes the drug  
permanently or temporarily inactive.  
2- Not released from its dosage form or site of administration.  
3- Partially or totally degraded.  
**Factors that influence drug dosage and action**It is important for the nurse to be oriented of the characteristic that modify  
cell conditions and therefore modify the activity of a drug. These  
characteristics include the following: -  
**1- Age:**- Children and elderly persons are highly responsive to drug.  
- Infants often have immature hepatic and renal systems and  
therefore incomplete metabolic & excretory mechanisms.  
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N.B.: Aged individuals may demonstrate different responses to drug  
therapy because of deterioration of hepatic and renal function which is  
often accompanied by concurrent disease process such as C.V.D.  
(cardiovascular disease).  
**2- Weight:**- The greater the weight, the greater must be the dose.  
- However, body weight due to fat or edema fluid should not be  
taken into consideration.  
- For very lean and very obese individuals, drug dosage is  
frequently determined on the basis of drug/kg of body weight  
or body surface area.  
**3- Sex:**- Females don’t always respond to the action of drug in the same  
manner as do men.  
- Women are usually smaller than men, which lead to high drug  
concentration if dosage is prescribed indifferently.  
- Female’s body is composed of higher % of adipose tissue than  
males, absorption rate of drug are slower in fatty tissue than in  
skeletal muscle, so the effect of drug will be more pronounced and  
prolonged.  
N.B.: During pregnancy, lactation, and menstruation, many drugs are  
stopped:  
1) Aspirin: not used during menstruation as it increase blood fluidity.  
2) Drugs excreted in milk aren’t given during lactation as penicillin.  
3) Uterine stimulant should be avoided during pregnancy as they may  
produce abortion such as prostaglandin.  
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4) Drugs that might affect fetus and placenta should not be given  
during pregnancy.  
**4- Time of administration:**- Drug is more rapidly absorbed when the GIT is free of food, while  
irritating drugs are more tolerated if there is food in stomach.  
- Body resistant to drug is generally greater in the early morning  
when the body is at its lowest point of physiologic functioning and  
conversely, the body is more sensitive to drugs effect during time of  
maximal activity.  
**5- Pathologic state :-**- Diseases alter the functional activity and accordingly its response to  
drug. e.g. sever pain tends to increase patient’s requirement to  
opiates.  
- The presence of circulatory, hepatic and/ or renal dysfunction  
will interfere with the physiologic process of drug action.  
**6- Environmental Milieu:**- Drugs affecting mood & behavior are particularly susceptible  
to the influence of the patient’s environment.  
- With such drugs one has to consider effects in light of 4  
FACTORS:-  
1) The drug itself.  
2) The personality of the user.  
3) The environment of the user.  
4) The interaction of these 3 components.  
5) Heat relaxes peripheral blood vessels while cold has the  
opposite effect.  
**7- Genetic factors.**  
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**Channels of Administration  
1- The ORAL route: (P.O.)**- The first and most convenient method is the oral rout i.e. the  
patient usually swallows the drug, which then enters the  
gastrointestinal tract and absorbed from that area.  
**Advantages:-**- This route accounts for 80% of all medications administered to  
patients.  
- Doctors usually decide the amount and frequency and the patient  
administer the drug to himself.  
- The cost of medication and therapy is low.  
- Oral administration is painless and there is no necessity to practice  
sterile technique.  
**Disadvantages:**- Inconsistent absorption from the gastrointestinal tract.  
- Blood level may vary among different patients because of different  
GI characteristics e.g. acidity, gastric motility & intestinal mucosa.  
- Drug irritation that causes nausea & vomiting.  
- Unconscious patient & vomiting patients can’t be given the drug  
by this route.  
**2- Parenteral Route:**- The next most popular route of drug administration.  
- The word parenteral indicates that the drug is administered by a route  
other than enteral route (GI).  
- Common agreement has come to indicate the injectable route.  
**Advantages:**- Drugs that cannot be given through GIT, can be given by parenteraly.  
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- Eliminate the unpredictability of absorption from GIT i.e. the amount  
of drug will be delivered to the patient from injection site.  
- Medication can be given to an unconscious patient.  
**Disadvantages:**- Need sterile technique.  
- More expensive than oral preparations.  
- Patient usually not able to medicate himself especially when  
medication needs to be injected deep into a muscle.  
- Accidental penetration of blood vessel, especially if medication is not  
suitable for I.V. administration (complication).  
There are a number of techniques for administering drugs by injection, these  
are related to the target area of the injection:  
A. **Subcutaneous Injection:-**SC injection is administration of a drug into the subcutaneous tissues.  
- Slowly drug absorption (advantage)  
- Disadvantages:  
1. The most painful route.  
2. Slow rate of absorption.  
3. Not effective in emergency (poor blood supply).  
N.B.: Drug absorption from SC injection can be reduced by:  
- Addition of vasoconstrictor e.g. epinephrine.  
- Application of cold packs (also causes vasoconstriction).  
- Heat causes vasodilatation which result in increased blood supply  
to the area and thus quicker drug absorption.  
- This manipulation may be used to reduce the severity of toxicity  
from a SC injection.  
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**A. Intramuscular Route: IM**- Is the second most widely used route for injectable drugs.  
- Suitable for administration of both solutions and suspensions.  
- Drugs that are very water insoluble can be given IM in an oil base.  
(Remain for an extended period of time).  
- Has greater vascular network than SC, so drug absorption is more  
quickly than SC route.  
- Less painful (less nerve supply).  
**B. Intravenous Injection : I V**- Administering a quantity of medication through a needle into the  
circulation.  
- 2 methods of intravenous injection are used:  
1) Administering the drug as a bolus.  
2) Continuous infusion of a drug, which is called IV drip.  
**Advantages:**1- To achieve highly, accurate and quick blood level.  
2- A channel to administer drugs that irritate another sites e.g.  
chemotherapy.  
3- Less painful during drug administration.  
**Disadvantages:**1. Accidental overdose, and there is no way to withdraw the drug  
from circulation once it is injected.  
2. Infiltrating the area around the vein i.e. needle slip out of the  
vein.  
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3. Thrombophlebitis from repeated injections. To minimize this  
phenomena (but doesn’t exclude it), drug should be given I.V.  
drip.  
4. Inadvertent intra-arterial injection instead of a vein.  
**N.B.:**IV solutions must be completely homogenous. No solution containing  
particulate matter, regardless of how fine the particles should ever be  
injected IV because of the danger of creating **EMBLOI**.  
**C. Intradermal (ID) and Intrathecal administration:-**- ID is a route of administration in which the drug is injected  
just below the epidermis.  
- Injection is usually used for allergy test.  
- Used for TB tests and for penicillin sensitivity test.  
- Intrathecal route of administration involves inserting a needle  
between 2 vertebrae and injecting the drug into the CSF.  
- Used frequently in OR when anesthesiologist desires to produce a  
spinal block and inject local anesthetic directly into the spinal cord.  
Used to administer Chemotherapy to prevent CNS metastases of  
some types of cancers.  
**D. Rectal, urethral and vaginal suppositories:**Another route of administration that is useful when:  
- The oral route can’t be used.  
- The physician desires not to use the injectable route or.  
- When self-medication other than P.O. is desired, the rectal route of  
administration is used.  
**N.B**.: rectal route can produce local effect or systemic effect.  
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**Disadvantages:**- Erratic absorption from the rectal area result in an inaccurate  
predicted blood level of drug so the dosage must be adjusted.  
- Rectal route is ineffective when the patient suffers from diarrhea.  
*Examples:-*Rectal supp. \_\_\_ used to treat hemorrhoids.  
Vaginal supp.\_\_\_\_ used to treat vaginitis.  
Urethral supp.\_\_\_ used to treat bladder conditions.  
**E. Topical route:-**- Are intended for use at the site of administration (there are  
exceptions e.g. Nitroglycerin ointment that is rubbed into the  
skin and systemic effect is achieved.  
- Two topical preparations are frequently confused with each  
other (ointment and creams).  
***1- Ointments:-***- Are usually made up of a petrolatum type of base.  
- They are quite greasy, as they intended for prolonged contact  
with the skin.  
- They don’t disappear or penetrate the skin, but remain on the  
surface.  
***2- Creams:-***- Made of viscous water-soluble chemicals, which usually  
disappear after being placed to the skin.  
- Patient prefers cream to ointment, as creams don’t discolor  
clothing.  
**Naming of drugs:-**1- **Generic name**: (chemical name), defines the chemical structure.  
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2- **Trade name:** is given by specific pharmaceutical company.  
**How do drugs work?**⮚In spite of a great deal of research, it is still not known how  
some drugs produce their effect, but it is possible to describe  
the way in which some of them act.  
**1- The receptor theory:**⮚It is believed that the cells in certain tissues contain structures  
(called receptors). These receptors combine with substances,  
which are produced naturally in the body.  
⮚The drugs stimulate the receptors which will cause the cells to be  
stimulated.  
⮚The contraction of muscle fibers produced by acetylcholine is an  
example.  
⮚The drug is thought to fit into a receptor rather as a key fits into a  
lock. It will then stimulate the receptor and produce an effect  
similar to that of the naturally occurring substance or it may  
occupy (block) the receptor without producing any effect but  
preventing any naturally occurring stimulation to happen (the  
blocking of acetylcholine by atropine is a good example).  
**2- Antimetabolites:**⮚These drugs closely resemble substances which are used by the  
cells for nutrition and when absorbed, the cells cannot use them  
and so fail to multiply.  
⮚The Sulfonamides, which are used to stop the multiplication of  
bacteria, are a good example.  
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⮚They are very similar in structure to para-aminobenzoic acid and  
certain bacteria can’t distinguish between them, and absorb the  
sulfonamide so mulitiplication is stopped.  
**3- Enzyme Inhibitors:**⮚Enzymes are substances that speed up many chemical processes  
within the body.  
⮚Some of these enzyme-activated processes are concerned with the  
transport of chemicals in and out of the cells. Certain drugs have  
the property of inhibiting their action and thus interfere with some  
of these processes.  
⮚Diuretics are a good example as normally salt and water is  
transported out of the renal tubule back into the body, but this  
action requires enzymes and if they are inhibited by a diuretic, salt  
and water are not reabsorbed and pass out of the kidney with a  
resulting diuresis.  
**4-Action on cell membranes:-**⮚The function of nerves and muscles depends on ions passing  
across the membranes surrounding these cells.  
⮚Certain drugs interfere with movement of these ions and thus  
prevent nerve or muscle function as demonstrated by local  
anesthetics which block impulses passing up a sensory nerve.  
**5-Cytotoxic Effect:-**⮚Drugs may be used to kill bacteria or malignant cells without  
undue damage to the patient’s cells. The way this is brought about  
varies between drugs.  
These are just a few of the ways in which drugs may work. It is probable  
that all drug action depends on their interference with cell activity and  
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when more is known about the processes within the cell, then more will  
be discovered about how do drugs work.  
**Side effects and drug toxicity  
A. Drug Allergies:**⮚Allergic responses to drugs occur in some patients and not in others.  
⮚It is an unwanted response to a drug resulting from previous exposure  
to that drug or one closely related to it. So drug allergy is happens  
only after a second or subsequent exposure to the drug.  
⮚Allergic reactions to drugs differ from drug toxicity in the following  
ways.  
1-The allergic reaction occurs in only a fraction of the population  
where as toxicity will occur in all individuals if the dose is high  
enough.  
2. The allergic response is unusual in that a small amount of unsafe  
drug causes a severe reaction.  
3. With allergy, the reaction is different from the usual  
pharmacological effect of the drug.  
4. For an allergic reaction to occur, the patient must have had a  
previous exposure to that drug or one closely related to it.  
⮚There are 2 types of allergic responses:  
1- **Immediate reaction** involving antigen and antibody resulting in  
the release of histamine.  
•In mild cases, the reaction is limited to urticaria (wheals and  
itching of the skin).  
•In severe cases (anaphylactic reaction), characterized by  
circulatory collapse or asphyxia due to swelling of the larynx &  
occlusion of the air way passages.  
25  
•Example: many patients are allergic to penicillin.  
2- **Delayed reaction**:  
•Occurring several days or even weeks after the drug has been  
administered.  
•Characterized by fever (drug fever), swelling of the joints,  
reaction may involves blood-forming organs and kidneys.  
**Treatment of anaphylactic reaction may include administration of:**1- Epinephrine  
2- Oxygen  
3- Antihistamines  
4- Corticosteroids  
**B. Drug idiosyncrasies:**⮚Idiosyncratic reactions are defined as those reactions that occur in  
patients who have abnormal genes which cause this abnormal  
response to that drug. Reaction may be excessive and unusual.  
⮚Example: Succinylcholine, a muscle relaxant drug, usually is broken  
down rapidly by enzymes in the plasma and liver so that the effects of  
the drug last for only a few minutes. In few patients, a normal dose of  
this drug produces profound muscle relaxation and suppression of  
respiration, which may last few hours. Those patients have a genetic  
defect that produces unusual enzymes & the drug is not broken down.  
**C. Drug Hypersensitivity:**⮚It occurs when the patient shows extreme sensitivity to an effect of the  
drug. The response is the usual pharmacological effect, however the  
effect is intense and exaggerated. A simple decrease in the dose may  
be sufficient to eliminate this type of reactions.  
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**D. Drug toxicity:**⮚Excess dosage may be either accidental or intentional, results in an  
exaggerated response to this drug. It may be sever & may lead to  
respiratory depression. Cardio-vascular collapse and death may occur  
if the drug is not withdrawn and adequate treatment is started.  
**E. General side effects:**⮚Unpleasant or unwanted reaction to a drug is termed as side-effects.  
•Dermatologic reactions ―pruritis, urticaria, alopecia, granulumas,  
rashes, photosensitivity,…..‖  
•Blood dyscrasias: in certain patients, bone marrow is sensitive to  
certain drugs; this may result in the insufficient production of  
platelets, red blood cells & white blood cells.  
⮚N.B.: Patients who receive a drug that may cause bone-marrow  
depression are monitored closely by frequent blood counts & for early  
signs & symptoms of infection.  
⮚Some forms of blood dyscrasias:  
1- Agranulocytosis (reduction in the number of granulocytes).

|  |  |
| --- | --- |
| 2- Aplastic anemia  elements of blood). | Pancytopnea (reduction of all formed |

3- Hemolytic anemia (reduced hemoglobin level due to lyses of  
RBCs).  
4- Thrombocytopnea. (platelets deficiency) hemorrhage.  
⮚Hepatotoxicity. (Liver damage) Abdominal pain & jaundice.  
⮚Nephrotoxicity. (Kidney damages) hematuria, anuria,  
proteinuria, edema & uremia.  
⮚Ototoxicity (ear damage) damage of vestibular or/and auditory  
portion of the 8th cranial nerve.  
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⮚CNS toxicity loss of judgment, loss of movement coordination,  
loss of consciousness, convulsions, tardive dyskinesia, reduce kneejerk reflex, drowsiness, dizziness, …… .  
⮚GI disturbance nausea, vomiting, abdominal pain, diarrhea….. .  
⮚Sexual dysfunction change in libido.  
**Drugs orders and prescriptions  
Prescription:**⮚Medicating a patient begins when the medication is suggested and  
authorized by a legal prescriber, usually a licensed physician, dentist  
or veterinarian.  
⮚It consists of 4 parts:  
**1. The superscription:**✓It includes the patient’s name, address, date and the symbol Rx.  
✓The age of an infant or a child should be written to permit the  
pharmacist to check the correctness of the dose.  
**2. The inscription:-**✓It states the name of the drug, dosage form, and the amount.  
**3. The subscription:**✓It contains the directions of the pharmacist, now usually limited to  
the number of the doses to be dispensed.  
**4. The signature:**✓It is abbreviated by ―S‖ or ―Sig‖  
✓It includes the prescriber’s signature.  
**On the other hand the prescriber’s order has several elements  
that should be presented and identified:-**1- Patient’s name and other identifying data.  
2- Date that the order was written.  
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| 3- | Medication name. |
| 4- | Dosage to be administered each time. |
| 5- | Route of administration. |
| 6- | Frequency of administration and special instructions. |
| 7- | Prescriber’s signature. |
| ✓Example : |  |
| Name : Ahmad mohammad  Address: Gaza, Tofah | Age: 20 years Date: 15/1/2012 |

Rx  
Keflex 500 mg, 1 capsule every 6 hours after meal for 5 days.  
Signature  
**Types of orders**⮚It is probably obvious, that outpatients are free to medicate themselves  
with any accessible medication. Many Over the Counter (OTC) drugs  
are available for the public without the need for a prescription.  
⮚Once an individual is admitted to a clinical institution, usually neither  
the patient nor the nurse may legally administer any medication  
without a written order.  
⮚Use of variant or non-standard abbreviations should be avoided  
because of the danger of misinterpretation.  
**1. Routine Order:**⮚The most common type of orders. It means that the drug, as ordered,  
is to be regularly administered until a formal discontinuation order is  
written, or until a specified termination date is reached.  
⮚Automatic termination or stop may be explicit in agency policy; e.g.  
narcotic analgesics 3 days, Antibiotics 5 days, steroids 7 days ………  
29  
⮚The policies act as a stimulus to the prescriber to evaluate continued  
need for these drugs that require especial close attention.  
**2. Single Order:**⮚Drug is to be administered once at the time indicated.  
⮚e.g. a preoperative medication (Atropine) 0.4 mg IM on call to OR.  
**3. Stat Order:**⮚This is a single order that a drug is to be administered immediately.  
Stat orders are written often for emergency when the client’s  
condition changes suddenly.  
⮚Example: Give Aprisoline 10 mg IM stat.  
**4. prn Orders:**⮚These drugs are to be administered by the nurse as necessary within  
the order criteria specified by the doctor order. The decision of when  
to give the drug is left to the nurse’s judgment.  
⮚Medications to reduce the perception of pain make up the bulk of prn  
orders.  
⮚Keeping nursing assessment of the pain is required to carry out these  
prn orders appropriately.  
⮚The PQRST method is one that may be used to help the nurse in  
asking the patient questions to get helpful information:  
**P** … Precipitating & palliating factors ―what brings & what relief it‖  
**Q** … Quality of the pain ―how would you describe the pain,‖ burning,  
stabbing, squeezing……. .  
**R** … Region & Radiation ―where is the pain …..  
**S** … Severity.  
**T** … Time factor … How does the pain occur, How long does it last.  
30  
**5. Telephone order and verbal order:**⮚Usually given in emergency and should be written in the patient’s  
chart and assigned by the nurse who receive the order and to be signed  
by doctor as soon as possible.  
⮚Example: 10:15 am, diclofine 50 mg IM stat, Phone order Dr. Ahmad  
Attallah to Nurse Sami Mahmoud. Then the nurse sings his/her name  
⮚Disadvantages :-  
1) Forgotten if not written at that time.  
2) It is illegal until the order is signed for by the prescriber  
(depending on the hospital policy).  
3) Can easily be mis-communicated, misinterpreted or not  
clearly heard.  
**General Guidelines for Handling Medications**1. When preparing or giving medicines, concentrate your whole attention  
on what you are doing.  
2. Make certain that you have a written order for every medication you  
will administer.  
3. Read the label before taking, while using, and returning the drug to its  
place.  
4. All medicines should be labeled and the label should be clear.  
5. Never give medicine from unlabeled container.  
6. Never give a put a drug in a bottle that has a different label. For  
example, if you have kefex that you need to put it in a bottle, and you  
have empty bottle that was used to contain ampecillin, don’t put the  
keflex in that bottle.  
7. Measure quantities and calculate doses as ordered in proper way.  
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8. Handling tablets, capsules and pills properly and DO’NOT touch with  
fingers. Use the cap of the container to guide or from the container to  
the cup directly.  
9. Avoid wastage of medicine.  
10. Never administer medications prepared by another person; otherwise  
you will bear the responsibility of any mistake.  
11. Some preparations as insulin, vaccines & suppositories need to be kept  
in the refrigerator ―2-8º C‖.  
12. Stay with the patient until he takes his medicine.  
13. All mixtures should be made immediately before use.  
14. NEVER return unused drug to a stock bottle.  
15. Don’t add any drug to the blood; interactions may occur without  
visible changes.  
16. Don’t use any sterile article that gets unsterile by any way.  
17. Don’t use clear solutions which have become cloudy or have sediment.  
18. Don’t use a drug that is out date.  
19. Don’t use a drug that has changes its color.  
20. Don’t use a drug which arise doubt in mind.  
21. All medicines should be kept in cupboard, NARCOTICS in a locked  
one.  
22. Narcotics have a rule controlling their ordering, giving, and their  
registration.  
23. Many liquids should be diluted with water or other liquids. ―This is  
especially when medicine has a bad taste‖.  
24. Exceptions to this rule, cough medicines are not diluted, or the patient  
not allowed drinking water after taking cough syrup.  
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25. Don’t leave a tray of medicines unattended. If you are in a patient’s  
room and must leave, take the tray with you.  
26. Never chart a medicine as having been given, until it has been  
administered.  
27. Follow up the five rights  
1. Right patient.  
2. Right drug.  
3. Right dose.  
4. Right route of administration.  
5. Right time.  
**Commonly used abbreviations**

|  |  |
| --- | --- |
| mg = milligram  alt. hor. = every other hour  mEq=millieguivalent  NG = Nasogastric  b.i.d. =two times a day  c = with  CHF = congestive heart failure  cm = centimeter  b= before  d. = day  p.o. = by mouth  dl = deciliter  elix. = elixir  g(gm) = gram  q.d. = every day  gtt = a drop, drops | mcg =microgram A.M. or a.m. = morning ml = milliliter NPO = nothing by mouth BUN = blood urea nitrogen s = without os =mouth Caps = capsules p = after dc or D/C = discontinue per = by, through P.R. = by rectum prn = when necessary q = every q2h = every 2 hours q.h. = every hour |

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| --- | --- |
| GU = genitourinary  H,hr = hour  qid = 4 times daily  ® or Rt = right  I.V. = intravenous  Kg = kilogram  L = liter  Sc or SQ= subcutaneous  SL = sublingnal  SOS = if necessary once only  Sol = solution  Mcg = microgram  V.O. = verbal order | qhs = every night h.s. = at bed time qod = every other day Lt= left IM = intramuscular Rx = symbol for a prescription Min = minute Syr = syrup stat = immediately tab. = tablet t.i.d. = 3 times daily U = unit oz. = once |

⮚**Tolerance** = Decrease physiologic response to the repeated  
administration of a drug or chemically related substances  
which necessities increase in dosage to maintain a given  
therapeutic effect e.g. morphine.  
⮚**Dependence (addiction):** When the body is getting used to  
function in the presence of a certain drug. The body will not  
perform its normal functions in the absence of that drug.  
⮚**Substitute** = these are many different drugs which may used to  
treat a single disease. From these drugs, always present a drug  
of choice, if not available the others are considered as the  
substitute.  
⮚**Antidote** = a drug used to antagonize the toxic effect of  
another drug and to neutralize its symptoms.  
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**Weights & Measures**1 kg = 1000 gm  
1 gm = 1000 mg  
1 mg = 1000 Mcg  
1 L = 1000 ML  
1 teaspoonful = about 5 ml  
1 tablespoonful = about 15 ml  
1 ml = 15 gtt.  
1 pound (lb.) = 454 gram  
1 kg = 2.2 Libra (lb.)  
1 gm = 15 grains  
**Anti – infectives  
Introduction:-**⮚The beginning of modem medicine is generally related to 2 events:  
1- The proof by Pasteur that many diseases are caused by  
microorganisms.  
2- The discovery of effective anti-infective drugs.  
•sulfonamides (1938).  
•Penicillin (1940).  
⮚Some of the bacteria and other microorganisms have adapted to the  
anti-infectives and became resistant to certain antibiotics.  
⮚Most resistant strains can be eradicated by:  
1- New and/or different antibiotics.  
2- Antibiotic combinations.  
3- Higher dosages.  
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⮚Awareness of the problem has prompted somewhat  
greater scrutiny by the physician as to when and how to  
prescribe antibiotics.  
⮚Anti-infective drugs can be divided into:-  
1- **Bacteriostatic:** Stop the multiplication and further development  
of the infectious agent.  
2- **Bactericidal:** eradicate (kill) all living  
microorganisms.  
⮚Some anti-infectives halt the growth or eradicate many different  
microorganism are termed as **broad-spectrum antibiotics**.  
⮚Others affect only certain specific organisms and are termed  
**narrow- spectrum antibiotics.**⮚Some of anti-infectives elicit a hypersensitivity reaction in some  
persons. Some Penicillins cause more sever & more frequent  
hypersensitivity reactions than other drugs.  
⮚**Antibiotics** = drugs produced by microorganisms or other live  
organisms to kill other microorganisms. Nowadays, many are  
produced synthetically.  
⮚Because of differences in susceptibility of infectious agent to antiinfectives, the sensitivity of the microorganism to the drug ordered  
should be determined before treatment is initiated. Several  
sensitivity tests are commonly used for this purpose; e.g. (Culture  
and sensitivity).  
⮚Certain anti–infectives have marked side-effects (some are serious)  
e.g. neurotoxity, nephrotoxicity & ototoxicity.  
⮚Another difficulty is that these drugs can eradicate the normal flora  
in the intestine which are necessary for proper digestion, synthesis of  
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vitamin K and control of fungi that may gain access to the GIT  
(super infection).  
⮚Uses of ant-infectives:  
**A: Prophylactic**1- To protect persons exposed to a known specific organism.  
2- To inhibit spread of infection from a clearly defined focus as after  
surgery or accidents.  
3- To sterilize the bowel or other areas of the body in preparation  
for extensive surgery.  
**B. Acute infections:** antibiotics are used to treat acute infections  
such as tonsillitis and acute upper respiratory tract infections.  
⮚**Contraindication**: allergy or hypersensitivity reaction.  
⮚**Drug considerations**:  
•Check expiration date on the container.  
•Check for recommended method of storage and reconstitution.  
•Clear mark the date & time of reconstitution, your initials and the  
strength of the solutions of all drugs.  
•Note the length of time that the drug may be stored after dilution  
and store under appropriate condition.  
**Penicillins**⮚**Class**: Anti-infective.  
⮚**Action:** Inhibit cell wall synthesis, they inhibit cell division & growth.  
•It is bactericidal & bacteriostatic ―according to concentration of  
drug and microorganism‖.  
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•It is most effective against young, rapidly dividing organisms;  
therefore, they are not used for bacteria in resting phase.  
•They diffuse well into body tissues and fluids.  
•They are excreted in the urine in the therapeutic concentration.  
•They do not kill bacteria in the resting phase.  
•**Uses:**1. Gram +ve cocci ―streptococci, meningococci, pneumococei ….‖  
2. Subacute bacterial endocarditis caused by group A streptococci.  
3. Gonorrhea due to gonococci.  
4. Diphtheria, tetanus, anthrax, gas gangrene.  
5. Prophylaxis for rheumatic fever.  
⮚**Note:** Not all penicillins are used for the above diseases. Specific  
uses are indicated for each of the individually listed drugs.  
⮚**Contraindications:**⮚Hypersensitivity to penicillins & cephalosporins.  
⮚**Side effects:**•Allergy skin rashes, pruritis, wheezing, fever…. .  
•Diarrhea, abdominal cramps\pain , nausea, vomiting.  
•Psendomembranous colitis, thrombocytopnea, leukopnea  
•Thrombophlebitis + Electrolytes imbalance following I.V. use.  
•Hepatotoxicity.  
•I.M. injection may cause pain at the injection site.  
⮚**N.B.**: Emergency treatment of allergy includes:  
1. epinephrine  
2. corticosteroids  
3. oxygen  
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4. antihistamines  
⮚**Dosage:** Individualized.  
⮚**General Nursing considerations for penicillin:**1. These antibiotics should be injected slowly to minimize local  
irritation.  
2. I.M. injections are made deeply into the gluteal muscle.  
3. Assess regularly for allergic reactions. If reaction occurs the  
drug must be discontinued immediately, Epinephrine, O2,  
antihistamines, & corticosteroids must be immediately available.  
4. keep client who received penicillin in outpatient clinics to stay  
in the clinic for at least 20 minute after administering Penicillin  
5. Don’t administer long-acting types I.V., they are only for I.M.  
use & don’t massage after injection because rate of absorption  
should not be increased.  
6. Take oral penicillin 1 hr before or 2-3 hr after meals.  
7. Complete entire prescribed course of therapy.  
**1) Ampicillin:**⮚**Trade name:** Penbritin.  
⮚**Class:** Antibiotic, penicillin.  
⮚**Notes:** Destroyed by penicillinase (lactamase enzymes)  
•30-60% absorbed from GIT after oral use.  
•Acid resistant.  
•Broad – spectrum antibiotic.  
⮚**Uses:** Is particularly recommended in respiratory, urinary & GI  
tract infections & other infections due to ampicillin sensitive  
organisms.  
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⮚**Dosage forms:**•Capsules 250 mg, suspension 125 mg\5ml, vials 250, 500, 1000  
mg.  
•Ampecilin forte capsules 500 mg, ampecillin forte suspension  
250 mg\5ml.  
⮚**Dosage:**•P.O., I.V. or I.M. 250 mg – 500 mg q 6 hr (adult).  
•Children 50 my\kg 1 day in 4 divided doses.  
•**N.B**. For bacterial meningitis  
o Adults: 12gm are given in divided doses (3 gm q 6 hr).  
o Children: up to 400 mg\kg daily in divided doses q 4 hr.  
⮚**Specific nursing considerations:**•After reconstitution for I.M., I.V. administration, the solution  
must be used within the hour.  
•I.V. administration, should be given slowly within 3-5 minutes  
or by infusion.  
**2) Amoxycillin:**⮚**Trade name**: moxypen, Moxifarm, amoxitid.  
⮚**Class:** Antibiotic, penicillin.  
⮚**Notes:** Inactivated by penicillinase, including those produced by  
staphylococcus aureus and gram negative baccili.  
⮚Acid stable  
⮚Is a broad spectrum antibiotic.  
⮚Absorbed well from the GIT.  
⮚**Uses:**•UTI - Respiratory infections  
40  
•Skin infections. - gonorrhea  
⮚**Dosage Forms:**•Caps. – 250 mg, suspension 125 mg \5 ml  
•Moyxpen forte caps. 500 mg, Moxypen forte suspension, 250  
mg\5ml  
⮚**Dosage:** 250-500 mg q 8 hr.  
⮚**Specific nursing consideration:**•Reconstituted suspension is stable for 1 week at room  
température & for 2 weeks at 2- 8º Centigrade degrees.  
**3) Amoxycillin & Potassium Clavulanate:**⮚**Trade name:** Augmentin, Augmin.  
⮚**Class**: Antibiotic, penicillin.  
⮚**Note**: Potassium clavulanate inactivates beta-lactamase enzymes  
which are responsible for resistance to penicillin.  
⮚**Dose:** tablets or suspension 250-500 mg q 8 hr.  
**4) Cloxacillin:**⮚**Trade name**: Orbenin  
⮚**Class.** : Antibiotic, penicillin.  
⮚**N.B**. More resistant to penicillinase than is penicilin G.  
⮚**Uses:** Infections caused by penicillinase- producing staphylococci,  
streptococci, pneumococci.  
•Osteomylitis - infected wounds & burns  
•Septic arthritis. - pneumonia  
⮚**Dosage forms**:  
•Vials containing 250 mg, 1g .  
•Capsules 250 mg - 500 mg.  
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•Syrup 125 mg\ 5 ml, 250 mg\5ml.  
⮚**Dose**:  
•Adult: 250 – 500 mg q 6 hr.  
•Children: 50 mg\kg per day in 4 divided doses.  
⮚**Nursing considérations:**•Administer on an empty stomach.  
•Refrigerate reconstituted solution & discard remaining amount  
after 14 days.  
•N.B.: To prepare oral suspension, add amount of water stated  
on label and shake well.  
•Shake the bottle well before each use.  
**5) Penicillin G , Benzathine and procaine combined:**⮚**Trade name**: Bicillin C-R., Duplo-penicillin, procaine benzyl  
penicillin. .  
⮚**Class.:** Antibiotic, penicillin.  
⮚**Uses:** Streptococcal infections (without bacteremia) of:  
1. Upper respiratory tract such as Tonsillitis, pharyngitis.  
2. Otitis media  
3. Skin and soft tissue infections.  
4. Scarlet fever.  
5. Acute glomerulonephrites.  
6. Gonorrhea and syphilis.  
7. Rheumatic fever.  
⮚**Formulations:**•Vials containing 1.2 MU, 2 MU.  
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•**N.B.** Penicillin G is inherently rapid in action while procaine  
penicillin G provides penicillin G in a prolonged action from.  
•**Contraindications:** Hypersensitivity to penicillin.  
⮚**Side effects:** nausea, vomiting , stomatitis, skin rash, anaphylaxis.  
⮚**Dosage: I.M. ONLY**•Adult: 1,200,000 – 2,400,000 units ― 10 days for streptoceccal  
inflections‖  
•Pediatric: 600,000 – 1,200,000 units.  
⮚**Nursing considerations:**•Shake multiple-dose vial vigorously before withdrawing the  
desired dose.  
•Use a 20- gauge needle & don’t allow medication to remain in the  
syringe & needle for long periods of time before administration  
because the needle may become plugged & the syringe ―frozen‖.  
•Inject slowly into the muscle & don’t massage the injection site.  
•Before injection of medication, aspirate needle to ascertain that  
needle is not in a vein.  
•Rotate site of injections.  
•**Don’t administer IV.**•If dose is large and the available muscle is small, divide the dose  
into 2 injection sites.  
**6) Penicillin G Sodium “for injection” : [Benzylpeniollin Na].**⮚**Trade name:** Crystapen, crystaline penicillin .  
*Penicillin G potassium “ oral” + Injection [Benzylpenicillin k]*⮚**Trade name**: Megacillin.  
⮚**Class:** Antibiotic , penicillin.  
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⮚N.B.: The low cost of penicillin G still makes it the first choice for  
treatment of many infections.  
⮚Rapid onset makes it especially suitable for fulminating infections.  
⮚Destroyed by acid & penicillinase.  
⮚**Add side effects:**•Rapid I.V. administration may cause hyperkalemia & cardiac  
arrhythmias.  
•Thrombophlipitis, so assess the site of administration before  
administering each dose.  
⮚**Uses:** Infections due to penicillin- sensitive organisms.  
⮚**N.B**.: Penicillin G potassium is indicated as on alternative to  
penicillin G sodium in those patients in whom intake of sodium  
must be restricted.  
⮚**Contraindications:** Hypersensitivity.  
⮚**Dosage forms:** Penicillin G potassium (injection) vial of 1 MU and  
Penicillin G sodium vials of 1,5,10 Mu.  
⮚**Dosage:** I.M. , continuous I.V. infusion 300,000 – 30 million unit  
depending on the use.  
•Pediatric: 100,000 – 250,000 units \kg daily in divided dose.  
•Oral solutions /Tabs, Adult: 200,000 – 500,000 unit q 6-8 hr.  
•Pediatric: 25,000 – 90,000 units \kg daily in divided doses.  
•(**Note:** 250 mg of oral sol. = 400,000 units of injection  
solution).  
⮚**Nursing considerations:**•I.M. is preferred, minimize discomfort by using solution  
of up to 100,000 units \ml.  
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•Monitor intake & output (I & O).  
•Solution may be stored at room temperature for 24 hr or in  
refrigerator for 1 week.  
•Use 1% - 2% lidocaine as a dilutent for I.M. use to decrease  
pain at injection site.  
•Note the penicillin G should not be mixed during I.V.  
administration with the following drugs: aminophylline,  
gentamycin, heparin, vancomycin & sodium bicarbonate.  
**Cephalosporins**⮚Are semisynthetic antibiotics that resemble the penicillins both  
chemically and pharmacologically.  
⮚Are absorbed rapidly from the GI tract and quickly reach effective  
concentrations in the urinary, GI and respiratory tracts except in  
patients with pernicious anemia or obstructive jaundice &  
eliminated rapidly in patients with normal renal function.  
⮚They are broad- spectrum antibiotics that have been classified as  
first, second and third generation drugs. The difference among  
generations is based on antibacterial spectra.  
⮚Third generation cephalosporins have more activity against gram  
negative organisms and resistant organisms & less activity against  
gram positive organisms than first generation drugs. They are also  
stable against beta-lactemase enzymes.  
⮚The cost increases from 1st to 3rd generation cephalosporins.  
⮚**Action:** They interfere with the final step in the formation of the  
bacterial cell wall resulting in unstable cell membranes that  
undergo lysis, also cell division & growth are inhibited.  
45  
⮚N.B.: 1st & 2nd generation drugs don’t enter the CSF well, but 3rd  
generation drugs enter inflamed meninges readily.  
⮚Cephabsporins are excreted rapidly by the kidneys.  
⮚**Uses:** They are effective against infections of:  
1- Biliary tract  
2- BI tract  
3- GU tract  
4- Bones & joints  
5- Upper & lower respiratory tract  
6- Skin  
7- Meningitis  
8- Osteomyelitis  
9- Peritonitis  
10-Otitis media  
11-Gonorrhea  
12-Prophylaxis prior to surgery.  
⮚**Contraindications**: Hypersensitivity to cephalosporins or  
Penicillin, renal failure, Pregnancy, Lactation.  
⮚**Side effects:**Nausea , vomiting, diarrhea, anorexia, abdominal pain,  
flatulence, skin rashes, super-infection, heartburn, sore mouth,  
bone marrow depression: (Decrease WBC, decreased platelets,  
decreased Hct), Nephrotoxicity, (pain, abscess at injection site,  
phlebitis and inflammation at IV site).  
⮚**Drug considerations:-**•Infuse over 30 minutes unless otherwise indicated.  
46  
•Therapy should be continued for at least 2-3 days after symptoms  
of infection have disappeared.  
•Assess client with a history of hypersensitivity reaction. ―for  
peniaillin or cephalosporins.‖  
•Assess client financial status. These drugs are usually expensive.  
•If GI upset occurs administer drugs with meals. ―Should be  
administered on empty stomach‖.  
•Obtain liver & renal studies.  
**Examples:  
1. Cephalexin monohydrate:**⮚**Trade names**: Keflex , Jeflex.  
⮚**Class.:** antibiotic, cephalosporin (first generation).  
⮚**Uses:** infections of respiratory tract, skin, bones & GU.  
⮚**Additional Side-effects:** Nepbrotoxicity, jaundice.  
⮚**Dosage:** caps., suspension, tab. 250-500 mg q 6 hr.  
**2. Cephalothin sodium:**⮚**Trade name**: Keflin.  
⮚**Class:** Antibiotic, cephalosporin (first generation).  
⮚**N.B.:** poorly absorbed from GI tract & must be given  
parenterally.  
⮚**Dosage:** Deep I.M. or I.V. 500-1000 mg a 4-6 hr.  
⮚**Uses:** see Keflex.  
**3. Cefaclor:**⮚**Trade name:** ceclor  
⮚**Classification**: antibiotic, cephalosporin ― second generation‖  
47  
⮚**Uses**: otitis media, infections of upper & lower respiratory tract.  
UTI & skin infections.  
⮚**Dosage:** Capsules, oral suspension. 250 mg every 8 hr & may be  
doubled in case of severe infection (for adults). Children 20  
mg/kg/day in 3 divided doses.  
⮚**Specific drug considerations:**⮚The suspension should be refrigerated after reconstitution and  
discarded after 2 weeks.  
**4. Cefuroxime Sodium:-**⮚**Trade names:** Zinacef, Zinnat.  
⮚**Class:** Antibiotic, cephalosporin (second generation).  
⮚**Uses:** P.O. (pharyngitis, tonsillitis, UTI, bronchitis), I.M. or I.V.  
(pneumonia, UTI, osteomyelitis, meningitis, septicemia, pre-op.  
Prophylaxis).  
⮚**Add. Side effects**: decrease in Hb & HCT (hematocrit).  
⮚**Dosage:** tablets 250-500 mg q 12 hr (adult).  
125 mg bid (children).  
I.M. –I.V. 750 mg q 8 hr  
Severe infection, 1.5 g q 6-8 hr.  
**5. Cefixime, oral:**⮚**Trade name** suprax .  
⮚**Classification:** antibiotic, cephalosporin (third generation).  
⮚**N.B.:**The only third generation drug can be given orally.  
⮚Stable in the presence of beta-lactamase enzymes.  
⮚**Uses:** Uncomplicated UTI, pharyngitis, tonsillitis & acute  
bronchitis.  
⮚**Additional side effects**: Flatulence, alkaline phosphatase levels.  
48  
⮚**Dosage:** oral suspension, tablets. Adults either 400 mg once  
daily or 200 mg every12 hr, children 8 mg/kg / day.  
⮚**Specific drug consideration:**⮚Once reconstituted, the suspension should be kept at a room temp,  
where it maintains potency for 14 days.  
⮚Therapy should be taken once a day at the same time each day.  
**6. Cefotaxime Sodium:**⮚**Trade name**: claforan.  
⮚**Classification:** Antibiotic, cephalosporin (third generation).  
⮚N.B.: Treatment should be continued for a minimum of 10 days for  
group A beta-hemolytic streptococcal infections to minimize the  
risk of glomarulonephritis or rheumatic fever.  
⮚The I.V. route is preferable for patients with severe or life –  
threatening infections.  
⮚**Uses:** Pneumonia – GU tract infections, meningitis, Peritonitis,  
septicemia, pelvic cellulitis, endometritis .  
⮚N.B. used with aminoglycosides when causative agent has not  
been identified.  
⮚**Dosage:** I.V., I.M. 1 gm q 12 hr (adult).  
⮚Moderate to severe infection. 1-2 g every 6-8 hr.  
⮚Pre-op. Prophylaxis, 1 gm 30-90 min prior to surgery .  
⮚**Drug considerations:-**•Should not be mixed with aminoglycosides. ( each should  
be given separately)  
•For I.V. use, should be mixed with 10 ml sterile water &  
administer over 3-5 minutes.  
49  
**7. Ceftriaxone Soduim:**⮚**Trade name**: Rocephin.  
⮚**Class**: Cephalosporin (third generation), antibiotic.  
⮚**Uses:** pneumonia, UTI, infections of skin, bone & abdomen.  
Meningitis, bacterial septicemia, pre-op. prophylaxis.  
⮚**Dosage: I**.V., I.M. adult 1-2g daily in single or divided doses  
every 12 hr.  
o Pediatric: 50-75 mg\kg \day (other than meningitis) meningitis  
100 mg\kg 1 day.  
⮚**Drug considerations:-**o I.M. injection should be deep into the body of large muscle.  
o I.V. injection should be diluted.  
o For stability of solution the package insert should be checked  
carefully.  
o Dosage should be maintained for at least 2 days after symptoms  
of infection have disappeared (usual course is 4-14 days).  
**Aminoglycosides**•Are broad–spectrum antibiotics primarily used for the treatment of  
serious gram negative infection caused by Pseudomonas , E.coli,  
proteus and klebsiella.  
•It distributed in extracellular fluids, cross the placenta barriers but  
not the BBB because it isn’t lipid-soluble.  
•Are excreted largely in the urine, so it is suitable for urinary tract  
infections.  
•Are powerful antibiotics that can induce serious side effects.  
50  
•**Action:**They are believed to inhibit protein synthesis by binding irreversibly  
to ribosome which leads to production of nonfunctional protein.  
They are usually bactericidal as a result of disruption of bacterial  
cytoplasmic membrane.  
•They are poorly absorbed from the GI tract, therefore are usually  
administered parenterally, not orally.  
•**Uses:  
Gram negative bacteria causing:**1- Bone and joint infections.  
2- Respiratory tract infections.  
3- Septicemia (including neonatal sepsis).  
4- Urinary tract infection (UIT).  
5- Post operative infections.  
6- Intra–abdominal infections (as peritonitis).  
7- Skin infections (including burns).  
N.B.: It should be used for gram +ve bacteria only when other less  
toxic drugs either ineffective or contraindicated.  
•**Contraindications:-**▪Hypersensitivity to aminoglycosides.  
▪Long–term therapy ―except streptomycin for tuberculosis‖.  
▪For patients with impaired renal function or pre-existing hearing  
impairment.  
•**Side effects**1. Ototoxicity: tinnitis , hearing impairment, ataxia & dizziness.  
2. Renal impairment (Nephrotoxicity) hematuria, proteinuria……. .  
51  
3. Neurotoxicity: headache, tremor, lethargy, numbness, burning of  
face.  
4. Others: nausea, vomiting , skin rash & super infection.  
•**Drug interactions:**▪Vancomycin additive: ototoxicity & nephrotoxicity.  
▪Penicillin decrease the effect of aminoglycosides.  
•**Drug considerations:**▪Assess history of hypersensitivity.  
▪See anti-infectives.  
▪IM admininistration inject deep into muscle to minimize pain.  
▪Administer for only 7-10 days.  
▪Obtain laboratory studies for renal function.  
▪Continue to monitor for ototoxicity.  
▪Discuss with the client / family the importance of taking  
medications at the appropriate prescribed time intervals.  
**Examples:  
1. Amikacin Sulfate:**⮚**Trade name**: Amikin.  
⮚**Classification**: Antibiotic, aminoglycoside .  
⮚**Dosage**: IM (preferred) I.V. adults, children 15 mg/ kg / day in 2-3  
equally divided doses every 8-12 hr for 7-10 days.  
⮚Newborns loading dose, 10 mg/ kg followed by 7.5 mg\ kg every  
12 hr.  
**2. Gentamycin Sulfate:**⮚**Trade name**: Garamyein.  
⮚**Class:** antibiotic, aminoglycosides.  
52  
⮚**Dose:** adults: 3 mg/kg/day divided into equal 3 doses q 8 hrs IV  
or IM.  
⮚N.B. It is the drug of choice for hospital- acquired gram negative  
sepsis including neonatal sepsis.  
⮚Serious staphylococcal infections.  
⮚**Side effects** :  
•Alopecia  
•CNS: ototoxicity, neurotoxicity, tenitis, dizziness, ringing in the  
ears, vertigo.  
•GI: nausea, vomiting, anorexia, weight loss, increased salivation.  
•C.V.: palpitation, hypotensioin or hypertension.  
•Hematologic: Decrease number of blood cells.  
•GU: nephrotoxicity  
•Local: Pain and irritation at IM injection site.  
⮚**Formulation:**•Vial 2 ml containing 20 mg.  
•Ampoule 2 ml containing 80 mg.  
⮚**Dosage:** IM (usual) . I.V. adults 3 mg\kg q 8 hr up to 5 mg\kg  
daily.  
•Children 2-2.5 mg\kg every 8 hr.  
•Newborns 2.5 mg\ kg every 12 hr.  
•Ophthalmic solution 0.3% , 1-2 drops every 15-30 minutes.  
•Topical ointment 0.1% , 1-5 times daily to the affected area.  
•**N.B.:** should not be mixed with other drugs for parenteral use.  
⮚**Drug Consideration:**•When given IM, give it slowly and deep in a large muscle.  
53  
•Dilute dose when given IV.  
•Monitor for kidney function tests (BUN & Creatinine), complete  
blood count when used for more than 7 days. Consult with Dr.  
accordingly.  
**Chloramphenicol:**⮚**Trade names:** chloromycetin , synthomycetin, synthomycin  
⮚**N.B.**: It can be extremely toxic due to protein synthesis inhibition  
in rapidly proliferating cells as bone marrow and should not be  
used for simple infections.  
⮚Available for hospital use only.  
⮚**Action:** it inhibits protein synthesis in bacteria by binding to  
ribosomes. The drug is mostly bacteriostatic ― bactericidal in high  
doses‖, well absorbed from the GI tract and distributed to all parts  
of the body including C.S.F.  
⮚**Uses (indications) :-**o **NB:** Not to be used for trivial infections as prophylaxis of  
infection, cold, throat infections or flu.  
o Treatment of choice for typhoid fever (not for carrier state).  
o Meningitis due to hemophilus influenza, pneumocoeoi or  
miningococei.  
o Skin infections (topically).  
o Brain abscesses.  
o Eye and ear infections.  
⮚**Contraindications:**o Hypersensitivity to chloramphenicol.  
o Pregnancy  
o Nursing mothers.  
54  
o Renal and hepatic failure.  
⮚**Side effects:**⮚Aplastic anemia, pancytopnea, nausea, vomiting, abdominal  
distention, ―progressive pallid cyanoses, ashen gray color,  
tachypnea , vasomotor collapse & death‖, Gray syndrome in  
infants, super infections.  
⮚**Drug interactions:-**o Acetaminophen (acamol) increases the effect of  
chlpramphenicol. (increases serum levels)  
o Oral anticoagulants: increases the effect of anticoagulant  
(decreases it’s breakdown by the liver)  
⮚**Formulation:** tablets 250 mg , vial 1g.  
⮚**Dosage:** 50 mg\kg daily in 4 divided doses q 6hr (500 mg to 1  
gm q 6 hr).  
⮚**Drug considerations:**o Administer I.V. as 10% solution over at least 1 min.  
o Note any history of hypersensitivity & other contraindications,  
& if client takes antidiabetic or other medications that cause  
bone marrow depression.  
o Neonates should be observed closely (greater hazards of  
toxicity).  
o Arrange for further hematologic studies to be conducted every 2  
days to detect early signs of bone marrow depression.  
o The drug should be taken at regular intervals to be most  
effective.  
o The drug should be taken 1 hr before or 2 hr after meals (if GI  
upset occurs it can taken e food).  
55  
**Erythromycin:**⮚**Action:** Inhibits protein synthesis of microorganisms by binding to  
ribosome.  
⮚It is effective only against rapidly multiplying organisms.  
⮚Absorbed well from the upper GIT (small intestine).  
⮚Are manufactured in enteric –coated or film-coated forms to  
prevent destruction by gastric acid, diffuse poorly to C.S.F. &  
primarily excreted in bile.  
⮚**Uses:**o The drug of choice to treat respiratory tract infections.  
o Intestinal amebiasis.  
o An alternative drug to treat the following conditions in  
patients who are allergic to penicillin.  
▪Infections due to group A- beta hemolytic  
streptococci.  
▪To prevent bacterial endocarditis prior to dental  
procedures.  
▪Venereal disease (gonorrhea or syphilis).  
▪Conjunctivitis of the newborn.  
▪Long term prophylaxes in rheumatic fever.  
⮚**Contraindication:** Hypersensitivity.  
⮚**Side effects:**o Nausea, vomiting , diarrhea, skin rashes, Hepatotoxicity,  
confusion.  
o I.V. uses: thrombophlebitis  
o Hearing loss: in patients receiving high doses or with renal  
function impairment.  
56  
⮚**Formulation:** Tablets 250 mg, suspension, 125 mg, 200 mg,  
400mg.  
⮚**Dosage:**o The usual adult dose is 250 mg q 6 hr (can be doubled in  
severe infections).  
o Children, 30-50 mg\kg in divided doses.  
⮚**Drug Consideration:**o Should be taken on an empty stomach.  
o In the treatment of sterptococcal infections, should be  
administered for at least 10 days.  
o Don’t administer with fruit juice or other acidic drinks  
because it may decrease the activity of the drug.  
**Miscellaneous Antibiotics  
1. Vancomycin Hydrochloride:**⮚**Trade name**: vancocin.  
⮚**Class**: Antibiotic, miscellaneous.  
⮚**Action:** It appears to bind to bacterial cell wall, arresting it’s  
synthesis and lysing the cytoplasmic membrane by a mechanism  
that is different from that of penicillin. It is bactericidal for most  
organisms and bactereostatic for enterococci.  
⮚**N.B.**: It is poorly absorbed from GIT so it should be administered  
parenterally only for life threatening infections.  
⮚**Uses:** drug should be reserved for treatment of life threatening  
infections when other treatment have been ineffective.  
•Patients with severe staphylococcal infections resistant or  
allergic to penicillins or cephalosporinssuch as:  
57  
o Endocarditis \* Osteomylitis  
o Pneumonia \* Septicemia  
•Oral administration is useful in treatment of:  
o enterocolitis \* pseudomemgranous colitis  
⮚**Contraindications:**•Hypersensitivity \* Minor infectious.  
⮚**Side effects:**•Ototoxicity deafness  
•Nephrotoxicity uremia  
•Red-Neck syndrome: ―chills, erythema of neck and back fever‖.  
•Skin rashes, Drug fever  
•Hypotension (due to rapid administration).  
•Thrombophlepitis at site of injection.  
⮚**Drug interactions:**•Never give with other ototoxic or nephrotoxic agents especially  
aminoglycosides.  
⮚**Dosage:** Caps., syrup, or I.V. 0.5 g q 6 hr or 1g q 12 hr.  
⮚**Drug considerations:**•Mix as indicated on package insert.  
•Intermittent infusion is the preferred route.  
•Avoid rapid I.V. administration nausea & hypotension.  
•Avoid extravastion during injections.  
•Monitor vital signs, intake of output, kidney function test.  
**2. Ciprofloxacin Hydrochloride:**⮚**Trade name:** cipro (ciproxin)  
⮚**Class.** Antibacterial , quinolone derivative .  
58  
⮚**Action:** it has broad- spectrum bactericidal activity, inhibits the  
synthesis of bacterial DNA by inhibiting the enzyme DNA gyrase.  
⮚**Uses:**•UIT, infectious diarrhea  
•Infection of lower respiratory tract, bone, joints & skin.  
⮚**Contraindications:**•Hypersensitivity - children - lactation.  
⮚**Side- effects:**•Nausea vomiting, dysphagia, crystalluria, hematuria.  
•Rashes, bad taste, GI bleeding, Headache, insomnia.  
⮚**Dosage:** 250-500 mg q 12 hr for 7-14 days.  
⮚**Drug considerations:**•Give medication 2 hr after meals.  
•Stress importance of drinking increased amounts of fluids to  
keep urine acidic & to minimize the risk of crystalluria.  
**Tetracyclines**⮚**Action:**⮚The tetracyclines inhibit protein synthesis of microorganisms by  
binding to its ribosomes, thereby interfering with protein synthesis.  
⮚The drugs are mostly bacteriostatic and are effective only against  
multiplying bacteria.  
⮚Well absorbed from the stomach & upper GIT. And can pass  
through the placental barrier.  
⮚**N.B**.: They are deposited in the fetal skeleton and calcifying teeth.  
59  
⮚**Uses:**⮚**N.B.**: Due to development of resistance, they are usually not used  
for infections by common gram +ve & gram –ve organisms.  
•They are the drugs of choice for rickettsial infections  
as:  
1. Rocky mountain spotted fever .  
2. Endemic typhus.  
•Urethritis due to mycoplasma.  
•Prophylaxis of plague after exposure.  
•Adjunct treatment of trachoma & acute intestinal  
amebiasis.  
•They are the drug of choice for gram –ve bacteria  
causing:  
1- Cholera 2- Brucellosis.  
•Alternative treatment to penicillin for uncomplicated  
gonorrhea.  
•Vaginitis,  
•Severe acne.  
•Topical uses include skin granuloma.  
⮚**Contraindications**:  
•Hypersensitivity.  
•During tooth development stage:  
1. Last trimester of pregnancy.  
2. Neonatal period.  
3. During breast feeding.  
4. During childhood up to 8 years.  
60  
⮚**Side effects**: most common:  
•Nausea, vomiting, thirst, diarrhea flatulence, sore throat &  
anorexia.  
•Black hairy tongue - esopheageal ulcer .  
•Skin rashes. - photosensitivity.  
•Discoloration of nails, infants’ & children’s teeth.  
•Delayed bone growth.  
•I.V. use may cause thrombophlebitis.  
⮚**N.B**.: The administration of deteriorated tetracylines may result in ―  
Fanconi- like syndrome‖ characterized by nausea, vomiting,  
acidosis, proteinuria, hypokalemia, polyuria & polydipsia.  
⮚**Nursing considerations:**•Don’t use outdated or deteriorated drugs. Discard unused  
medications.  
•Administer I.M. deeply in large muscle mass.  
•Administer on an empty stomach (1hr before or 2 hr after  
meals).  
•If the client is female & pregnant, determine what trimester she  
is in.  
•Report side effects to physician.  
•Avoid direct sunlight, which can cause sever sunburn-like  
reaction.  
**Examples:  
1. Tetracycline Hcl**•For candidal infections.  
61  
2. **Chlortetracycline HCl** (ophthalmic & topical 3% on affected  
area 1-5 times daily).  
**3. Doxycycline :**•**Trade names**: Doxylin , Doxypal , Doxypharm, doxacylin.  
•**Class:** Antibiotic, tetracycline.  
•**Dosage form:** Caps., film-coated tab. 100 mg  
•**Dose:** The usual dose for adults.  
o First-day 100 mg q 12hr followed by 1 tab. daily.  
o In severe cases: 1 tablets daily in divided doses q 12 hr.  
•**Side effects**: nausea, vomiting, diarrhea, headache, hypertension,  
colitis,  
hemolytic anemia.  
•**Nursing consideration**:  
o Do not give with antacid, milk, or any product that contains  
Calcium, zinc, aluminum, magnesium, and ferrous salts, because  
these products decrease the absorption of the drug.  
**4. Oxytetracycline:**•**Trade name:** Terramycin  
•**Class:** antibiotic , tetracycline.  
•**Dose:** tab., see the previous drug.  
I.M. 250 mg once daily.  
62  
**Sulfonamides**⮚Bacteria needs para-aminobenzoic acid dihydrofolic acid to  
multiply.  
⮚**Action:** sulfonamides are structurally related to para-aminobenzoic  
acid, the bacteria take it instead of these acids. So, tetrahydrofolic  
acid is not formed which is necessary for synthesis of DNA;  
therefore, there will be no cell multiplication.  
⮚Bacteriostatic, not bactericidal.  
⮚Relatively inexpensive drugs.  
⮚Excreted mainly via kidneys.  
⮚**Uses:**•Less useful because of bacterial resistance & development of  
other antibiotics.  
•UTI, e.g. E. coli, proteus & staph. Aureus. ―cephalosporines  
are given now‖.  
•To eliminate meningococci from nasopharynx (carriers).  
•As alternative to penicillin for prophylaxis from rheumatic  
fever.  
•As alternative to tetracycline in treatment of chlamydia,  
trachoma & conjunctivitis.  
•In combination with penicillin to treat otitis media.  
⮚**Contraindications:**•Pregnancy except for treatment of toxoplasmosis.  
•Used with caution in patients with impaired liver & kidney  
function & blood disorders.  
63  
⮚**Side effects**•Nausea, vomiting, stomatitis, abdominal pain, headache,  
dizziness, ataxia, photosenitivity, rash.  
•Steven –Johnson syndrome (rhinitis, conjunctivitis, fever,  
stomatites, & rash).  
•Renal damage: crystaluria, hematuria, proteinuria.  
•Hemolytic anemia, aplastic anemia , Jaundice.  
•Super-infection.  
⮚**Note:** Vitamin K should be administered to patient take long-term  
sulfonamide since,  
it kills normal flora.  
⮚**Nursing consideration:**•Obtain a complete nursing and drug history.  
•If the client is pregnant, the physician should be informed so that,  
another type of medication not harmful to a developing fetus may  
be used.  
•During drug therapy, assess client for any of the following:  
reactions that may require withdrawal of the drugs:  
o .. Skin rashes, abdominal pain & anorexia.  
o .. Jaundice (hepatic involvement).  
o .. Renal colic, oliguria, anuria, proteinuria (renal  
involvement).  
o .. Jaundice, pallor, weakness (blood dyscrasias).  
o .. Rhinitis, stomatitis, fever, headache, conjunctivitis (StevenJohnson syndrome) .  
o .. Hemorrhage, due to vitamin K deficiency.  
64  
•Monitor intake and output.  
**1- Silver sulfadiazine: Silvadene, Silverol cream.**❖**Uses**: - Topically for prevention and treatment of sepsis in  
second and third degree burns.  
- Minor bacterial skin infections and dermal ulcers.  
- **Dosage:** Once or twice daily topically by sterile gloves over a  
clean or debrided burn.  
**Contraindications:**Pregnancy, lactation, infant below 2 months.  
**2- Sulfamethoxazole and trimethoprim:  
Trade name**: Resprim, septrin, pathoprim, Bactil, septin, ultrasept  
**Dosage forms**:  
- Oral suspension: Sulfamethexazole 200 mg + trimethoprin 40 mg \5ml.  
- Tablets: Sulfamethexazole 400 mg & trimethoprin 80/tab.  
- Double strength tab. (forte): Sulfamethexazole 800 mg +  
trimethoprin 160 mg\tab.  
**Uses:** UTI, otitis media , enterites (shigella), bronchitis (adult)  
**Additional Contraindications**:  
Megaloblastic anemia due to folate deficiency.  
Infants less than one month of age.  
**Dosage:** one or 2 tablets q 12 hours/adults, or 4 teaspoonful 9 12 hrs for  
10-14 days.  
65  
**Urinary Germicides\Analgesics**⮚UTI may be treated with one of the sulfonamides, antibiotic or drugs  
discussed in this chapter.  
**1- Nalidixic Acid: negram, urogram ( quinolone)**⮚**Class:** urinary germicide.  
⮚**Action**: Inhibit DNA synthesis of the microorganism.  
⮚Partially metabolized in the liver & rapidly execrated in urine.  
⮚Sensitivity determination is recommended.  
⮚Liver & kidney functions test- If used more than 2 weeks.  
⮚**Uses**: Acute and chronic UTI.  
⮚**Contraindications:** To be administered with caution in patients  
with:  
- Liver disease. -Impaired kidney function - Epilepsy  
- Pregnancy - Lactation - children  
- Cerebral arteriosclesois.  
⮚**Side effect:** Nausea, vomiting, diarrhea, seizure, headache  
dizziness, leukopnea, thrombocytopnea, hemolytic anemia due to  
G-6-PD deficiency.  
⮚**Dose:** 1g q.i.d. for 1-2 weeks.  
**2- Nitrofurantoin: Furadantin**⮚**Class**: urinary germicide  
⮚**Action**: Interfere with bacterial CHO metabolism. It also interferes  
with bacterial cell wall synthesis.  
66  
⮚Bacteriostatic at low concentration, bactericidal at high  
concentration.  
⮚**Uses:** severe UTI (pyelonephritis, cystitis).  
⮚**Contraindications**: anuria, ologuria, impaired renal function.  
Pregnancy, lactation, infant less than 1 month of age.  
⮚**Special concerns**: used with caution in patients with anemia, DM,  
electrolyte imbalance, avitaminosis, debilitating disease.  
⮚**Side effect**: Nausea, vomiting, pancreatitis, abdominal pain,  
leukopnea, megaloblastic anemia, headache, vertigo, hemolytic  
anemia in patients with G-6-PD deficiency.  
**4- Norfloxacin: Apirol ( quinolone)**⮚**Class:** urinary germicide  
⮚**Action:** Against gram positive and gram negative organisms by  
inhibiting DNA synthesis. Not effective against obligate anaerobes.  
⮚**Uses**: complicated and uncomplicated UTI.  
⮚**Contraindications:** Hypersensitivity to negram, lactation, children.  
⮚**Side effects**: nausea, vomiting, heartburn, abdominal pain,  
leukopnea.  
⮚**Dose**: Tabs. 400 mg bid for 7-10 days.  
**5- Phenazopyridine: sedural**⮚**Class**: Urinary analgesic.  
⮚**Action:** Azo dye has local anesthetic effect on UTI.  
⮚**Uses:** pain relief in chronic UTI, irritation, trauma instrumentation.  
(Not For Treatment of UTI).  
⮚**Contraindications**: Renal insufficiency.  
67  
⮚**Side effects**: hemolytic anemia (G6 PD), nephrotoxicity,  
hepatotoxicity, nausea. yellow-brownish discoloration of urine.  
⮚**Note**: Yellow discoloration of skin and sclera indicates  
accumulation as a result of renal insufficiency.  
⮚**Dose:** 200 mg t.i.d with or after meal.  
⮚Treatment of overdose: methylene blue IV or ascorbic acid P.O.  
⮚**Nursing consideration:**•Inform patient that drug may turn urine color into deep  
yellow or orange color.  
•Renal function test is necessary to avoid toxicity.  
•Encourage fluid intake.  
**Antifungal Agents**⮚Several types of fungi or yeasts are pathogenic for humans.  
⮚Fungal infections may be systemic, limited to skin, hair or nails or  
infect moist mucous membranes including the GI tract and vagina.  
⮚Candida organisms belong to this group.  
⮚Drug therapy depends both on the infectious agent & on the type of  
infection.  
⮚An accurate diagnosis of the infection before therapy is most  
important for the choice of the therapeutic agents.  
⮚It is important that drug therapy be continued until the infectious  
agent has been completely eradicated to avoid the emergence of  
resistant strains.  
**1. Nystatin:**⮚**Trade name**: mycostatin.  
⮚**Class:** antibiotic, antifungal.  
68  
⮚**Action:** It is natural antifungal, antibiotic that is derived from  
streptomyces noursei & both fungistatic & fungicidal against all  
species of candida. It binds to fungal cell membranes ―sterols‖,  
resulting in altered cellular membrane permeability & leakage of  
potassium & other essential components.  
⮚It is excreted in feces.  
⮚**Uses**: candida infections of the skin, mucous membranes, GI tract,  
vagina & mouth (thrush).  
⮚**N.B.**: The drug is too toxic for systemic infections, although it can  
be given P.O. for intestinal moniliasis infections as it is not  
absorbed from the GI tract.  
⮚**Side effects:** Has few toxic effects such as nausea, vomiting,  
diarrhea.  
⮚**Dosage forms:**•Suspension: contains 100,000 units\ ml ―12 ml bottle with  
dropper‖.  
•Ointment: contains 100,000 units\g ―15 g tube‖.  
•Vaginal tab.: Contains 100,000 units.  
⮚**Dosage:**•Suspension: For adult, 2 ml, 4 times daily.  
•Pediatric: 1 ml 4 times daily.  
•Vaginal cream or tab., 1 tab. inserted into vagina once or  
twice each day for 2 weeks.  
⮚**Nursing considerations:**•Don’t miss oral suspension in foods since the mediation will be  
inactivated.  
69  
•Apply cream/ointment with a swab.  
•Instruct client to keep medication in mouth as long as possible  
before swallowing.  
•Insert vaginal tab. high in vagina with an applicator.  
•Treatment should be continued for at least 48 hr after clinical  
cure has been achieved to prevent relapse.  
**2. Miconazole:  
Trade name**: Daktarin.  
⮚**Class:** antifungal agent.  
⮚**Actions:** as Nystatin. It also inhibits biosynthesis of triglycerides &  
phospholipids & also inhibits oxidative enzyme activity.  
⮚**Uses:** Systemic fungal infection e.g. mucocutaneous candiasis.  
•Skin, nail & hair infections.  
•tinea pedis (athlete’s foot), tinea corpuris.  
•Oral thrush (oral gel).  
•Against some gram +ve bacteria.  
⮚**Contraindication:** Hypersensitivity.  
⮚**Side effects:**•Topical: skin rashes, headache, burning , irritation.  
•Systemic: nausea, vomiting, diarrhea, anorexia fever,  
thrombocytopnea.  
⮚**Dosage forms:**•Cream: tubes of 15g or 30g.  
•Lotion: bottles of 20 ml.  
•Oral gel: tubes of 40 g.  
70  
⮚**Dosage:**•I.V. 300 – 3600 mg/ day in divided doses.  
•Topical: apply to cover affected areas in morning & evening.  
•Vaginal cream\supp. One supp. daily at bedtime for 7 days.  
**Anthelmintics**- Helminths (worms) may infest the intestinal mucosa of lumen  
and can migrate to a particular tissue.  
- Treatment of worms’ infection is complicated since a worm  
may have one or more morphological stages.  
- All family members should be examined since infestations are  
transmitted by sharing bathrooms (hygiene is very important).  
- Worms divided into 3 groups:  
**A. Cestodes:**Tape worm e.g. taenia saginata ( beef), taenia solium (pork).  
**B. Nematodes:**1. Filaria: filariasis  
2. Hook worm: ancylostoma.  
3. Pinworm: oxyuriasis ( common in school age).  
4. Round worm: ascaris ( can cause GI & respiratory obstruction).  
5. Threadworm: strongoloid.  
6. Whipworm.  
**C. Trematodes: Bilharziasis  
Nursing considerations:**- Instruct responsible family member how to prevent infestation with  
pinworm by :  
- Washing hands after toiling + before meals.  
71  
- Keep nails short.  
- Applying antipruritic ointment to anal area to reduce scratching which  
transfers pin worms.  
- Alert all family members to be examined for pinworms.  
- Emphasize the need for follow-up examinations to check the results of  
treatment.  
**1- Mebendazole: vermox  
Class:** anthelmintic.  
**Action:** By blocking the glucose uptake of the organism which leads to  
worm death.  
**Uses:** whipworm, pinworm, roundworm.  
**Contraindications:** Hypersensitivity.  
**Special concerns:** Pregnancy, children less than 2 years.  
**Side effects:** Transient abdominal pain, diarrhea.  
**Dosage:** for pinworm, 1 tablet one time.  
Whipworm, roundworm, hookworm 1 tablet in the morning and evening  
on 3 consecutive days.  
**Note:** All treatments can be repeated after 2-3 weeks.  
**2- Piperazine: vermizine**▪**Class**: anthelmintic  
▪**Action**: Paralyze the muscle of the parasite, which leads to  
dislodge & excretion of parasite.  
- Absorbed via GIT, metabolize in liver & excreted in urine.  
▪**Uses:** Pinworm (oxyuriasis), round worm (ascariasis).  
- **Note**: Recommended for pediatric use.  
72  
▪**Contraindications:** impaired liver & kidney function, seizures,  
and hypersensitivity.  
▪**Side effects**: nausea, vomiting, diarrhea, tremors, ataxia,  
blurring of vision, cataract, bronchospasm , rash .  
**Amebicides and trichomonocides  
1- Metronidazole: Flagyl**⮚**Class:** systemic trichomonocide, amebicide .  
⮚**Action:**•Effective against anaerobic bacteria & protozoa.  
•Inhibit growth of trichomona & amebae by binding to DNA  
& inhibit nucleic acid synthesis; resulting in cell death.  
•Well absorbed from GIT & widely distributed in tissues.  
•Eliminated in urine (primarily), 20% unchanged, resulting  
in red, brown discoloration in urine following P.O. or I.V.  
use .  
⮚**Uses:  
A -** *Systemic:*

|  |  |
| --- | --- |
| 1- Amebiasis, trichomoniasis.  3- Amebic liver abscess.  5- Endocarditis | 2- Amebic dysentery. 4- Septicemia 6- Giardiosis |

7- To control anaerobic infections of the abdomen following  
colorectal surgery, hystrectomy, emergency appendectomy.  
B*. Topical :*1. Inflammatory papules & pstules.  
73  
⮚**Contraindications:**•Active organic disease of CNS.  
•Blood disorders  
•Lactation.  
•1st trimester of pregnancy.  
•Topical Hypersensitivity.  
⮚**Side effects**: Dry mouth, metallic taste, diarrhea, dizziness  
abdominal discomfort, furry tongue, ataxia, vertigo & leukopnea.  
⮚**Dose:** 500-750 mg, 3 times daily for 5-10 days.  
⮚**Nursing considerations:**•If used IV, drug should not be given by IV bolus.  
•If a primary IV fluid setup is used, discontinue the primary  
solution during infusion of metronidazole.  
•Report any symptoms of CNS toxicity immediately, e.g.  
ataxia or tremor, which necessitate withdrawal of drug.  
•The drug may turn urine brown.  
•Explain for the male partner, the necessity to have therapy.  
**2- Povidone lodine: Betadine**⮚**Class**: Antiseptic, germicide.  
⮚**Action**: Is a non-stinging, non-staining iodine complex with all of  
the antiseptic properties of iodine but without skin & mucus  
membrane irritation.  
⮚Bactericidal for gram positive & negative bacteria, antibiotic  
resistant organisms, fungi, viruses, protozoa & yeast .  
⮚**Uses:**•Topical dressing - Antiseptic for wounds & burns.  
74  
•Degerming of skin - Preoperatively.  
•Treatment of dandruff.  
⮚**Contraindications:** skin hypersensitivity.  
⮚**Dose**: on full strength (solution or ointment) only once.  
**Antiviral Drugs**⮚Most antibiotics are ineffective against viruses.  
⮚Vaccines have been widely used to prevent certain viral  
infections e.g measles, small pox, polio …. .  
⮚Treatment of AIDS.  
**1- Acyclovir : Zovirax**⮚**Class**. : Antiviral , anti-infective  
⮚**Action**: Drug is converted to acyclovir triphosphate which  
interferes with herpes simplex virus DNA polymerase and  
therefore, inhibit DNA replication.  
⮚**Uses**:  
- P.O.: for initial and recurrent herpes infection in  
immunocompromised & nonimmunocompromised patients.  
- Parenteral: initial therapy of severe genital herpes, varicella zoster  
infection in immunocompromised patients.  
- Herpes simplex encephalitis.  
- Topical: it decreases duration of healing in limited nonlife  
threatening infection.  
⮚**Contraindications**: Hypersensitivity.  
⮚**Side effects:**P.O: nausea, vomiting, anorexia, sore throat.  
Parenteral: phlebitis, hypotension , skin rash.  
75  
Topical: Burning pain.  
⮚**Dose:**o Caps. & tabs: Initial 200 mg /4 hrs for a total of 5 caps\day for  
10 days.  
o Chronic: 200 mg t.i.d for up to 12 months.  
**2- Amantadine; Symmetrel**⮚**Class:** Antiviral, antiparkinson  
⮚**Action:** Prevent penetration of the virus into cell, may be by  
preventing uncoating of RNA.  
⮚**Uses**: Influenza A viral infection.  
⮚Symptomatic treatment of idiopathic Parkinson.  
⮚Parkinsonism syndrome postencephalitis.  
⮚**Contraindications:** Hypersensitivity.  
⮚**Side effects**: Nausea, vomiting, constipation, anorexia, CHF,  
leukopnea.  
**Antineoplastic Agents**Treatment of tumors involves one or a combination of the following  
treatment modalities:  
1. Surgery 2. Radiation 3. Chemotherapy  
**Chemotherapy :**⮚Antineoplastic or cytotoxic (cell poisons) drugs: toxic and interfere  
with the growth of normal as well as abnormal cells specially  
76  
rapidly growing cells; e.g bone marrow, GI mucosal epithelium &  
hair follicles.  
⮚**Side effects:**•Bone marrow depression: leukopnea, thrombocytoprea, anemia.  
•Hair follicles: alopicia.  
•GI: nausea, vomiting, stomatitis.  
⮚**General nursing considerations for antineoplastic agents:**•**Administration:**o Should be prepared by trained personnel (not by a pregnant).  
o Prepared away from cooling or heating vents & other people.  
o Use latex gloves to protect skin.  
o Wash hands before and after preparation.  
o Wear non-permeable surgical gown with a close front, fit  
knit cuffs.  
o Use piggyback setup with electronic infusion pump.  
o Start infusion with solution not containing vesicant agent.  
o If possible, not use dorsum of the hand, wrist & anticubital  
fossa, as a site of infusion & don’t previously used sites.  
o After starting unmedicated solution, check for blood return,  
pain, redness and edema.  
o Instruct client to report pain, redness, and edema during &  
after treatment.  
o Intake and output monitoring.  
o Report any extravasation to physician & follow policy to  
minimize effect.  
77  
•**Bone Marrow depression:  
1. Leukopenia:**o Check WBC count and sudden drop less than 2000\mm3.  
o Check temperature every 4 hours, report fever more than  
38ºC.  
o Assess skin and body orifices for signs of infections.  
o Prevent infection by meticulous body care and strict medical  
asepsis.  
o Provide mouth care every 4-6 hours.  
o Reverse isolation:  
✓Private room.  
✓Gloves, masks, gowns as ordered.  
✓Limit articles brought to room.  
✓Infected personnel (staff & visitors) not to inter this  
room.  
o Change IV infusion every 24 hours, IV site every 48 hours.  
**2. Thrombocytopenia:**o Check platelet count less than 150,000 \mm3.  
o Check urine for blood cells, stool for occult blood, skin for  
petechiae.  
o Prevent bleeding by minimizing S.C. or IM injections.  
o Report & document any unusual bleeding after injection.  
o Advice the client to use safety measures to prevent injury +  
bleeding.  
**3. Anemia:**o Check hemoglobin & hematocrit values regularly.  
o Assess for pallor, fatigue & lethargy.  
78  
o Provide nutritious diet.  
o Instruct client to take iron & vitamin C supplements.  
o Assist with blood transfusion.  
**4. GI toxicity “nausea and vomiting”**o Compare client’s nutritional status and weight with baseline  
established at starting of therapy.  
o Determine if the client has anorexia.  
o Premedicating with antiemetic as ordered.  
o Administering antineoplastics on empty stomach to minimize  
nausea and vomiting.  
o Encourage ingestion of dry carbohydrates such as toast  
before therapy.  
o Consider likes and dislikes of the patient.  
o Encourage intake of high protein diet.  
o Provide good oral hygiene both before and after meals.  
o Provide supportive care to keep client comfortable and clean  
and free from odors.  
o Correction of electrolytes may be required.  
**A) Alkylating Agents:**⮚**Action:** are highly reactive in that under physiologic conditions  
they donate an alkyl group to biologically important molecules as  
DNA.  
**1. Carboplatin: paraplatin .**⮚**Class:** antineoplastic, alkylating agent.  
⮚**Uses**: ovarian cancer.  
⮚**Additional Side effects:** neurotoxicity, nephrotoxicity.  
79  
**2. Cyclophosphamide (CYC) :cytoxan**⮚**Class**: antineoplastic, alkylating agent.  
⮚**Uses:** multiple myloma, malignant lymphomas, Hodgkin’s disease.  
⮚**Additional Side effects:** alopecia, bone marrow depression,  
hemolytic cystitis, darkening of skin & fingernails.  
**Ifosfamide: lfex**⮚**Class**.: antineoplastic, alkylating agent.  
⮚**Uses**: acute leukemia, testicular cancer, malignant lymphomas.  
⮚**Additional Side effects:** hemorrhagic cystitis.  
**B) Antimetabolites:**⮚**Action**: Disrupt DNA replication by interfering with an essential  
step in its synthesis and metabolism.  
**1. Cytarbine: cytosar**⮚**Class**: antineoplastic , antimetabolite.  
⮚**Uses:** acute myelocytic leukemia, Hodgkin’s lymphoma.  
⮚**Additional Side effects**: cytarbine syndrome occurs 6-12 hours  
following administration manifested by myalgia, fever, and bone  
pain.  
**2. Methotrexate (MTX) : abitexate**⮚**Class.:** antimeabolite, folic acid analog.  
⮚**Action:** similar to sulfonamide, it decreases purine and DNA  
synthesis.  
⮚**Uses**: uterine choriocarcinoma (cancer of the placenta), vesicular  
mole, leukemia.  
o In low doses for treatment of rheumatoid arthritis. Action  
isn’t known.  
80  
⮚**Side effects**: severe bone marrow depression, hepatotoxicity,  
hemorrhagic entertis, transient paresis or seizures.  
⮚Given intravenously and intrathecally.  
**C) Antibiotics:**⮚**Action**: interfere with RNA, DNA and protein synthesis,  
1) Bleomycin  
2) Dactinomycin: actinomycin D .  
3) Doxorubicin: Adriamycin.  
**D) Natural products and miscellaneous agents:  
1) Cisplatin:**⮚**Class.:** antineoplsstic, miscellaneous.  
⮚**Side effect:** Severe nausea and vomiting.  
⮚**Note**: Hydrate patient by I.V. fluids 8-12 hours before treatment.  
⮚Zoforan (antiemetic) is to be given to relief nausea and vomiting.  
**2) Vincristine : oncovin**⮚Class: antineoplastic, miscellaneous, plant alkaloid.  
⮚Uses: Hodgkin’s disease, leukemia, lymphoma (IV only).  
**E) Hormonal and antihormonal antineoplastic agents:**⮚The growth of cancers affecting the male or female reproductive  
system and the breasts is usually enhanced by the presence of the  
hormones normally controlling the function of these tissues.  
⮚Administration of an antihormone or different hormone which  
alters hormone function by competing for hormone receptors,  
which will inhibit neoplastic growth.  
⮚**Specific Nursing consideration :**•Increase fluid intake to relief hypercalcemia.  
81  
•Assess for insomnia, anorexia, vasculor collapse symptoms of  
hypercalcemia.  
•Withhold drug and report elevated serum calcium level.  
**1) Diethylstilbestrol: stilphostrol**⮚**Class**.: Estrogen, synthetic, nonsteroidal.  
⮚**Action:** compete with androgen receptor.  
⮚**Uses**: contraceptive (emergency)  
⮚Prostatic cancer (palliative).  
⮚**Contraindication:**o Breast cancer, thrombophlebitis.  
o During pregnancy (possible vaginal cancer).  
**2) Temoxifen: valodex**⮚**Class:** anti-estrogen  
⮚**Action:** occupy estrogen receptors in target tissue (breasts).  
⮚**Uses:** palliative treatment of breast cancer (postmenopausal).  
⮚Gynecomastia (to reduce pain & size).  
**3) testolactone; testosterone**⮚**Class.:** antineoplastic, androgen.  
⮚**Action**: synthetic steroid related to testosterone.  
⮚**Uses:** treatment of breast cancer, ovarian tumor.  
⮚**Contraindication:** breast cancer in men.  
**Drugs Affecting Blood Formation and Coagulation  
1) Antianemic Drugs:**⮚Anemia: Refers to many clinical conditions in which there is a  
deficiency in the number of RBCs or in the hemoglobin level  
within those cells.  
82  
⮚Iron deficiency anemia (hypochromic microcytic)  
⮚Vitamin C (citrus fluids) enhances absorption of iron.  
⮚Megaloblastic anemia (vitamin B12 and folic acid deficiency).  
**Iron Preparations:**⮚A complex of iron and other substances are normally taken  
orally.  
⮚Sometimes administered parenterally when:  
o Some disorders limiting the amount of drug absorbed by GIT.  
o Patient is unable to tolerate oral iron.  
⮚Iron deficiency is common in infants (low iron in diet), and during  
pregnancy (increased requirements).  
⮚**Action:** Iron (diet or drug) absorbed from GIT and transport to  
bone marrow after combining with protein transferrin, to  
incorporate with hemoglobin.  
⮚**Uses**: prophylaxis and treatment of iron deficiency anemia.  
⮚**Contraindication**s: Hemosiderosis, peptic ulcer, enteritis,  
ulcerative colitis and liver cirrhosis.  
⮚**Drug interactions:**o Antacids: decrease absorption of iron.  
o Tetracycline: iron diminishes affect of tetracycline (decrease its  
absorption).  
⮚**Side effects:**o Constipation, gastric irritation, and abdominal cramps, change  
color of stool to black.  
o Toxic reaction: (parenteral): causes nausea, vomiting, peripheral  
vascular collapse. Occurs within 60 seconds of toxic dose.  
Symptoms may disappear then reappear after 6-24 hours.  
83  
⮚**Treatment of iron toxicity:**o Symptomatic treatment.  
•Induce vomiting, then give egg and milk.  
•Gastric lavage may be done with IV NaHco3 solution to  
counteract acidosis.  
o Give antidote (chelliating agent); IV infusion of deferoxamine  
(desferal).  
⮚**Nursing considerations:**o Take a complete history, including use of antacids.  
o Ask about any evidence of GI bleeding.  
o Advise client to take iron with meals to reduce gastric irritation.  
o Take iron with citrus juices to enhance absorption.  
o Advise client not to take iron with milk, tea, or antacids (they  
decrease iron absorption).  
o Encourage client to eat a well balanced diet.  
o Keep drug out of reach of children (extremely toxic).  
o When administering iron to child, dilute it with water or fruit  
juice & use a straw to minimize teeth staining.  
o Discuss with client the possibility of indigestion, changes in stool  
color (black) and constipation.  
**1) Ferrus Sulfate: Ferrograd, Eryfer**⮚**Class:** antianemic, iron  
⮚**Advantages:**o Less expensive  
o Most effective oral preparation.  
o More stable in air.  
⮚**Dose**: Elixir, oral solution, tablets, enteric-coated tablets.  
84  
o Prophylaxis: 300 mg daily.  
o Treatment: 300 mg bid.  
**2) Iron dextran injection: imferon**⮚**Class**.: Iron preparation, parenteral.  
⮚―The only iron preparation used parenterally‖  
⮚**Uses:** IM or IV for iron deficiency anemia when oral administration  
is not possible.  
⮚**Side effects:** Anaphylaxis, rashes, nausea, vomiting, diarrhea,  
hypotension, tachycardia, shock.  
o IM: causes brown skin, abscess formation.  
o IV: leads to phlebitis.  
⮚**Nursing considerations:**•Should never be mixed with other medications or added to  
parenteral nutrition.  
•Obtain vital signs to determine client’s response to therapy.  
•Give the drug IM deeply or IV slowly.  
•Prevent staining of skin by using a separate needle.  
•Be prepared to assist with treatment of iron intoxication.  
**Folic acid**Generic Name: Folvite  
**Action**Stimulates production of red and white blood cells and platelets in some  
megaloblastic anemias.  
**Indications and dosages**➣ Recommended dietary allowance  
85  
➣ Megaloblastic anemia related to folic acid deficiency in nutritional  
deficiency, pregnancy, childhood, or infancy.  
➣ Folate deficiency  
Dose: 150 to 400 mcg, up to 1 mg/day  
**Contraindications and precautions**● Contraindicated in pernicious, aplastic, or normocytic anemia  
● Use cautiously in breastfeeding patients.  
**Adverse reactions**Altered sleep pattern, malaise, poor concentration, impaired judgment,  
hyperactivity, anorexia, nausea, flatulence, bitter taste, allergic reaction  
(including rash, pruritus, erythema), Bronchospasm.  
**Nursing Considerations:**1. Teach woman about importance of taking daily dose 3 months before  
pregnancy and in first trimester as it decreases fetal neural tube  
defects by 50%.  
2. It is not effective in normocytic anemias  
**Anticoagulants & Hemostaties**⮚Prothrombin (thromboplastion ) thrombin  
⮚Fibrinogen (thrombin) fibrin (insoluble protein).  
⮚Several factors participate in blood clotting manufactured by the  
liver as vitamin K. (Liver disease affect blood clotting)  
⮚Many diseases lead to defect of coagulation (hemophilia, C.V.  
diseases).  
86  
**Anticoagulants:  
1) Warfarin sodium: coumadin**⮚**Class:** anticoagulant.  
⮚**Action:** prevent the formation of factors II, VII, IX and X in the  
liver.  
⮚**Uses**:  
o Prophylaxis and treatment of deep venous thrombosis.  
o Thromboembolison - Thrombophlebitis.  
o Prophylaxis from myocardial infarction.  
⮚**Contraindications:**o Hemorrhagic tendencies  
o Blood disorders.  
o Ulcerative lesion of GIT.  
o Impaired renal and hepatic function.  
o Severe hypertension.  
o Thrombocytopnia.  
⮚**Drug interaction:**o Antacids: decrease effect of anticoagulants (by decreasing  
its absorption)  
o Salicylate: effect of anticoagulants.  
⮚**Side effects**: hemorrhagic accidents.  
⮚**Antidote:** vitamin K.  
⮚**Nursing considerations:**o Daily monitoring of prothrombin time is recommended.  
o Instruct clients to take the drug before meal.  
o Remind clients to wear identification band that states that they  
are on anticoagulant therapy.  
87  
o Advise client to avoid activities that may cause injury.  
o Vitamin K should be available  
o Food rich in vitamin K should be avoided.  
**2) Heparin:**⮚**Class:** anticoagulant  
⮚Naturally occurring substance isolated from porcine intestinal  
mucosa or bovine lung tissue.  
⮚Must be given parentally.  
⮚Doesn’t interfere with wound healing.  
⮚**Action**: Potentiate the inhibitory action of antithrombin III on  
various coagulation factors.  
⮚Inactivate thrombin and prevent the conversion of fibrinogen  
to fibrin.  
⮚**Uses**:  
o To prevent extension of clots.  
o To prevent thrombi and emboli from recurring.  
o Prophylactic from thromboembolic diseases.  
o After some types of surgery (cardiac, orthopedic & vascular).  
o Prevent clotting during hemodialysis.  
o Treatment of DIC (disseminated intravasculor coagulation)  
o Coronary occlusion after MI.  
⮚**Contraindications:**o Blood disorders with bleeding tendencies (hemophilia).  
o Suspected intracranial hemorrhage.  
o Open wounds.  
o During surgery of the eyes, brain and spinal cord.  
88  
o Menstruation.  
o Abortion.  
o Any drugs or conditions affecting blood coagulation.  
⮚**Side effects:** Hemorrhage.  
⮚**Overdose**: nose bleeding, hematouria, petechiae, tarry stool.  
⮚**Antidote:** protamin sulfate.  
⮚**Dose:** IV or S.C measured in units according to bleeding & clotting  
time.  
⮚**Nursing considerations:**o Should not be administered IM, administer by deep sc to  
minimize local irritation and to prolong the action of drug.  
o Don’t massage before and after injection.  
o Change site of administration to avoid ecchymosis.  
o Instruct and stress the importance of reporting any signs of  
active bleeding.  
o Use electric razor for shaving, soft bristle tooth brush to  
decrease gum irritation.  
o Patient should be hospitalized for IV therapy.  
o Clotting time, PTT should be done before the start of therapy  
each dose of drug then daily.  
**3) Enoxaparin sodium  
Trade name**: Clexane , Lovenox 3  
**Class*:*** Anticoagulant**,** low-molecularweight heparin.  
⮚Pregnancy risk category B  
**Action**⮚Inhibits thrombus and clot formation by blocking factor Xa and  
factor IIa. This inhibition accelerates formation of antithrombin  
89  
III-thrombin complex (a coagulation inhibitor), thereby  
deactivating thrombin and preventing conversion of fibrinogen  
to fibrin.  
**Indications and dosages**⮚Patients at risk for thromboembolic complications (pulmonary  
embolism and deep-vein thrombosis) due to severely restricted  
mobility during acute illness or post a major surgery.  
⮚Prevent blood clots.  
⮚In some cases of pregnancy (sometime, a blood clot is formed  
in the umbilical cord due to antiphispholid syndrome, which  
leads to miscourage).  
⮚**Adults:** 40 mg subcutaneously daily  
**Contraindications**⮚Hypersensitivity to clexane or heparin.  
⮚Thrombocytopenia  
⮚Active major bleeding  
⮚Major blood disorders  
⮚Certain types of stroke  
⮚Do not give Clexane to a child.  
**Precautions**Use cautiously in:  
⮚Severe hepatic or renal disease, retinopathy (hypertensive or  
diabetic), uncontrolled hypertension, hemorrhagic stroke,  
bacterial endocarditis, GI bleeding or other bleeding disorders  
⮚Recent history of ulcer disease  
⮚Pregnant or breastfeeding patients  
⮚Children.  
90  
**Adverse reactions**⮚**CNS:** dizziness, headache, insomnia, confusion,  
**cerebrovascular accident**⮚**CV:** edema, chest pain, **atrial fibrillation, heart failure**⮚**GI:** nausea, vomiting, constipation  
⮚**GU:** urinary retention  
⮚**Hematologic:** anemia, **bleeding tendency, thrombocytopenia,  
hemorrhage**⮚**Skin:** bruising, pruritus, rash, urticaria, irritation, or erythema at  
injection site  
**Nursing considerations:**⮚Monitor CBC and platelet counts. Watch for signs and  
symptoms of bleeding or bruising.  
⮚Instruct patient to promptly report irregular heartbeat, unusual  
bleeding or bruising, rash.  
⮚Teach patient safety measures to avoid bruising or bleeding.  
**Phytonadione (vitamin K1)**⮚**Class: Vitamin**⮚**Action**Promotes hepatic synthesis of active prothrombin.  
⮚**Indications**Hypoprothrombinemia caused by anticoagulant therapy  
Hypoprothrombinemia secondary to other causes  
Prevention and treatment of hemorrhagic disease of newborn  
⮚**Neonates:** For prevention, 0.5 to 1 mg I.M. as a single dose within  
1 hour of birth.  
91  
**Contraindications and precautions**⮚Contraindicated in hypersensitivity to drug  
⮚Use cautiously in pregnant or breastfeeding patients, and children.  
**Adverse reactions**⮚Hyperbilirubinemia (in infants); with parenteral administration—  
pain, swelling,  
⮚tenderness at injection site; itchy rash after repeated injections;  
transient flushing sensations; **anaphylic reaction.  
Thrombolytic Agents**▪Agents used to promote the dissolution(lysis ) of the insoluble fibrin  
trapped in intravascular emboli and thrombi.  
- The most serious complication is hemorrhage.  
- Heparin therapy usually follows treatment with these agents.  
**1- Streptokinase:  
Class:** Thrombolytic agent.  
**Action:** Acts with plasminogen to produce an activator complex which  
enhance the conversion of plasminogen to plasmin which breaks down  
fibrinogen, fibrin clot & other plasma proteins.  
**Uses**: Deep venous thrombosis (DVT)  
Myocardial infarction (MI)  
To clear occluded arteriovenous or IV canula.  
**Contraindication:** Hemorrhage.  
**Side effects:** Bleeding, nausea, and headache.  
92  
**Antifibrinolytic agents  
Tranexamic acid  
Trade Name:** Hexacaprone  
Classification: Antifibrinolytic  
**Uses:** Prevention of heavy bleeding such as heavy periods, nose bleeds  
Prevention of bleeding during tooth extraction in *haemophiliacs* (people who  
lack a clotting factor)  
**Contraindications:** pregnancy, breast feeding, history of thromboembolic  
disease, kidney problems, bleeding disorders, and menstrual bleeding.  
**Side-effects:** Nausea, vomiting, Diarrhea  
**Nursing considerations:  
1.** To overcome GI problems, instruct patient to eat little and often, and  
eat simple foods such as dry toast.  
**2.** Teach patient to drink plenty of fluids.  
**3.** Watch for thrombus or embolus formation  
**4.** Teach patient to report sudden slurred speech, loss of co-ordination,  
pain in the chest or groin or leg you should contact a doctor as soon as  
possible. If any of these occur, stop taking the medication and see  
your doctor.  
93  
**Cardiac drugs  
Cardiac glycosides**▪Digitoxins are plant alkaloids.  
▪They increase myocardial contractions, which will increase blood  
supply to all organs including the kidneys therefore causing diuresis,  
which will decrease the edema.  
▪They are used to treat cardiac arrhythmia because they decrease heart  
rate.  
▪**Action:**▪They increase the force of myocardial contractions (positive  
inotropic).  
▪They increase the contractility of the heart muscle by minimizing the  
movement of Na and K ions and increasing the release of Ca ions in  
the myocardial cells.  
▪It decreases the heart rate due to increase in parasympathetic nervous  
system and decrease in the sympathetic tone.  
▪They are primarily excreted through the kidneys.  
▪The initial dose is the larger dose (the loading or digitalizing dose),  
the subsequent doses are referred to as (Maintenance doses).  
▪**Results:**▪Decrease in venous pressure.  
▪Coronary dilatation.  
▪Reduce heart size.  
▪Marked diuresis and decreasing edema.  
▪**Indications:**1. Congestive heart failure (C.H.F).  
94  
2. Cardiac arrhythmia (atrial fibrillation, atrial flutter and sinus  
tachycardia.  
▪**Contraindication:**1. Hypersensitivity.  
2. Angina pectoris in absence of CHF.  
3. Given with caution for elderly and people who have kidney failure.  
▪**Side effects:**1. They are extremely toxic and may cause death.  
2. There is a narrow margin of safety between the therapeutic dose and  
the toxic dose.  
3. Could cause overdose by cumulative effects of the drug so frequent  
assessment of the serum level is essential.  
4. May cause cardiac arrhythmia such as bradycardia (below than 60  
beat /minute) and other dysarrhythmia.  
5. Nausea, vomiting, and diarrhea.  
6. Headache, malaise and muscle weakness.  
7. Skin rashes, blurring of vision, diplopia and while halos.  
▪**Note:**▪Patients suffering from digitalis intoxication should be admitted to  
the ICU for continuous monitoring of ECG. Administration of  
digitalis should be halted.  
▪If serum potassium is below normal, administer K salts and give  
antiarrhythmic drugs as Lidocain as ordered by Dr.  
▪**Drug interactions:**1. Antacid (they decrease the effect of digitalis).  
2. Fursemide (Lasix): it increase K loss and increase the chance for  
digitalis toxicity.  
95  
▪**Predisposing factors for digitalis toxicity:**1. K loss (hypokalemia) which results from: diuretics, NPO, gastric  
suction, and poor K intake.  
2. Pathological conditions;  
A) Liver disease: they decrease metabolism and therefore increase  
digitalis level.  
B) Kidney disease: they decrease the excretion of drug and therefore  
increase digitalis levels.  
▪**Nursing considerations:**▪Check doctor’s order, medication record and bottle label accurately.  
▪Observe monitor for evidence of bradycardia or arrhythmia.  
▪Measure intake and output accurately.  
▪Weigh the patient in daily basis.  
▪Pulse should be checked by 2 nurses.  
▪Provide the client with foods high in potassium as banana, orange.  
▪Monitor serum digoxin level.  
▪Elderly people should be assessed for early signs of toxicity.  
▪Have digoxin antidote available (digoxin immune FAB).  
▪**Drugs:  
Digoxin:** Lanoxin  
**Class:** cardiac glycoside.  
It is the drug of choice for CHF because of:  
1. It has rapid onset.  
2. It has short duration.  
3. It can be administered P.O. or IV.  
96  
**Dose:** digitalization dose = 0.4 – 0.6 mg followed by 0.05 – 0.35 mg once  
or twice daily.  
**Antidote**: Digoxin Immune FAB (Ovine)  
**Coronary vasodilators  
1. Antianginal drugs**❖**Angina pectoris:** is a clinical syndrome characterized by paroxysm of  
pain in the anterior chest caused by insufficient coronary blood flow  
and/or inadequate oxygen supply to the myocardial muscle.  
Causes: (1) Atherosclerosis. (2) Vasospasim.  
❖There are three groups of drugs used for treatment of angina:  
1. Nitrates/nitrites.  
2. Beta-adrenergic blocking agents.  
3. Calcium channel blocking agents.  
❖**Nitrates/nitrites:**- Nitrates/nitrites - Action: direct relaxation of blood vessels and smooth  
muscles vasodialtion O2 requirements.  
- relaxation of smooth muscles of coronary arteries coronary  
vasodialtion blood supply to the myocardium.  
- relaxation of arteries and veins BP workload  
in the heart.  
❖**Indications:**1. Prophylaxis and treatment of acute angina pectoris.  
2. Treatment of chronic angina pectoris.  
3. Treatment of hypertension associated with MI or CHF.  
4. Nitroglycerin ointment for treatment of Raynaud’s disease.  
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❖**Contraindications:**1. Sensitivity to nitrates Hypotension.  
2. Severe anemia.  
3. Hypotension.  
4. Head trauma.  
5. Cerebral hemorrhage.  
❖**Side effects:**1. Headache, syncope, dizziness.  
2. Postural hypotension, transient flushing, and palpitation.  
3. Topical application may lead to dermatistis.  
❖**Drug interaction**: Antihypertensive agents, Beta-adrenergic blocking  
agents, and calcium-channel blocking agent (they may lead to additive  
hypotension.  
❖**Dosage:** there are several forms available:  
1. Sublingual: Cordil 5 mg PRN.  
2. PO: Isotard 20 – 40 mg twice a day.  
3. Topical: avilable as patches or ointment.  
4. Parental (IV infusion).  
❖**Nursing considerations:**1. medications should be taken on an empty stomach.  
2. Carry sublingual tablets in a glass bottle, tightly capped.  
3. If anginal pain is not relieved in 5 minutes by first sublingual tablet, to  
take up to 2 more tablets at 5 minutes interval. If pain has not subsided 5  
minutes after the 3rd tablet, client should be taken to the emergency  
room.  
4. Take sublingual tablets 5-15 minutes prior to any situation likely to  
cause anginal pain such as climbing stairs.  
98  
5. Take sublingual tablets while sitting to avoid postural hypotension.  
❖**Isosorbide dinitrate:**- Present in the forms of capsules chewable, sublingual, tablets.  
**- Trade names:** Cordil, Isotard.  
**- Class:** coronary vasodialtor.  
**- Dosage forms:** caps 20-40 mg, tabs 20-40 mg.  
**- Uses:  
-** Tabs for only prophylaxis of anginal pain.  
- Chewable, sublingual to terminate acute attack and relieve acute pain.  
- Esophageal spasm.  
- **Side effects:** Headache, hypotensioin.  
**- Dosage:**- Sublingual: acute attack 2.5-5 mg Q 2-3 hrs.  
- Oral caps/tabs: 5-20 mg Q 6 hrs.  
- Extended release tabs: 20 –80 mg Q 8-12 hrs.  
- **Note**: Isosorbide mononitrate given for patients with liver impairments.  
❖**Calcium channel blocking agents:**- **Action:** for contraction of cardiac and smooth muscle to occur,  
extracellular calcium must move into the cell through openings called  
calcium channels. These agents inhibit the influx of calcium through the  
cell membrane resulting in a depression of automatically and conduction  
velocity in both smooth and cardiac muscles leading to:  
1. Myocardial contractility. .  
2. Inhibit spasm of coronary arteries dilatation.  
3. Peripheral vasodilatation peripheral resistance.  
4. S. A. node automatically and conduction heart rate.  
99  
▪**Nifedipine: Adalat**- Class: calcium channel blocking agent (anti-angina, antihypertensive).  
- Uses: vasospastic angina, essential hypertension.  
- Contraindications: hypersensitivity, lactation.  
- Side effects: pulmonary and peripheral edema, MI, hypotension,  
headache, muscle cramps, flushing.  
- Dosage: 10- 30 mg tid.  
- In hypertensive emergencies: 10-20 mg given orally or  
sublingually by puncturing the capsule and squeezing contents  
under the tongue.  
▪**Verapamil: Ikacor**- **Class:** calcium channel blocking agent (anti-angina, antihypertensive).  
**- Uses:**- **P.O:** angina pectoris, arrhythmia (atrial fibrillation, and flutter).  
- Essential hypertension.  
**- IV:** supraventricular tachycardia.  
- **Contraindications:** hypotension, cardiac shock, and MI.  
- **Side effects:** AV block, bradycardia, headache, dizziness, abdominal  
cramps, blurring of vision, and edema. .  
- **Dosage:** Initial 80-120 mg tid then 240-480 mg /day.  
▪**Nursing considerations for calcium channel blocking agents:**1. Discuss with the patient/family the goals of therapy.  
2. Teach them how to take pulse and blood pressure. Hold the medication  
in case of hypotension or bradycardia and consult the treating Dr.  
3. Instruct the client to report any untoward sings as dizziness.  
4. In case of postural hypotension, advise the client to change position.  
5. Advise client to sit down immediately if fainting occurs.  
100  
6. Calcium antagonists should be taken with meals to GI irritation.  
**Antihypertensive drugs**❖**Hypertension:** is a condition in which the mean arterial blood  
pressure is elevated.  
❖**Essential hypertension:** could be mild, moderate, or sever and may  
lead to dangerous changes in kidneys, eyes and blood vessels.  
❖**Secondary hypertension:** a certain disease or condition leads to  
elevation of blood pressure such as toxemia or pregnancy, acute  
kidney failure, etc.  
❖**Antihypertensive agents**: are initiated when diastolic blood pressure  
is higher that 90mm/Hg.  
❖**Treatment of hypertension includes**:  
1. weight reduction. 2. Sodium restriction.  
3. Alcohol restriction. 4. Stop smoking.  
5. Exercise. 6. Behavior modification.  
❖Single drug should be considered from the following classes:  
1. Diuretics.  
2. Beta-blocking agents.  
3. Calcium channel blocking agents.  
4. Angiotesin converting enzyme inhibitors.  
❖Initial therapy is continued for one month. If there is no response,  
combination therapy is needed.  
❖**Nursing considerations:**1. Determine base line blood pressure before starting antihypertensive  
treatment.  
101  
2. Evaluate the extent of the client’s understanding of the disease and the  
therapy.  
3. Ascertain lifestyle changes.  
4. Determine client’s ability to take his BP measurement.  
5. Record significant changes in BP readings.  
6. Advise client to adhere to low sodium diet.  
7. Explain the importance of adhering to treatments plan.  
8. Teach the patient/family how to measure intake and output.  
**1. Angiotensin-converting enzyme inhibitors:**❖**Captopril:**▪**Trade name: Capotin, nhabace.**▪**Class:** antihypertensive, inhibitor of angiotensin synthesis**.**▪**Action:**- captopril is a highly specific competitive inhibitor of angiotensin I  
converting enzyme. The enzyme is responsible for the conversion of  
angiotensin I to angiotensin II which decrease BP.  
- reduce peripheral arterial resistance.  
- Decrease aldosterone secretion which works to increase level of serum  
potassium.  
▪**Indications:**1. Hypertension.  
2. In combination with diuretics and digitalis in the treatment of CHF.  
▪**Contraindication:** Hypersensitivity, renovascular disease and  
pregnancy.  
▪**Side effects:**Skin rash, loss of taste, neutropnea, nausea, vomiting,  
hypotension, proteinuria, renal failure and hyperkalemia.  
102  
▪**Dosage:**▪**Tablets: -** 12.5 mg 2-3 time per day.  
- If there is no response, after 1-2 weeks, increase dose to 25 mg 2-3 time  
per day.  
▪**Nursing considerations:**1. In case of overdose, give normal saline to restore BP.  
2. Should not be discontinued without Dr. order.  
3. Obtain baseline hematological studies, liver & renal functions tests prior  
to beginning the treatment.  
4. Determine client’s understanding of the therapy and if he/she takes other  
medications.  
5. Observe client closely for hypotension 3 hours after the initial dose.  
6. In case of hypotension, place client in supine position and give IV saline  
infusion.  
7. Withhold potassium sparing diuretics and consult with physician  
(hyperkalemia may occur).  
8. Take captopril 1 hour before meal or on an empty stomach.  
9. Report skin rash, heartburn, and chest pain to physician.  
10. Explain to client that he may develop loss of taste for 2-3 months, if it  
persist, notify the physician.  
**2. Beta-adrenargic blocking agents:**- **Action**: it combines with beta-adrenargic receptors to block the response  
to sympathetic nerve impulses, circulating catecholamines or adrenargic  
drugs.  
- β-adrenergic receptors have been classified as beta 1 (in the cardiac  
muscle) and beta 2 (in the bronchi and blood vessels).  
103  
- Blocking of β1 receptors HR, myocardial  
contractility and cardiac output BP.  
- Blocking of β2 receptors airway resistance (bronchospasm),  
and vasoconstriction.  
- These drugs could be selective (working on one receptor such as β1  
selective drugs (Atenolol) or it could be nonselective (such as  
Propranolol)

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| **Uses:** 1. hypertension,  3. Cardiac arrhythmias. | 2. Anginal pectoris. 4. Myocardial infarction. |

5. Prophylaxis of migrin.  
**Contraindications:**Bradycardia, C.H.F., cardiogenic shock, diabetes, thyrotoxicosis, chronic  
bronchitis, asthma, bronchospasm, emphysema.  
**Side effects:**Bradycardia, C.H.F., hypotension, cold extremities (due to peripheral  
vasoconstriction), edema, dyspnia, shortness of breath, nausea, vomiting,  
hepatomegaly and bronchospasm.  
**Treating overdose:**1. Inducing vomiting, gastric lavage.  
2. Artificial respiration.  
3. Give atropine sulfate 0.6 mg (up to 3 mg) and glycogan for the treatment  
of bradycardia.  
4. Treat hypoglycemia and hypokalemia.  
5. I.V fluids.  
6. Adrenaline or dopamine to increase Blood pressure.  
**Nursing considerations:**1. Instruct patient/family to take blood pressure and pulse.  
104  
2. Provide written instructions as when to call physician (e.g. HR below 50  
beat/min).  
3. Consult the physician before interrupting the therapy.  
4. Some drugs lead to blurring of vision, so that tell patients not to engage  
in activities need mental alertness.  
5. Instruct patient to dress warmly during cold weather.  
6. Diabetic patient should be very careful about symptoms of  
hypoglycemia.  
7. Report any asthma-like symptoms.  
**Atenolol:  
Trade name:** Normatin.  
**Classification:** Beta-adrenergic blocking agent  
**Classification:** beta 1 –adrenoreceptr blocking drug which is a  
cardioselective.

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| --- | --- |
| **Uses:** Hypertension  **Dosage:** | angina pectoris. |

**Tablets:** 50 mg or 100 mg daily  
Initial dose is 50 mg, if there is no response, increase dose to 100 mg  
daily.  
IV in case of acute MI: give 5 mg over 5 minutes, and if there is no  
response, give another 5 mg after 10 minutes.  
**Specific nursing considerations:  
3.** For IV use, the drug may be diluted in sodium chloride, dextrose, on  
dextrose saline.  
**Propranolol hydrochloride  
Trade name:** Inderal, Deralin  
**Classification:** beta-adrenergic blacking agent, antiarryhthmic.  
105  
**Action:** manifests both beta1 and beta 2 adrenergic blocking activity.  
**Indication:**1. Angina pectoris. 2. Hypertension.  
3. Cardiac arrhytmias. 4. Prophylaxis of migrin.  
5. Prophylaxis of MI. 6. Pheochromocytoma  
**Additional side effects**: psoriasis-like eruptions.  
**Dosage:**Tablets: initial dose of 40 mg bid, then 120-240 mg in 2-3 divided doses.  
**Contraindications:** Asthma.  
**3. Centrally acting agents:  
Methyldopa:  
-Trade name: (Aldomin )  
-Classification:** Antihypertensive, centrally acting antiadrenergic agent.  
**-Action:** The active metabolite alphamethylenorepinephrin lowers BP by  
stimulating central inhibitory alpha-adrenergic receptors.  
**-Uses:-** Hypertension & hypertension crises (parenteral).  
**-Contraindications:-**1. Hypersensitivity,  
2. Active hepatic diseases.  
3. Pheochromocytoma.  
**-Side effects:-**- Headache, dizziness, general weakness, depression and sedation.  
- Bradycardia, orthostatic hypotension.  
- Dry mouth, nausea, vomiting, sore (black) tongue.  
- Jaundice, liver disorders.  
- Hemolytic anemia, & leukopenea.  
106  
- Male impotence.  
- **Dosage:  
Tabs.** : initially 250 mg bid or tid.  
**-Nursing considerations:-**1. Avoid activities that need mental awareness such as driving.  
2. Note any evidence of jaundice and do liver function test on intervals.  
3. Advise pt. to rise from the bed slowly.  
4. Instruct pt. about reportable Signs & Symptoms  
5. Explain to pt. that urine rarely may be turn into dark / blue color.  
6. Advise client to carry a card detailing current medication regimens  
always.  
**5. Agents that act directly on vascular smooth muscles:-  
Hydralazine hydrochloride:-  
- Trade name:- ( Apresoline )  
- Classification:-** Antihypertensive, direct action on vascular smooth  
muscles.  
**- Action:** directly affect smooth muscles vasodilation,  
cardiac output and finally blood flow to the brain and kidneys.  
**- Uses:** used with combination therapy to treat hypertension.  
Given **parenterally** in hypertension emergencies.  
**- Contraindications:**- Angina pectoris.  
- Rheumatic heart disease.  
- Chronic glomerulonephritis.  
- Systemic lupupus erthrmatosis (S.L.E.)  
107  
**- Side effects:-**- Orthostatic hypotension, tachycardia, nausea, vomiting.  
- Headache, dizziness, constipation and male impotence.  
**- Dosage:-  
- Tabs. : initially** 10 mg qid for 2-4 days, then 25 mg bid  
**- I.V, I.M:** 50 mg (IV slowly) repeated as necessary. (may decrease  
Bp in 5 minutes.)  
**Drugs affecting The Central Nervous system  
Barbiturates:  
• Phenobarbital :  
Trade name**: Luminal.  
**Class:** sedative- anticonvulsant- barbiturate.  
**Action:**- Long-acting barbiturate- act as a sedative- hypnotic and anticonvulsant  
by producing CNS depression.  
- It increases the inhibitory activity on nerve synapses.  
**Uses:**1- Preanasthetic medication.  
2- Sedation 3- Hypnotic 4- Epilepsy  
5. in tetanus & eclampsia ( as anticonvulsant) .  
**N.B.:** should be given parenterally for anticonvulsant effect.  
**Contraindication:** Hypersensitivity.  
**Side effects:** Headache, fever, megaloblastic anemia, dizziness,  
hypotension, nausea, vomiting epigastric pain.  
108  
**Forms and Dose:**Tablets 100mg, ampules 130mg in 1 cc  
Sedation: 30-120 mg daily in 2-3 divided doses.  
For adults: Hypnotic 100-320 mg at bed-time.  
Anticonvulsant: I.V. 100-320 mg, repeated as necessary.  
Preoperative sedation: I.M. only 130-200 mg – 60-90 minutes before  
surgery.  
**N.B:** Luminal can be used in neonates as antihyper- bilirubinemia.  
**Over dose**:  
Manifested by tachycardia , hypothermia, coma, respiratory  
depression , absent reflexes, respiratory muscle relaxation, and  
vascular collapse.  
**Treatment of overdose toxicity:**1- Maintain & assist respiration as indicated.  
2- Support circulation by vasopressor & I.V. fluids as required.  
3- Aspirate stomach contents, take care to avoid pulmonary aspiration.  
4- Diuretics may be given as ordered.  
5- Intake & output measurement.  
6- Dialysis if indicated.  
**Nursing considerations:**1- If given I.V, closely monitor the rate of flow. Rapid administration  
may lead to respiratory depression.  
2- Monitor the site of I.V. for soft of extravasation which causes severe  
pain, nerve damage & necrosis.  
3- Avoid the use of alcoholic beverages.  
4- Instruct the client not to drive a car or operate other hazardous  
machinery after taking the medication .  
109  
5- Take the medication only as prescribed.  
6- If used for hypnotic effect, give ½ hr before bedtime.  
7- Teach patient about signs and symptoms of toxicity, and instruct  
patient to report them to treating physician.  
8- If taken for 8 weeks or more, instruct patient not to stop it suddenly to  
avoid withdrawal symptoms as convulsion.  
9- Keep the drug out of reach of the children.  
**Anti-anxiety Agents  
Temazepam  
Lorazepam  
Alprazolam  
Diazepam:  
Trade name:** Valium, assival  
**Class:** antianxiety agent, benzodiazepine.  
**Action:** the anxiolytic effect is believed to be mediated through the action  
of benzodiazepine to increase the inhibitory action of GABA ―Gamma  
aminobutyric acid‖ inhibit CNS neurotransmitter.  
- The drug is metabolized in the liver & excreted through urine.  
**Indications:**

|  |  |
| --- | --- |
| 1- | Symptomatic relief of anxiety & tension. |
| 2- | Alcohol withdrawal. |
| 3- | Muscle relaxant. |
| 4- | Anticonvulsive. |
| 5- | Preoperatively. |
| 6- | Before gastrescopy or esophagoscopy. |
| 7- | Treatment of status epilepticus . |
| 8- | Relief of facial muscle spasm. |

110  
**Contraindications:**•Hypersensitivity.  
•Acute narrow angle glauccma.  
•Pregnancy.  
•Shock, coma.  
•Alcoholic intoxication (to avoid respiratory of depression).  
**Side effects:**Drowsiness, fatigue, ataxia, hypotension, visual disturbances,  
headache, phlebitis at injection site.  
**Dosage:**Ampules of 2 ml containing 10 mg.  
Tablets 2 mg, 5 mg or 10 mg.  
I.V. or I. M. 2-20mg depending on the indication.  
Tablets 2-10 mg 2-4 times daily.  
**Nursing Considerations:**- Stress that drug may reduce pt’s ability to handle dangerous equipment.  
- Avoid alcohol ingestion.  
- Don’t stop taking the medication suddenly, withdraw drug gradually.  
- Monitor B.P. before & after administration.  
**Antipsychotic Drugs  
Chlorpromazine:  
Trade name:** largactil  
**Class:** Antipsychotic, phenothiazine.  
**Action**: Act by blocking dopamin receptors. It has significant antiemetic  
effect, hypoteinsive, sedative & anticholenergic effect.  
111  
**Uses:**- Acute & chronic psychodsis (such as schizophrenia, mania & manic  
depression.  
- Preanasthetic .  
- Intractable hiccoughs.  
- Nausea & vomiting.  
**Contraindication:**- Severe depression, coma.  
- Bone marrow depression.  
- Patients with history of seizures & on anticonvulsant therapy.  
- Hepatic & renal diseases.  
- Prostatic hypertrophy.

|  |  |
| --- | --- |
| - Dehydration  **Side effects:** | - glaucoma , measles. |

Depression, dizziness, seizures, gynecomastia. Orthostatic hypotension,  
bronchospasm , larlynyospasm tardive dyskinesia, photosensitivity,  
leukopnea, aplastic anemia, and dry mouth.  
**Dose:**Tablets 10-25 mg 2-4 times a day.  
I.M. 25-50 mg repeated after 1 hour if needed.  
**Nursing considerations:**- Shouldn’t be used to treat nausea & vomiting in children less than 6  
months of age.  
- Should avoid getting solution on hands or clothing (it will cause  
dermatitis).  
- Solutions with marked discoloration should be discarded.  
- Note any history of seizures.  
112  
- Take liver & kidney function test periodically.  
- Document & rotate injection sites.  
- Report side effects immediately.  
- Determine age of male patients & assess for prostatic hypertropty.  
**Lithium carbonate:  
Trade name:** lithium.  
**Class:** antipsychotic , antimanic.  
**Action:**Action is not known. Theories trying to explain the action of this  
drug include effectiveness to an alteration in Na ion metabolism within  
nerve & muscle cells ― +K ion & ATP ase‖ in catecholamine  
neurotransmitter levels hyperactivity.  
**Uses:  
-** Control of manic and hypomanic episodes in manic depression patients.  
- Prophylactic of bipolar depression.  
**Dose:** P.O. 600 mg tid or qid.  
**Side effects:**Drowsiness, dizziness, hand tremors, lethargy. Hypothyrsidism, ECG  
changes, anorexia, dry mouth, nausea, vomiting, polyuria, leukocytosis  
slurred speech .  
In case of toxication (blood level over 2.0 mmol/L): hyper-reflexia and  
hyperextension of limbs, convulsions, toxic psychosis, syncope,  
oliguria, circulatory failure, and coma.  
**Contraindications:**- Cardiovascular , renal diseases.  
- Brain damage.  
113  
- Pregnancy & lactation.  
- Dehydration.  
- Patients receiving diuretics.  
- Sodium depletion.  
**Nursing considerations:**- Monitor serum level of lithium every 1-2 weeks to prevent toxicity  
(normal level is 0.4 - 1.0 mmol/L and toxic level is above 1.5 mmol/L).  
- Monitor for pulse irregularities & changes in B.P.  
- Provide diet adequate in sodium.  
- Monitor for signs & symptoms of toxicity.  
- Avoid factors that enhance toxicity: dehydration, renal failure,  
infection, co-administration of diuretics, and sodium depletion (may  
occur with diuretics).  
- Maintain adequate fluid and sodium levels.  
- Withdrawal (stopping) drug should be gradual (over weeks)  
**Antidepressants  
2. Tricyclic antidepressants:  
Clomipramine Hydrochloride:  
Trade name**: anafranil.  
**Class.:** antidepressant , tricyclic.  
**Action:** prevent the presynaptic re-uptake of the neurotransmitters  
(norepinephrine and serotonine) which will increase their concentration  
at the synaptic area alleviate depression.  
**Dose**: P.O. 75-150 mg /day in 1-3 divided doses.  
**Uses:**- Treatment of obsessive- compulsive neurosis.  
114  
- Panic disorders  
- Phobic disorders.  
**Contraindications:** pregnancy, lactation, shock, bone marrow depression.  
**Side effects:**Hyperthermia, seizures, anemia, muscle weakness, drowsiness, ataxia,  
blurring of vision orthoslatic hypotension , dry mouth , constipation.  
**Nursing considerations:**- Monitor vital signs before & during therapy .  
- Take with foods to decrease GI upset.  
**Imipramine Hydrochloride:  
Trade name**: Tofranil.  
**Class.:** antidepressant, tricyclic.  
**Action;** as anafranil.  
**Uses:  
-** Relief symptoms of depression.  
- Enuressis in children.  
**Dose:**- For treatment of depression P.O: 50 mg bid or tid .  
- For treatment of children enureses (6 years or older): 25 mg\day  
1 hr before bedtime.  
**Centrally acting skeletal muscle relaxants\*  
Anticonvulsants  
Phenytoin  
Trade name**: Dilantin  
115  
**Class:** anticonvulsant , antiarrhythmic.  
**Action:** acts in the motor cortex of the brain to reduce the spread of  
electrical discharges from the rapidly firing epileptic foci in this area.  
Also activity of centers in the brain stem responsible for the tonic phase  
of grand mal seizures.  
**Uses:**Chronic epilepsy.  
Premature ventricular contractions.  
Tachycardia.  
**Contraindications:**Hypersensitivity.  
**Side effects:**Drowsiness, ataxia, dizziness, measles-like rash, gingival hyperplasia,  
Hirsutism (excessive hair growth) , hypoglycemia.  
**N.B :** - rapid I.V. administration Hypotension & arrhythmia.  
**Dose for arrhythmias:**Tabs 200-400 mg daily.  
I.V. 100 mg q 5 minutes up to a maximum of 1g.  
**Nursing Considerations:**1- I.V. phenytoin may forms a precipitate, so flush tubing by saline (not  
dextrose) before & after administration.  
2- Assess for hypersensitivity.  
3- If a pregnant woman takes this drug, tell her not to breast-feed her  
baby.  
4- Obtain liver & kidney function studies.  
5- Monitor serum drug levels on a routine basis.  
6- During I.V. therapy, monitor B.P. for signs of hypotension.  
116  
7- Take e food to minimize GI upset.  
8- If the patient is diabetic, monitor for signs of hypoglycemia.  
9- Oral hygiene to minimize bleeding from the gum.  
10- Report any excessive growth of hair.  
**1. Carbamazepine:  
Trade name:** tegretol  
**Class.:** anticonvulsant.  
**Action:** - semilar to cyelic antidepressant.  
- antimanic , antidiuretic, anticholinergic & antipsychotic effects.  
- Anticonvulaant action unknown.  
**Uses:** Epilepsy - tonic-clonic seizures - alcohol-withdrawal

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| - resistant schizophrenia.  **Dose:** | - trigeminal neuralgia. |

P.O. 200 mg bid.  
Trigeminal neuralgia : 100-200 mg bid.  
**Side-effects:**

|  |  |
| --- | --- |
| Photosemsifivily  Aplastic anemia  **Contraindications:** | - Drowsiness , dizziness , unsteadiness. -nausea, vomiting , blurring of vision. |

- Bone marrow depression.  
- Hypersensitivity  
- Lactation  
- Patients taking MAO inhibitors.  
**Nursing considerations:**- Should be taken with food.  
- Obtain baseline liver & kidney function.  
117  
- Protect tablet from moisture.  
- Obtain baseline eye examination.  
- Blood cells evaluation weekly .  
- Monitor intake & out put.  
- Use safety measures.  
- Advise client to avoid sunlight. (photosensitivity)  
**2. Magnesium sulfate  
Class:** Anticonvulsant, electrolyte, saline laxative.  
**Action:**- It is an important cation present in the extrcelular fluid.  
- It is an essential electrolyte for muscle contraction, certain enzyme  
system & never transmissions.  
- Magnesium depresses CNS & control convulsion by blocking the  
release of acetylcholine at the myoneural junction.  
**Uses:**- Seizures associated with toxemia of pregnancy.  
- Epilepsy  
- laxative  
- Hypomagnesemia  
- In total parenteral nutrition  
**Contraindications:**- In the presence of heart block.  
- In the presence of myocardial damage.  
**Side effects:**Magnesium intoxication depression , flushing, hypotension ,  
respiratory paralysis, muscle paralysis, respiratory failure .  
118  
**N.B.** : Suppression of knee-Jerk reflex can be used to determine toxicity .  
Respiratory failure may result if drug is given after disappearance of this  
reflex.  
**Treatment of Magnesium intoxication:**

|  |  |
| --- | --- |
| 1-  2- | Use artificial ventilation immediately. Have calcium glutinate readily available for I.V. use. |
| **Dose :** anticonvulsant | I.M. 1-5 g of 25% - 50% solution. |

I.V. 1- 4 g of 10% - 20% solution.  
**Nursing considerations:**- For I.V. administer. only 1.5 ml of 10% solution\minute.  
- For I.M., inject the drug deep into the muscle using 50% solution.  
- As a laxative, dissolve in a glass of ice water or other fluid to lessen  
disagreeable taste.  
- Obtain baseline Mg level.  
- Obtain history of kidney disease.  
- Check with the physician before administering magnesium if any of  
the following conditions exist:

|  |  |
| --- | --- |
| 1- | Absent patellar or knee jerk reflex. |
| 2- | R.R. less than 16\m |
| 3- | Urinary out put less than 100 ml\4 hrs . |
| 4- | Patient has a history of heart block or myocardial damage. |

- Have available I.V. calcium gluconate .  
- Don’t administer drug 2 hrs preceding delivery of the baby.  
- If mother has received I.V. therapy of this drug 24 hours prior to  
delivery, assess the newborn for neurologic & respiratory depression.  
119  
**Narcotic Analgesics & Antagonists  
Narcotic Analgesics:**- It include opium such as morphine, codeine & opium derivatives such  
as Meperidine.  
- These substances have similar pharmacological properties.  
- Meperidine (Demerol) is the best known.  
- The relative activity of all narcotic analgesics is measured against  
morphine.  
**Dependence & Tolerance:**- Remember that all drugs of this group may lead to addiction.  
- Psychological & physical dependence & tolerance develop even  
when using in clinical doses.  
- Tolerance usually develops because the patient requires shorter  
periods of time between doses or larger doses for relief of pain.  
**Effects of narcotic analgesics:**

|  |  |
| --- | --- |
| 1- | On CNS: |
| - Alteration of pain perception (analgesia) | - Euphoria |

|  |  |
| --- | --- |
| - Drowsiness  -Mental clouding | - Change in mood - Deep sleep |
| 2-  3-  4-  5-  6- | Depress respiration: over dose leads to respiratory arrest death. Depress cough reflex: codeine in small doses is used as antitussive. Nauseant & emetic effect (stimulate the chemorecptor trigger zone). Morphine vasodilation hypotension . Pupillary constriction (the most obvious sign of dependence). |
| 7- | Decreases the peristaltic motility | constipation (some types |

used in diarrhea).  
120  
**Acute toxicity:**Characterized by respiratory depression, deep sleep , stupor, coma,  
pinpoint pupil, R.R 2-4\m , cyanosis, hypotension, decreased urinary  
output, decreased temperature, clammy skin, and finally Death (due to  
Respiratory failure).  
**Treatment of acute overdose:**1- Induce vomiting or gastric lavage.  
2- Artificial respiration.  
3- Give narcotic antagonist (Narcan).  
**N.B**. :  
Respiratory stimulants (caffeine) should not be used to treat depression  
from overdose of narcotics .  
**Chronic toxicity:**- The problem of chronic dependence on narcotics is well Know & is not  
only the problem of the street but is also found often among those who  
have easy access to narcotics ―physicians, nurses… Pharmacists‖.  
Narcotic analgesics sometimes used for nontheraputic purposes.  
- Signs & symptoms:  
- Constricted pupil, constipation, skin infections, needle scar abscesses &  
itching on the anterior surface of the body.  
- Withdrawal signs appear when drugs is withheld for 4-12 hrs. &  
characterized by intense craving for the drug, insomnia, yawning,  
sneezing, vomiting, diarrhea, tremors, sweating, mental depression,  
muscular aches, pain, chills & anxiety. (they are rarely life- threatening).  
**Action of narcotic analgesics:**- Narcotic analgesics attach to specific receptor in the CNS resulting in  
analgesia- action  
121  
- Action exactly is unknown but may be by decreasing cell membrane  
permeability to sodium transmission of pain impulses.  
**Uses:**- Sever pain  
- Hepatic & renal colic.  
- Preanesthetic medication  
- Postsurgical pain.  
- Diarrhea & dysentry  
- Pain from MI, carcinoma.  
- Postpartum pain & burns.  
- Antitussive.  
**Contraindications:**- Asthmatic conditions  
- Emphysema  
- Sever obesity  
- Convulsions  
- Diabetic acidosis  
- Myxedema  
- Addisson's disease  
- Hepatic cirrhosis  
- Children less than age of 6 months.  
**Side effects:**Respiratory depression , apnea, dizziness, euphoria, headache, mental  
clouding, insomnia, nausea, vomiting, constipation, dry mouth, skin  
rashes, laryngospasm, urinary retention, and decreased libido.  
122  
**Nursing considerations:**- Use supportive nursing measures as relaxation techniques to relieve  
pain before using nacrotics.  
- Explore the source of pain, use non-narcotic analgesia if possible.  
- Administer the medication when needed, prolonging the medication  
administration will decrease the effect of the medication.  
- Monitor vital signs & mental status.  
- Monitor Respiratory rate (drug may lead to respiratory depression).  
- Monitor blood pressure ( hypotension may occur)  
- Monitor pulse rate (if 60\m withhold the drug).  
- Watch for constricted pupils. Document it and notify the physician.  
- Monitor bowel function, since drug may cause constipation.  
- Encourage client to empty bladder every 3-4 hrs (since drug may  
cause urinary retention).  
- If client is bed ridden, use side rails.  
- Inform the client\family that the drug may become habit forming and  
leading to addiction.  
- Document any history of asthma or other contraindications.  
- Have emergency equipment and narcotic antagonist available.  
**1. Codeine sulfate:  
Class**. : Narcotic analgesic, morphine type.  
**Action**: -  
- Resembles morphine pharmacologically but produce less effect on  
respiratory system, less nausea & less vomiting.  
123  
- In high doses (more than 60 mg), it will irritate the cough center, but  
in lower doses, it is a potent antitussive and is an ingredient in many  
cough syrups.  
**Uses:**- Relief of mild to moderate pain.  
- Antitussive.  
**Dose**:  
- Analgesic: 15-60 mg q 4-6 hrs.  
- Antitussive: 10-20 mg q 4-6 hrs.  
**2. Meperidine Hydrochloride “Pethedine Hydrochloride”:  
Trade name**: Demerol  
**Class.** : Narcotic analgesic, synthetic.  
**Action:** Similar to opiates.  
- It has no antitussive effect.  
- The duration of action is less than that of opium.  
**Uses:**- Sever pain.  
- Renal & hepatic colic.  
- Obstetric preanasthetic medication.  
- In minor surgeries.  
- Spasm of GI tract, uterus.  
- Prior to some diagnostic procedures e.g. cystoscope.  
- Post operative pain.  
**Add. Contraindications:**- Hypersensitivity. - Convulsive states.  
- Children less than 6 months. - Head injuries.  
124  
- Diabetic acidosis.  
**Add. Side effects:** Transient hallucinations, hypotension.  
**Dose**:  
Drug can is available in the form of tablets, syrup, I.M, S.C.  
Dose is 50-100 mg Q 3-4 hr.  
It cab be given as I.V. continuos infusion on a concentration of 1 mg\ml.  
It also can be given IV slowly, and should be diluted in a concentration of  
10mg/ml.  
**3. Morphine Sulfate:  
Class.:** Narcotic analgesic, morphine type.  
**Action**: See narcotic analgesic.  
**Uses**:  
- Intrathecally, epidurally, orally or I.V. infusion for acute or chronic  
pain.  
- Preoperative medication.  
- To facilitate induction of anesthesia or to decrease the dose of  
anesthesia.  
**N.B**. :  
It is given in lower doses for continues pain & in higher doses in sharp  
intermittent & all kinds of pain.  
**Additional contraindications:**- It is given epidural or intrathecal, if infection is present at injection site.  
- In patients on anticoagulant therapy.  
- Bleeding disorders.  
- If patients have received parenteral corticosteroids within the past 2  
weeks.  
125  
**Dose:**- Oral: 10-30 mg Q 4 hr.  
- I.M.: 5-20 mg\70 kg Q 4 hr as needed.  
- I.V.: bolus of 2.5-15 mg for a person of average weight of 70 kg over 4-  
5 minutes (slowly).  
- Continuous infusion: 0.1-1 mg\ ml in 5% dextrose in water by a  
controlled infusion pump.  
**4. Tramadol hydrochloride  
Trade name**: Ultram, Tramal  
**Class.** : Narcotic analgesic, synthetic.  
**Action:** Unknown. A centrally acting synthetic analgesic compound not  
chemically related to opiates. Thought to bind to opioid receptors and  
inhibit reuptake of norepinephrine and serotonin.  
**Indications & dosages**Moderate to moderately severe pain  
Adults: Initially, 25 mg P.O. Adjust by 25 mg q 3 days to 100 mg/day  
(on divided doses).  
**Adverse reactions  
CNS:** dizziness, vertigo, headache, CNS stimulation, anxiety, confusion,  
euphoria, nervousness, sleep disorder, seizures, malaise, visual  
disturbances.  
**CV:** vasodilation.  
**GI:** nausea, vomiting, constipation, dyspepsia, dry mouth, diarrhea,  
abdominal pain, anorexia, flatulence.  
**GU:** urine retention, urinary frequency, menopausal symptoms,  
proteinuria.  
**Respiratory:** respiratory depression.  
126  
**Skin:** pruritus, diaphoresis, rash.  
**Contraindications & cautions**Contraindicated in patients hypersensitive to drug or other opioids, in breastfeeding women, and in those with acute intoxication from alcohol,  
hypnotics, centrally acting analgesics, opioids, or psychotropic drugs.  
Use cautiously in patients at risk for seizures or respiratory depression; in  
patients with increased intracranial pressure or head injury, acute abdominal  
conditions, or renal or hepatic impairment; or in patients with physical  
dependence on opioids.  
**Nursing considerations**1. Reassess patient's level of pain at least 30 minutes after  
administration.  
2. Monitor CV and respiratory status. Withhold dose and notify doctor if  
respirations decrease or rate is below 12 breaths/minute.  
3. Monitor bowel and bladder function. Anticipate need for laxative.  
4. For better analgesic effect, give drug before onset of intense pain.  
5. Monitor patients at risk for seizures. Drug may reduce seizure  
threshold.  
6. In the case of an overdose, naloxone may also increase risk of  
seizures.  
7. Monitor patient for drug dependence. Drug can produce dependence  
similar to that of codeine and thus has potential for abuse.  
8. Withdrawal symptoms may occur if drug is stopped abruptly. Reduce  
dosage gradually.  
9. Caution ambulatory patient to be careful when rising and walking.  
Warn outpatient to avoid driving and other potentially hazardous  
127  
activities that require mental alertness until drug's CNS effects are  
known.  
**Narcotic Antagonists:**- The narcotic antagonists are able to prevent or reverse many of the  
pharmacological actions of morphine-type analgesics & meperedine  
as respiratory depression induced by these drugs within minutes.  
**Naloxone Hydrecholride:  
Trade name**: Narcan.  
**Class**.: Narcotic antagonist.  
**Action:**- Block the action of narcotic analgesic by displacing previously given  
narcotics from their receptor sites or preventing them from attaching  
to opiate receptors.  
- The duration of action of naloxone is shorter than that of the narcotic  
analgesic so the respiratory depression may return when the narcotic  
antagonist has washed off the body.  
**Uses**:  
- Respiratory depression induced by narcotics.  
- Drug of choice when the depressant drug is unknown.  
- Diagnosis of acute opiate overdose.  
**N.B**. : Naloxine is not effective when respiratory depression is induced by  
hypnotic, sedative or other nonarcotic drugs.  
**Contraindications:**- Sensitivity to drug.  
- Narcotic addicts since it will cause severe withdrawal symptoms.  
- Neonates.  
128  
**Side effects:**- Nausea, vomiting, sweating, hypertension, tremors.  
- If used postoperatively: tachycardia, pulmonary edema, hypo or  
hypertension.  
**Dose**: 0.4-2 mg I.V. , S.C. or I.M.  
**Nursing considerations:**1- Determine the etiology of respiratory depression.  
2- Assess & obtain baseline vital signs.  
3- Monitor respiration closely after the duration of action.  
4- Have emergency drugs & equipment available.  
5- If the patient is comatosed, turn him to his side to avoid aspiration.  
6- Maintain safe environment (side rails & soft support).  
**Non-narcotic Analgesics & Antipyretics**- Drugs such as aspirin and acetaminophen are available without a  
prescription, thus consumed in large quantities for the relief of pain and  
fever.  
- If they were used improperly, their administration may cause serious  
effects.  
- They are responsible for accidental poisoning in small children.  
**Salicylates:  
1. Acetylsalicylic Acid:  
Trade name:** Aspirin  
**Classification:** Non-narcotic analgesic, antipyretic, anti-inflammatory,  
antirhumatic, antiplatelet, NSAID.  
129  
**Action:**- The antipyretic effect is due to an action on the hypothalamus that results  
in heat loss by vasodilation of peripheral blood vessels & promoting  
sweating.  
- The anti-inflammatory effects probably by decreasing prostaglandin  
synthesis & other mediators of the pain response.  
- The analgesic action is not fully known but may be due to improvement  
of the inflammatory condition .  
**N.B.** : Aspirin also produces inhibition of platelet aggregation.  
**Uses:**- Pain - Myalgia  
- Arthralgia - Headache  
- Dysmenorrhea - Antipyretic (reduce fever)  
- Anti-inflammatory (arthritis, gout, rheumatic fever)  
- To reduce the risk of recurrent ischemic attacks & strokes in men.  
- Reduction of risk of death or nofatal MI in patients with history of  
infarction or unstable angina pectoris.  
**Dose:**- In minor conditions: 325-600 mg Q 4 hours.  
- May reach up to 6 grams /day in divided doses in arthritis and  
rheumatic conditions.  
**Contraindications:**- Hypersensitivity to salicylates.  
- Asthma in conjunction with anticoagulant therapy.  
- Vitamin deficiency (risk for bleeding increase with Vitamin K  
deficiency).  
130  
- Chickenpox or influenza (potential risk for Reye’s syndrome among  
children and teenagers).  
- Pregnancy and lactation.  
- One week before & after surgery.  
- Patients receiving anticoagulants.  
- Patients with bleeding disorders (ie, hemophilia)  
- GI bleeding or hemorrhage from other sites.  
- History of GI ulcers.  
**Side effects:**- Children with chicken pox (Rays syndrom).  
- Heartburn, nausea, anorexia, occult blood loss..  
- GI bleeding, potentation of peptic ulcer.  
- Bronchospasm.  
- Anaphylaxis  
- Skin rashes.  
- Increase bleeding time.  
Salicylate toxicity  
- **Salicylism :** nausea, vomiting, dizziness, tinnitus, difficulty hearing,  
diarrhea, mental confusion.  
- **Acute aspirin poisoning:** Metabolic acidosis, Respiratory alkalosis,  
hyperpnea, tachypnea, hemorrhage, confusion, pulmonary edema,  
convulsion, tetany.  
**Drug interactions:**- Risk for bleeding increase if taken with other anticoagulants.  
- Risk of GI bleeding increase if taken with steroids, alcohol, or other  
NSAINDs.  
- Increased risk for salicylate toxicity if taken with frusimide (lasix)  
131  
- Hypotension may occur if taken with nitroglycerns.  
**Nursing considerations:**1. Take drug with or after food or with milk to decrease GI irritation.  
2. Assess for history of asthma and history of hypersensitivity.  
3. Do not use with other anticoagulants.  
4. Note any history of peptic ulcer.  
5. Report signs of side effect e.g. gastric irritation if occurs.  
6. Aspirin is not given 1 week before & after surgery to prevent bleeding.  
7. If patient is diabetic, discuss the possibility of hypoglycemia  
occurring-  
8. Patients should monitor their blood glucose level frequently.  
9. Teaches patient about the toxic symptoms (ringing in the ears  
dizziness, mental confusion-etc) and ask him/her to report it to  
physician.  
**2. Acetaminophen: “paracetamol”  
Trade names**: acamol, panadol  
**Class**. : non-narcotic analgesic, antipyretic.  
**Action:**- Acetaminophen decrease fever by an effect on hypothalamus leading  
to vasodilation & sweating.  
- It also inhibits the effect of pyrogens on the heat-regulating center on  
the hypothalamus.  
- It may cause analgesia by inhibiting CNS prostaglandin syntheses  
So it has no anti-inflammatory effect .  
- It doesn’t manifest any anticoagulant effect or any ulceration of GIT.  
132  
**Uses:**- Pain due to Headache, dysmenorrhea, arthralgia, myalgia,  
muscluoskletal pain, immunization, teething, tonsillectomy.  
- To reduce fever due to bacterial & viral infection .  
- As a substitute for aspirin when contraindicated.  
**Contraindications:** renal insufficiency, anemia.  
**Side effects**:  
- Chronic & even acute toxicity can occur after long symptom-free  
usage.  
- Heamolytic anemia, neutrtopnea, thrombocytopnea  
- Skin rashes, fever, jaundice, hypoglycemia.  
**Symptoms of over dosage:**Hepatic toxicity general malaise, nausea, vomiting, fever, and  
vascular collapse, delirium, depression, seizures, coma & death.  
**Treatment of overdose:**1- Induction of emesis.  
2- Gastric lavage.  
3- Activated charcoal.  
4- Oral N-acetyleystine (mucomyst) is said to reduce or prevent hepatic  
damage by inactivating acetaminophen metabolites which cause liver  
effects.  
**Dose:** Tab. 500 mg Q 4 hrs or up to 1g Q 6 hrs.  
**Nursing considerations:**1- Suppositories should be stored below 27º C .  
2- Liver function studies for long term therapy.  
3- Have mucomyst available for signs of toxicity.  
4- Teach patient signs of toxicity to be reported immediately.  
133  
**Antirheumatic & Nonsteroidal Anti-inflammatory Agents  
Action:**As in aspirin, the therapeutic actions of these substances are believed to  
result from the inhibition of the enzyme cyclo-oxygenase which results  
in decreased prostaglandin synthesis so it is effective in:  
⮚Reducing joint swelling, pain & morning stiffness.  
⮚Increasing the mobility in arthritic patients.  
⮚Antipyretic action due to decreased production of prostaglandin  
from the hypothalamus.  
⮚Having irritating effect on the GIT.  
**Uses :**⮚Rheumatoid arthritis  
⮚Osteorthritis.  
⮚Gout  
⮚Other muscloskletal diseases.  
⮚Dental pain  
⮚Strains & sprains.  
**Contraindications:**1- Children less than14 years of age.  
2- Lactation.  
3- Hypersensitivity (asthma, rashes, rhinitis).  
❖Uses with caution in patients with a history of GI disease & reduced  
renal functions.  
**Side effects:**⮚Peptic, duodenal ulcer, GI bleeding, nausea, vomiting,  
dyspepsia.  
134  
⮚Dizziness, drowsiness.  
⮚Hypo + hyperglycemia.  
⮚Bronchospasm, rhinitis.  
⮚Blurring of vision.  
⮚Tinnitis, loss of hearing.  
⮚Bone marrow depression  
⮚C.H.F.  
**Nursing considerations:**1. Note any history of allergic responses to aspirin or nonsteroidal antiinflammatory agents. {NS.AID.}  
2. Note the age of the client.  
3. Determine if patient is taking oral hypoglycemic or insulin and  
document it.  
4. Take these agents with milk or meal or antacids as prescribed.  
5. Encourage patient to take drug regularly.  
6. Report signs of GI irritation.  
7. Instruct client to report signs of bleeding, blurring of vision, tinnitis ,  
rashes – etc.  
8. If the client has Diabetes Mellitus, explain the possible in increasing  
hypoglycemic effect of the drugs, to test urine & blood for glucose to  
adjust dose of these agents.  
**1. Diclofenac Sodium:  
Trade name**: Voltaren , Rufenal  
**Class.** : Non steroidal anti-inflammatory analgesic.  
**Dose:** Suppositories, tabs or injection of 150-200 mg daily in 2-4 divided  
doses.  
**Nursing considerations:**  
135  
1. Give on full stomach to avoid GIT irritation.  
2. When given IM, Give it deep into a large muscle because drug is very  
irritant.  
**2. Indomethacin:  
Trade name**: Indocid.  
**Class.** : Anti-inflammatory, analgesic, antipyretic.  
**Dose:** suppositories & caps.  
25mg – 50 mg bid-tid.  
**3. Ibuprofen:  
Trade names**: Brufen, artofen.  
**Class**.: nonsteroidal anti-inflammatory analgesie.  
**Dose:** 300 mg bid.  
**Drugs Affecting the AutonomicNervous system**Sympathomimetic (Adrenergic) Drugs  
- The adrenengic drugs supplement, mimic & reinforce the message  
transmitted by the natural neurohormones norepinephrine & epinephrine.  
- These hormones are responsible for transmitting nerve impulses of the  
sympathetic nervous system.  
- The adrenergic drugs work in 2 ways:  
1- By mimicking the action of epinephrine and norepinephrine (directly).  
2- By regulating the release of the natural neurohormones from their  
storage sites at the never terminals (indirectly aching).  
136  
- The myoneural junction is equipped with special receptors for the  
neurohormones.  
- These receptors are classified into: alpha receptor and Beta (β) receptors)  
according to weather they respond to epinephrine, norepinephrine & to  
certain blocking agents.  
- Alpha receptors are blocked by phentolamine. Where beta-receptors are  
blocked by propranolol & semilar agents.  
- Both alpha and beta receptors have been divided into subtypes:  
Alpha receptors  
Alpha 1 -adrenergic alpha 2- adrenergic  
- Vasoconstriction (of skin - insulin secretion  
blood vessels).  
- Decongestion - motility + secretion of GIT  
- Dilatation of eye pupil  
- Contraction of urinary  
bladder sphincter  
**Beta receptors**  
137  
Beta1- adrenergic Beta 2- adrenergic  
- Increase Myocardial contraction  
- Skeletal & coronary vasodilation  
- Increase heart rate - Bronchial dilation  
- Improve impulse - Renin secretion  
- Lypolysis - Motility & secretion of GIT  
- gluconeogenesis  
**Effects of adrenergic drugs:  
1. Heart:** increase Heart rate, increase force of contraction, increase  
cardiac output .  
**Uses:** cardiogenic shock, bradycardia, resuscitation, heart block.  
**2. Blood vessels:** - Systemic vasoconstriction decrease blood  
supply to abdominal viscera, cerebrum & skin.  
- B.P. in Large vessels increased & regulated .  
**Uses:** Hypotension, nasal decongestion, biliary colic, nose bleeds,  
migraine, headache, allergic reactions.  
**3. GI + GU tracts:** decrease glandular secretions, constriction of  
sphincters, decrease muscle tone & motility of GIT & urinary bladder,  
increase muscle tone & motility of the ureters.  
❖**Uses**: Enuresis, dysmenarrhea, biliary colic.  
**4. Lungs:** Relaxation of muscles of bronchial tree.  
❖**Uses**: Bronchial asthma, emphysema, chronic bronchitis.  
**5. Eyes:** Dilate iris, increase ocular pressure, relaxes ciliary muscle.  
**6. CNS:** Excitory action, Respiratory stimulation, wakefulness.  
138  
**7. Metabolism:** increase in glycogenesis (sugar metabolism).  
Increase in lypolysis (release of fatty acids).  
**Drugs  
1) Albuterol: salbutoml  
Trade name:** ventolin  
**Class**.: sympathomimetic agent, bronchdialtor  
**Action:** stimulate β 2 receptors of the bronchi leading to  
bronchodilation.  
**Uses:**- Bronchial asthma.  
- Bronchospasm due to bronchitis or emphysema.  
- Parenteral for treatment of status asthmaticus.  
**Dosage:**Aerosol for inhalation: 0.18 – 0.2 mg (2 inhalations) Every 4 – 8 hours.  
Solution for inhalation: 1.25 mg in 2 – 5 ml.  
Oral syrup, tablets: 2 – 6 mg tid – qid.  
**Side effects:**Tachycardia, arrythmias, anginal pain.  
Nausea, vomiting.  
Dizziness, sweating, flushing.  
Headache, weakness, vertigo, and insomnia.  
**Nursing considerations:**- Don’t exceed the recommended dose.  
- The contents of the container are under pressure, don’t store near heat or  
open flames.  
- When given by neubilization, use facemask or mouth-piece.  
- Compress O2 or air at 6 – 10 L\min for 5-15 minutes.  
139  
- Observe client for evidence of allergic response.  
- NEVER give the solution prepared to be given as inhalation by the IV  
route. It may cause severe tachycardia.  
**2) Epinephrine:  
Trade name**: Adrenaline  
**Class**. : Direct acting-adrenergic agent.  
**Action:**A natural hormone produced from adrenal medulla, induce marked  
stimulation of alpha, β1 + β2 receptors causing cardiac stimulation,  
bronchodilation & decongestion.  
**Uses:**1- Relief of respiratory distress due to bronchospasm.  
2- Rapid relief of hypersensitivity reactions.  
3- Cardiac arrest.  
4- Open- angle glaucoma.  
5- To prolong the action of anesthesia.  
6- Topically to stop bleeding.  
**Contraindications:**- Narrow angle glaucoma.  
- Shock  
- Lactation.  
- Tachycardia  
- During labor (it may delay the 2nd 8 loge do labor).  
**Side effects**:  
Fatal ventricular fibrillation.  
140  
Cerebral hemorrhage urinary retention, headache, necroses at injection  
side, blurring of vision, photophobia.  
**Dose**:  
Available in ampules of 1ml containing 1 mg adrenaline  
Can be given by I.M injection., I.V. & S.C.  
0.2 – 0.5 mg, IM or S.C. + Q 20 min – 4 hr as needed.  
**N.B.** : For cardiac resuscitation 0.5 mg diluted to 10 ml with normal saline  
may be administered I.V. or intracrdiac to restore myocardial  
contractility.  
**Nursing considerations:**- Never administer 1: 100 solution IV., use 1 : 1000 mg sol. For I.V. use.  
- Use insulin (1cc) syringe to measure adrenaline.  
- Administer adrenaline using piggyback set to adjust the rate of infusion.  
- Administer infusion by electronic infusion device for safety & accuracy.  
- Closely monitor patients receiving I.V. adrenaline infusion.  
- Note the client for signs of shock ―loss of consciousness, clammy, cold  
skin, cyanosis…. etc.).  
- Briskly massage site of S.C. or I.M. injection to hasten the action of the  
drug.  
**Adrenergic blocking (sympatholytic) Agents**- **Beta blockers:** were discussed before.  
**Cholinergic Blocking (Parasympatholytic) Drugs  
Action:**These agents prevent the neurotransmitter acetylcholine from combining  
with receptors on the muscarinic site & nicotonic site.  
141  
**The main effects:**1-Reduce spasm of smooth muscle such as spasm of the urinary bladder or  
intestines.  
2-To block vagal impulses to the heart which will increase heart rate &  
conductivity.  
3-To suppress or decrease gastric secretions, perspiration, salivation and  
secretion of bronchial mucus.  
4-To relax the sphincter muscles of the iris & cause pupillary dilation  
(mydriasis) & loss of accommodation for near vision.  
5-Act on CNS producing such reactions as depression (scoplamine) or  
stimulation (toxic dose of atropine) to produce antiparkinsonism effect.  
**Contraindications:**Glaucoma, tachycardia, myocadial ischemia  
Prostate hypertrophy, myasthenia gravis, paralytic ileus,  
Mental impairment, lactation, hepatic disease.  
**Side effects:**Nausea, vomiting, dry mouth, constipation, heartburn, dizziness,  
drowsiness, headache, insomnia, blurring of vision, photophobia,  
flashing, euphoria, hallucination flushing of the skin.  
**1) Atropine sulfate:  
Class.:** Cholinergic blocking agent.  
**Action:**It is a parasympatholytic agent which cause relaxation of smooth muscles  
& inhibition of secretary glands: ― See parasympatholyhtic‖.  
142  
**Uses:**- Adjunct in peptic ulcer treatment.  
- Irritable bowel syndrome.  
- Treatment of spastic disorders of biliary tract .  
- During anesthesia to control salivation & bronchial secretions.  
- Parkinsonism.  
- Anti-arrhythmic (prophylaxis).  
- Prophylaxis and treatment of toxicity due to cholinestrase inhibitor  
including organophosphate pesticides.  
- Ophthalmologic treatment of uveitis.  
**Contraindications:** See parasympatholytics  
**Side effects:** See parasympatholytics  
**Dose:**Tablets: 0.3 – 1.2 mg Q 4-6 hr  
Available in 1ml-ampoule containing 1 mg atropine.‖  
IM, I.V. & S.C. 0.4 – 0.6 mg Q 4-6 hour for anticholinergic action.  
**N.B.** :  
For treatment of toxicity from cholinestrase inhibitors  
―organophosphorus poisoning‖, give 2-4 mg IV initially then 2 mg every  
5-10 minutes until muscarinic symptoms disappear and signs of atropine  
toxicity begins to appear like dilation of pupils, flushing of face &  
tachycardia.  
**Nursing considerations:**- Check dosage & measure the drug exactly.  
- Assess for history of asthma, glaucoma, ulcer .. etc.  
- Determine the age of the client.  
- Frequent mouth care.  
143  
- Assess client for change in pulse rate.  
- In case of blurring of vision, assist on ambulating & give safety  
measures.  
**2) Scopalamine Hydrobromide :  
Trade name**: Hyoscine.  
**Class.**: cholinergic blocking agent.  
**Action** :  
It is a parasympatholytic agent, depress the cerebral cortex, especially the  
motor area, act as a powerful hypnotic.  
**Uses:**1- Motion sickness ( prevention and control of nausea and vomiting).  
2- Preanesthetic.  
3- Antiarrhythemic.  
4- Mydriatic and cycloplegic.  
5- Adjunctive with other drugs to treat GIT ulcers.  
6- With other narcotics to treat biliary colic.  
**Contraindications:**- Hypersensitivity. - Glaucoma  
- Bronchial asthma - Cardiac arrhythmias

|  |  |
| --- | --- |
| - Pregnancy  **Dose:** | - Lactation. |

Oral: O.25 mg I hour before travel ( for motion sickness).  
Parenteral: 0.32-0.6 mg SC or IM.  
**Side effects:**Pupil dilation, photophobia, blurred vesion, headache, drowziness.  
Dry mouth, constipation, nausea, vomiting.  
144  
tachycardia, arrhythmia  
Suppression of lactation, flushing, nasal congestion.  
**Nursing considerations:**As atropine.  
Antihistamines ―H1 Blockers  
❖Histamine is stored in almost every type of tissue in the body.  
❖Appropriate stimuli including: tissue injury, antigen- antibody (allergic)  
reactions, and extreme cold trigger the release of histamine from its  
storage sites into the vascular system where it induces the following  
responses:  
1- Dilation & increased permeability of the small arterioles & capillaries  
results in increasing permeability to fluid leading to hypotension &  
edema, nasal congestion & laryngial edema ―associated with allergies‖.  
2- Contraction of some smooth muscles such as those of bronchioles leading  
to bronchoconstriction ―the role of histamine plays in bronchial asthma‖  
& Uterine contraction.  
3- Stimulation of acid secretion in the stomach & salivary, bronchoial &  
intestinal secretions.  
4- Dilation of cerebral vessels headache.  
5- Pain & itching because it stimulates the sensory nerve endings.  
**Action:** ―of antihistamines‖  
⮚The effect of histamines may be reversed either by drugs that block  
histamine receptors (antihistamine) or by drugs that have effects  
opposite to those of histamine e.g. epinephrine.  
145  
⮚Antihistamines used for the treatment of allergic conditions are referred  
to as H1-receptor blockers while those used for treatment of GI  
disorders as peptic ulcer are referred as H2-receptor blockers.  
⮚They don’t prevent the release of histamine  
⮚They prevent or reduce increased permeability edema & itching,  
& bronchospasm.  
⮚H1-blockers manifest varying degrees of CNS depression , anticholinergic & antiemetic effect.  
**Uses:**- Treatment of seasonal allergic rhinitis, allergic conjunctivitis.  
- Treatment of urticarial transfusion reactions.  
- Treatment of topic dermatitis.  
- Treatment of insect bites.  
- Sneezing & rhinorrhea due to common cold.  
- Prophylaxis & treatment of motion sickness ―nausea & vomiting‖.  
- Night – time sleep aid.  
**Contraindications:**- Hypersensitivity.  
- Pregnancy.  
- Glaucoma  
- Prostatic hypertrophy  
- CNS depression (phenothiazine type).  
- Bone marrow depression  
- Comatose patients.  
146  
**Side effects:**⮚Sedation - deep sleep - Dizziness - Headache - muscle  
weakness - disturbed coordination - epigastric distress - dry  
mouth - nausea - vomiting - urinary frequency, anemia  
(pancytopnea) .  
⮚Paradoxical excitation (especially in children & elderly)  
Restlessness, irritability, insomnia, hysteria, tremors, euphoria,  
nervousness, hallucinations, disorientation & convulsion.  
⮚Usually caused by overdose (acute toxicity).  
**Treatment of overdose:**- Symptomatic & supportive.  
- Vomiting is induced with syrup of ipecac.  
- Gastric laavage.  
- Vasopressors (to treat hypotension) –e.g. Dopamine, adrenaline.  
- Phenytoin for treatment of convulsion.  
**N.B**. : Don’t use CNS depressants including diazepam.  
**Nursing Considerations:**- Inject I.M. preparations deep into muscles.  
- Oral preparations may cause gastric irritation, so give drug with meals.  
- Note if the client has any medical history of ulcer, glaucoma & if the  
client is pregnant.  
- Obtain a baseline B.P. , Pulse & respiration .  
- Note signs of CNS depression (signs of overdose so induce vomiting).  
- If in hospital, use side rails (safety measures).  
- Advice client to report signs of side effects immediately.  
- Instruct client to avoid undue exposure to sun.  
147  
- If the drug is being used for motion sickness, it should be taken 30  
minutes before transporting.  
- Caution the client not to drive a car or operate other machinery.  
**\*Drugs in this group:  
1- Brompheniramine Maleate:  
Trade name**: ahiston.  
**Class.** : Antihistamine.  
**Action:** It has little sedative effect.  
**Dose**: each tablet contains 2 mg  
1-2 tablets 3-4 times daily.  
**2- Promethazine Hcl:  
Trade name**: phenergan, prothiazine.  
**Class:**. It is a potent antihistamine with prolonged action. It may cause  
severe drowsiness. It also provides antiemetic effect (it chemo receptor  
trigger zone).  
It also has a sedative action, effective in vertigo vestibular apparatus  
**Uses:**- Motion sickness.  
- Nausea & vomiting due to anesthesia.  
**Forms:**Syrup: 5ml contains 5 mg, 25 mg.  
Ampule: 50 mg \2ml.  
**Dose:**Antihistamine: 125 mg 4 times daily.  
148  
Sedative: 25 mg – 50 mg.  
Antivertigo: 25 mg 2 times daily.  
**Hormones & Hormone Antagonists  
Insulin:**⮚2 main hormones are secreted from the pancreas :  
1- Insulin which is secreted by β -cells of islets of langerhans &  
stored in the pancreas (β -.cells ) as a large protein known as  
**proinsulin** .  
2- Glucagon which is thought to oppose the action of insulin. It is  
secreted by the α cells of islets of langerhans, it converts glycogen to  
glucose & elevates blood glucose level.  
⮚Diabetes mellitus is a disease in which the islets of langerhans in  
the pancreas produce either no insulin or insufficient quantities of  
insulin. It is classified as insulin dependent (type 1 or juvenileonset) & noninsulin dependent (type II or maturity –onset).  
⮚It can be treated successfully by the administration of insulin  
isolated from the pancreas of cattle or hogs or of human insulin  
made either semisynthetically or derived from recombinant DNA  
technology.  
⮚The structure of insulin from pork - sources more closely resembles  
human insulin than that from beef sources.  
**Insulin:**1- Rapid- acting insulin.  
One) Insulin injection (regular, crystalline zinc insulin) .  
Two) Prompt insulin zinc suspension.  
2- Intermediate- acting insulin  
149  
One) Isophane insulin suspension (NPH)  
Two) Insulin zinc suspension (lente)  
3- Long-acting insulin  
Un) Protamine zinc insuline suspension (PZI)  
Deux) Extended insuline zinc suspension (ultralente)  
**N.B.** : Insulin preparations with various times of onset & duration of  
action are often mixed to obtain optimum control in diabetic patients.  
**Action:**1- Facilitates the transport of glucose into cardiac & skeletal muscles  
& adipose tissue.  
2- Increases synthesis of glycogen in the liver.  
3- Stimulates protein synthesis & lipogenesis.  
4- Inhibits lipolysis & release of free fatty acids from fat cells.  
5- Causes intracellular shifts of potassium.  
**N.B.** : Since insulin is a protein , it is destroyed in the GIT thus it must be  
administered parenterally.  
- It is metabolized mainly in the liver.  
**Uses:**- Replacement therapy in type I diabetes.  
- Indicated in type II diabetes when other measures have failed or with  
surgery, trauma, infection, fever , endocrine dysfunction , pregnancy,  
gangrene , kidneys or liver disease .  
- Regular insulin is used in I.V. hyperalimentation.  
- Regular insulin is used in I.V. dextrose to treat sever hyperkalemia.  
**Contraindications:**Hypersensitivity to insulin.  
150  
**Side effects:**1- Hypoglycemia due to overdose , decreased food intake or hard  
exercise, ― Hunger, weakness, fatigue, nervousness, pallor or  
flushing , profuse sweating , headache , numbness of mouth ,  
tingling in the fingers, blurred vision, hypothermia & loss of  
consciousness.  
―Sever prolonged hypoglycemia may cause brain damage.‖  
2- Allergic urticaria , lymphadenopathy. ― Use human Insulin  
product‖.  
3- At the site of injection :- developing of swelling , itching , atrophy  
or hypertrophy of S.C. fat tissue so rotate site of injection to  
minimize the problem.  
4- Insulin resistance caused by obesity, infection, trauma ,surgery  
….etc.  
5- Hyperglycemic rebound (somogyi effect) in patients who receive  
chronic overdose.  
⮚Diabetic coma is usually precipitated by the patient’s failure to take  
insulin.  
**\*\*\* Treatment of diabetic coma:**⮚20 – 30 units of insulin, then 20 units every 30 minutes.  
⮚To avoid hypoglycemia give 1 g dextrose for each unit of insulin is  
administered with supplemental electrolytes ( K+ ) & fluids.  
⮚Monitor vital signs.  
⮚Urine samples for analysis.  
**Treatment of hypoglycemia:**  
151  
- Mild hypoglycemia: relieved by oral administration of CHO as orange  
juice.  
- In comatosed patients : administer 10 –30 ml of 50% dextrose solution  
I.V.  
**Dose**:  
Usually administered S.C.  
**N.B.** :  
⮚Regular insulin is the ***ONLY*** preparation that may be administered I.V  
⮚This route should be used only for patients with sever ketoacidosis or  
diabetic coma.  
⮚Always expressed in units.  
⮚Dosage is individualized, it is established & monitored by blood  
glucose, urine glucose & acetone test.  
**Insulin antagonists:**1- Growth hormone elevates glucose level & decreases glycogen  
synthesis.  
2- Glucocorticoids enhance conversion of protein to glucose.  
3- Adrenaline decreases insulin release & enhance glycogenolysis.  
4- Thyroid hormone promote gluconeogenesis.  
5- Glucagon.  
**Nursing considerations:**1- Read the product information & any important notes inserted into the  
package.  
2- Refrigerate stock supply of insulin but avoid freezing.  
3- Follow the guidelines with respect to mixing the various types of  
insulin.  
152  
4- Invert the vial several times to mix before the material is withdrawn  
―avoid vigorous shaking‖.  
5- Assist patient for self-administration of insulin.  
6- Rotate the sites of S.C. injections to prevent the problem of  
hypertrophy or atrophy at injection site.  
7- Allow insulin to remain at room temperature 1 hour before  
administration.  
8- Apply pressure for 1 minute, don’t massage since it may interfere with  
rate of absorption.  
9- If breakfast must be delayed, delay the administration of morning  
dose of insulin.  
10- Obtain a thorough nursing history from the client / family.  
11- If the client has symptoms of hyperglycemia reaction:  
- Have regular insulin available for administration.  
- Monitor client closely after administration.  
- Check blood glucose, urine glucose, and acetone.  
12- Check for early symptoms of hypoglycemia.  
13- Assess diabetic more closely for infection or emotional disturbances  
that may increase insulin requirements.  
14- Explain the necessity for close regular medical supervision.  
15- Explain to patient how to test the urine for sugar & acetone.  
16- Explain the use & care of equipment & the storage of medication.  
17- Explain the importance of exercise & adhering to the prescribed diet.  
18- Explain the importance of carrying candy or sugar at all times to  
counteract hypoglycemia should it occur.  
153  
19- Provide the client & family with a printed chart explaining  
symptoms of hypoglycemia , hyperglycemia & instructions  
concerning what to do for each.  
20- Instruct client that blurring of vision will subside within 6-8 weeks.  
21- Advise client to check vials of insulin carefully before each dose.  
22- Regular insulin should be clear, where as other forms may be  
cloudy.  
**1- Insulin Injection (Regular, crystalline Zinc insulin)  
Class:** Rapid- acting insulin.  
**Kinetics:**Onset ½ -1 hr (S.C) , 10-30m (I.V.).  
Peak 2-4 hr (S.C) , 15-30m (I.V.) .  
Duration 5-7 hr (S.C) , 30-60m (I.V.) .  
**Uses:** suitable for treatment of diabetic coma, acidosis (diabetic) or other  
emergency situations.  
**Dose:** individualized, initial 5-10 units 15-30 minutes before meals & at  
bedtime.  
Diabetic acidosis 0.1 unit / kg given by continuous I.V. infusion.  
**2- Isophane Insulin Injection (NPH) :**N = neutral solution P= stand of PZI  
H= means that it is originated in Hagedron’s laboratory.  
**Class:** Intermediate – acting insulin.  
**Kinetics:** onset 3-4 hr, duration 18-28 hr.  
Peak 6-12 hr.  
154  
**Dose:** S.C. Individualized , initial 7-26 units as a single dose 30-60  
minutes before breakfast .  
**Oral Antidiabetic (Hypoglycemic) Agents**- Several oral antidiabetic agents are available for patients with  
noninsulin dependent diabetes.  
- Oral hypoglycemic agents are classified as either first or second  
generation.  
- Generation refers to structural changes in the basic molecule.  
- Second–generation oral hypoglycemic agents are more lipophilic &  
have greater hypoglycemic potency (200 times) than first generation .  
**Classification:  
1- First – generation sulfonylureas compounds such as:**a) Tolbutamide (orinase).  
b) Chlorpromide (diabenase).  
c) Glibenclamide (Daonil).  
**2- Second-generation sulfonylureas compounds such as:**- Glyburide (Micronase).  
**Action of oral antidiabetic agents :**1- Increases the sensitivity of pancreatic islet cells.  
2- Increases insulin secretion by β cells.  
3- The peripheral tissues become more sensitive to insulin due to an  
increase in the number of insulin receptors & increase the insulin  
ability to combine with receptors.  
155  
**Indication :**Non- insulin dependent diabetes mellitus (NIDDM) (type II).  
⮚Patients should be subjected to a 7 day therapeutic trial.  
⮚Decrease in blood sugar, decrease in glucosuria & disappearance of  
polyuria, polydipsia, & polyphagia indicate that patient can be  
managed on oral antidiabetic agents.  
**Contraindications:**- Type I of D.M.  
- Renal & liver disease.  
- Diabetes complicated by recurrent episodes of ketoacidosis.  
**Side effects:**- Hypoglycemia (most common).  
- Nausea, heartburn, diarrhea  
- Headache, dizziness, general weakness.  
- Pancytopnea.  
- Chronic use increases risk of cardiovascular mortality.  
- Cholestatic jaundice (rare).  
**Nursing considerations:**- See nursing considerations for insulin.  
- Drugs may be taken with food to minimize GI upset.  
- Stop the medication if signs of side-effects or ketoacidosis appear.  
**1- Chlorpromide:  
Trade name:** Diabenase.  
**Class:** first generation sulfonylurea.  
**Dose:** initial 250 mg daily as a single or divided doses.  
Maintenance 100-250 mg daily as a single or divided doses.  
156  
**Doses:** More than 750 mg are not recommended.  
**2- Glyburide:  
Trade name:** Micronase.  
**Class:** Second-generation sulfonylurea .  
**Dose:** Initial 2.5-5 mg daily given with breakfast (or the first main meal)  
then increased by 2.5 mg weekly to achieve the desired response.  
**3- Tolbutamide :  
Trade name:** Orinase.  
**Class:** First-generation sulfomylurea.  
**Dose:** Initial 0.5 – 2 g daily , so adjust the dose depending on response  
(Maintenance 0.25 –3 g daily) ( not exceed 3g ) .  
**4- Glibenclamide :  
Trade name:** daonil.  
**Class:** First generation sulfonylurea .  
**Dose:** ½ -1 tablet (5mg) daily, increased by 2.5 – 5 mg weekly to achieve  
the desired response.  
**5. metformin hydrochloride  
Trade name** Glucophage  
**Indications & dosages**Adjunct to diet to lower glucose level in patients with type 2 (non-insulindependent) diabetes mellitus: 500 mg P.O. b.i.d.  
157  
**Action:** Improves insulin sensitivity (increases peripheral glucose uptake  
and use).  
**Adverse reactions**⮚GI: diarrhea, nausea, vomiting, abdominal bloating, flatulence,  
anorexia, taste perversion.  
⮚Hematologic: megaloblastic anemia.  
⮚Metabolic: lactic acidosis.  
⮚May decrease vitamin B12 and hemoglobin levels.  
**Contraindications & cautions:**⮚Contraindicated in patients hypersensitive to drug and in those with  
renal disease, hepatic disease, metabolic acidosis, or heart disease.  
**Nursing considerations**1. Assess patient's renal function.  
2. Give with meals; give once-daily dosage with breakfast and twicedaily dosage with breakfast and dinner.  
3. Monitor patient closely during times of increased stress, such as  
infection, fever, surgery, or trauma. Insulin therapy may be needed  
in these situations.  
4. Alert: Stop drug immediately and notify doctor if patient develops a  
condition related to hypoxemia or dehydration because of risk of  
lactic acidosis.  
5. Monitor patient's hematologic status for evidence of megaloblastic  
anemia.  
**Adrenocorticosteroids and analogs  
Action:**- They are a group of natural hormones produced by the adrenal cortex.  
- They are used for a variety of therapeutic purposes.  
158  
- Many slightly modified synthetic variants are available today.  
- Some patients respond better to one substance than to another.  
- These hormones influence many metabolic pathways & all organ  
systems & are essential for survival.  
- The release of corticosteroids is controlled by hormones such as  
corticotropin- releasing factor produced by the hypothalamus &  
ACTH produced by the anterior pituitary.  
**• Corticosteroids have the following effect:**1- **CHO metabolism :**- Deposition of glucose as glycogen in the liver & conversion of  
glycogen to glucose when needed.(Gluconeogenesis).  
2- **Protein metabolism:** The stimulation of protein loss from many  
organs.  
3- **Fat metabolism:** The deposition of fatty tissue in facial, abdominal &  
shoulder regions.  
4- **Water & electrolyte balance:** Alteration of glomerular filtration  
rate, increase sodium & fluid retention, also affect the excretion of  
potassium, calcium & phosphorus.  
5. Have anti-inflammatory effect: they decrease prostaglandin synthesis.  
6. The immunosuppresant effect : they decrease number of Tlymphocyte, monocytes, and eosinophils.  
7. They aid the organism to cope with stressful situations e.g. trauma  
& sever illness.  
▪According to their chemical structure, they fall into 2 classes.  
1- Glucocorticoids e.g. cortisone & hydrocortisone:- regulate the  
metabolism of CHO, protein & fat.  
159  
2- Mineralocorticoids e.g. Aldosteron & desoxycorticosterone.:-  
increase reabsorption of Na+ (+water ) & excretion of potassium &  
hydrogen.  
**Uses:**Therapy with glucocorticolds is not curative & many situations should  
be considered as adjunctive rather than primary therapy:-:  
1- Replacement therapy: adrenal insufficiency (Addison’s disease).  
2- Rheumatic disorders: rheumatoid arthritis & osteoarthritis.  
3- Collagen diseases: systemic lapus erythematosus, rheumatic cardiac.  
4- Allergic diseases: drug hypersensitivity , urticarial transfusion  
reaction.  
5- Respiratory diseases: bronchial asthma, rhinitis.  
6- Ocular diseases: allergic & inflammatory conjunctivitis, keratitis … .  
7- Dermatological diseases: psoriasis, contact dermatitis, urticaria.  
8- Diseases of the GIT: ulcerative colitis.  
9- Nervous system: Myasthenia gravis.  
10-Malignancies: leukemia, lymphoma.  
11- Nephrotic syndrome.  
12- Hematological diseases: hemolytic anemia, thrombocytopenic  
purpura.  
13- Miscellaneous: septic shock, liver cirrhosis, stimulation of surfactant  
production, prevention of organ rejection.  
**Contraindications:**1- If infection is suspected (Mask signs & symptoms).  
2- Peptic ulcer.  
3- Acute glomerulonephritis.  
4- Cushing’s syndrome .  
160  
5- Congestive heart failure.  
6- Hypertension.  
7- Hyperlipidemia.  
**Side effects:**⮚Prolonged therapy may cause cushing-like syndrome & atrophy of  
the adrenal cortex & subsequent adrenocortical insuficiency.  
**N.B:** steroid withdrawal syndrome may lead to: anorexia, nausea,  
vomiting, weight loss, headache myalgia & hypotension.  
**Side effects include**: Edema, alkalosis, hypokalemia, hypertension, CHF  
muscle wasting, weakness, osteoporosis, nausea & vomiting.  
Headache, hypercholesterolemaea , hirsutism, amenorrhea, depression,  
increase heart rate, hyperglycemia, and peptic ulcer.  
**Dose:** Highly individualized according to the condition & response of the  
patient.  
**N.B.:** It is most important that therapy not be discontinued abruptly.  
**Nursing Considerations:**1- Administer oral forms with food to minimize ulcerogenic effect.  
2- For chronic use, give the smallest dose possible.  
3- Corticosteroids should be discontinued gradually if used chronically.  
4- Document baseline weight, B.P., Pulse & temperature.  
5- Frequently take BP, monitor body weight (signs of Na+ & H2O  
retention).  
6- Periodic serum electrolytes, blood sugar monitoring.  
7- Report signs & symptoms of side effects (cushing-like syndrome).  
8- Discuss with female client potentials of menstrual difficulties.  
9- Instruct the client to take diet high in protein & potassium.  
161  
10- Instruct the client to avoid falls & accidents (osteoporosis causes  
pathological fracture).  
11- Remind the client to carry a card identifying the drug being used.  
12- Stress the need for regular medical supervision.  
13- Advice the client to delay any vaccination while taking these  
medications (weakened immunity).  
14- Explain the need to maintain general hygiene & cleanliness to prevent  
infection.  
**1- Betamethasone:  
Trade name:** celestone.  
**Class:** Adrenocorticosteroid, synthetic, glucocorticoid type.  
**Additional Uses:** prevention of respiratory distress syndrome in  
premature infants  
**2- Dexamethasone:  
Trade name:** dexacort, decort.  
**Class:** adrenocorticosteroid –synthetic , glucocorticoid type.  
**Forms:** Tablets 0.5 mg.  
Ampule 4 mg , 20 mg.  
**3- Hydrocortisone:  
Trade name:** solu –cortef , hydrocortone.  
**Class:** adrenocorticosteroid , naturally occuring, glucocorticoied.  
**Forms:** Vials 100 mg, 500 mg.  
**4- Prednisone :**  
162  
**Trade name:** deltasone.  
**Class:** adrenocorticosteroid , synthetic.  
**Forms:** Tablets 5mg, 20mg.  
***\*Posterior Pituitary Hormones\**1-Methylergonovine Maleate:  
Trade name:** Methergine.  
**Class:** Oxytocic agent.  
**Action:** Is a synthetic agent stimulates the rate, tone & amplitude of  
uterine contractions. It also stimulates smooth muscles surrounding  
certain blood vessels by interacting with adrenergic & dopaminergic  
receptors.  
**Uses:**1- Management & prevention of postpartum hemorrhage by producing  
firm cervical contractions & decrease uterine bleeding.  
2- Incomplete abortion.  
3- Migraine headache  
**Contraindications:**- Pregnancy - Hypertension  
- To induce labor - Toxemia  
- Prior to delivery of placenta  
**Side effects:**Nausea, vomiting, diarrhea, allergic reaction, Dizziness, headache,  
tinnitus, hypertension.  
**N.B.:** use of this substance during labor may result in uterine tetany with  
rupture, cervical laceration, embolism of amniotic fluid & intracranial  
hemorrhage in infant.  
163  
**Dose:  
Forms:** Tablet 0.2 mg (0.2- 0.4 mg /6-12 hr for 48 hrs).  
I.V. in emergency situations.  
**2-Oxytocin:  
Trade name:** Pitocin  
**Class:** oxytocic agent.  
A**ction:  
-** It has uterine stimulant, vasopressive & antidiuretic properties.  
- Mimics uterine contractions of normal labor.  
- Facilitates ejection of milk from the breasts by stimulating smooth  
muscles.  
**Onset:** I.V. immediately , I.M 3-5minutes.  
**Peak** 40 minutes  
**duration** I.V. 20m. I.M. 30-60 m.  
**Uses:**- Antepartum induction or stimulation of labor.  
- Uterine inertia (hypotonic contractions).  
- For induction of labor in case of preeclampsia, eclampsia, maternal  
diabetes & other conditions.  
- To hasten uterine involution .  
- Intranasally for postpartum hemorrhage & uterine atony.  
**Contraindications:**- Hypersensitivity - cephalopelvic disproportion (C.P.D.)  
- Malpreresentation - undilated cervix  
- History of cesarean delivery.  
164  
**N.B.:** Oxytocin should never be given I.V. undiluted in high  
concentration.  
**Side effects:**Tetanic uterine contraction, rupture uterus Hypertension , tachycardia.  
To Fetus :- it may cause death, intracranial hemorrhaye, brady or  
tachycardia  
**Dose:**⮚I.M. or I.V. infusion for induction or stimulation of labor.  
⮚I.V. infusion 10 units (1ml) diluted in 1000 ml of normal saline or  
5% dextrose  
⮚Initial 0.001 – 0.002 unit /minute, increased by small increments  
after 15 minutes intervals  
**Nursing Considerations:**1- The physician should be available during administration of the drug.  
2- Use Y-tubing for I.V. administration (one bottle contain oxytocin &  
another free).  
3- Note any history of hypersensitivity & other contraindications.  
4- Check for cervical dilation & uterine contractions patterns.  
5- Remain with the client throughout the administration of medication.  
6- Monitor fetal heart rate at least every 10 minutes.  
7- Check vital signs every 15minutes.  
8- Prevent uterine rupture & fetal damage by stop I.V. oxytocin , start  
medication – Free fluid , provide O2 & notify the physician in case of  
hypertonic uterine contraction & abnormal fetal heart rate patterns.  
**Diuretics**  
165  
The kidney is a complex organ with 3 main functions:  
1- Maintain the acid-base balance.  
2- Elimination of waste materials & return of useful metabolites to the  
blood.  
3- Maintenance of an adequate electrolyte balance, which in turn governs  
the amount of fluid retained in the body.  
⮚Malfunction of one or more of these regulatory processes may  
result in the retention of excessive fluid by various tissues (edema).  
⮚Edema is an important manifestation of many conditions such as  
pregnancy & congestive heart failure.  
**Action of diuretics:**It increase the urinary output of water and sodium ―prevention or  
correction of edema‖ through one of the following mechanisms:  
1- Increasing the glomerular filtration rate.  
2- Decreasing the rate at which sodium is reabsorbed from the  
glomerular filtrate by the renal tubules, therefore water is excreted  
along with sodium.  
3- Promoting the excretion of sodium & therefore water by the  
kidney.  
**Uses:** Congestive heart failure, hypertension, and edema.  
**1- Loop Diuretics:  
Furosemide  
Trade name :** Fused , Lasix  
**Class:** Loop diuretic.  
**Action:**  
166  
- It inhibits the reabsorption of sodium and chloride in the ascending loop  
of Henle resulting in the excretion of sodium, chloride & to a lesser  
degree potassium & bicarbonate ions. Also it decrease the reabsorption  
of sodium & chloride & increase the excretion of potassium in the distal  
tubule.  
- It has a slight antihypertensive effect.  
**Uses:**- Edema associated with:  
- Congestive heart failure  
- Liver cirrhosis .  
- Nephrotic syndrome.  
- Acute pulmonary edema.  
- Hypertension.  
**Contraindications:**- Hepatic coma associated with electrolyte depletion.  
- Anuria  
- Sever renal diseases.  
- Hypersensitivity.  
**Side effects:**- Dehydration, hypovlemia.  
- Hypokalemia ,hyperglycemia, Hyponatremia  
- Nausea, vomiting, diarrhea, anorexia.  
- Tinnitus, blurring of vision, headache, orthostatic hypotension,  
rashes & photosensitivity.  
\*After I.V use: Thrombophlebitis & cardiac arrest.  
\*After I.M use: pain at injection site.  
**N.B.:**  
167  
Because the drug potentates the effects of muscle relaxants, it is  
recommended to discontinue oral medication 1 week before surgery &  
the I.V. 2 days before surgery  
**Forms:**Tablets 40 mg.  
Ampules 20 mg /2ml , 250 mg /10 ml.  
**Dose:** oral: 20-80 mg as a single dose.  
I.V: 20-40 mg as a single dose.  
For hypertensive crisis:100-200 mg.  
**Nursing considerations:**1- When high doses are required, administer lasix by infusion.  
2- Store in a light-resistant container.  
3- Monitor serum electrolytes & for signs of hypokalemia.  
4- Observe client for signs of dehydration & circulatory collapse.  
5- Monitor pulse & blood pressure.  
6- Advise the client to take medication in the morning to avoid  
interruption of sleep.  
7- Discuss the need for a diet high in potassium.  
**Drugs affecting the respiratory system  
1. Antiasthmatic Drugs**❖**Theophylline Derivatives:  
Action:**They belong to the xanthine family.  
They stimulate the CNS , relax the smooth muscles of the bronchi and  
pulmonary blood vessels which result in relieve bronchospasm.  
168  
They also have a slight diuretic effect, stimulate gastric acid secretions  
& increase the force and rate of the heart.  
**Uses:**- Prophylaxis and treatment of bronchial asthma.  
- Reversible bronchospasm associated with C.O.P.D.  
**Contraindications:**- Hypersensitivity - Hypotension  
- Coronary artery disease (angina pectoris).  
**Side effects:**- Nausea, vomiting, epigastric pain.  
- Rectal irritation following use of suppositories.  
- Headache, dizziness, Hypotension, arrhythmias ( tachycardia)  
**N.B**. :  
Aminophylline given by rapid I.V. may produce hypotension,  
flushing, precordial pain, Headache & dizziness.  
**Overdose:**Toxicity is usually associated with parenteral administration & oral  
administration especially in children.  
Early signs include anorexia, nausea, vomiting, restlessness &  
irritability.  
Later symptom include: agitation, manic behavior, frequent vomiting,  
extreme thirst & convulsions.  
**Formulation:**Theophylline derivatives are available as I.V. injections, modified  
release tablets, capsules, rapid release tablets, syrup, and  
suppositories.  
169  
**Dose:** individualized.  
**Nursing considerations:**1- Dilute drugs & maintain proper infusion rate.  
2- Assess client for any history of hypersensitivity.  
3- Obtain baseline blood pressure and pulse prior to starting therapy,  
monitor B.P. & pulse closely during therapy.  
4- Observe closely for signs of toxicity.  
5- To avoid epigastric pain (when administered orally) give the  
medication with meals.  
6- Monitor for serum level of theophylline.  
7- Instruct the client to increase intake of fluids to liquefy secretions.  
**Examples:  
1-Aminophylline:  
Class**: Antiasthmatic , bronchodilator  
― Theophylline + ethylenediamine‖  
**Action:** Relaxes smooth muscles of bronchi causing bronchodilation  
and increasing vital capacity of the lungs.  
**Additional use** : neonatal apnea and bradycardia.  
**Forms:** Ampule 250 mg/10 ml  
Tablets 100mg – 200mg.  
Pediatric suppositories: 100mg  
I.V. administration: 5mg/kg over a period of 10 - 20 minutes.  
**Dose:**IV administration: 250 mg Q 6-8 hours.  
Rectal: 500 mg bid.  
170  
**2- Theophylline:  
Class.** : antiasthmatic, bronchodilator.  
**Trade name**: theotrard.  
**Forms:** Capsules containing 50 , 100, 200 , 300 mg  
**Drugs affecting the GIT  
1. Antacids  
Action**:  
- Antacids act by neutralizing or reducing gastric acidity, thus  
increasing the pH of the stomach and relieving hyperacidity. If the  
pH is increased to 4, the activity of pepsin is inhibited.  
- Ideally, antacids should not be absorbed systemically ―NaHco3 &  
CaCo3 may produce systemic effects‖.  
- Antacids containing magnesium have a laxative effect.

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| -  **Uses:** | Antacids containing aluminum or calcium have a constipating effect. |

- Treatment of hyperacidity. (Heart- burns).  
- Peptic ulcer  
- Duodenal ulcer.  
- Gastroesophaged reflux.  
**Contraindications:**- Sodium containing products are contraindicated in C.H.F.,  
hypertension, and other conditions requiring low sodium diet.  
- Pregnancy  
171  
- Children less than 6 years of age.  
N.B.: chronic use of aluminum containing antacids may contribute to  
development of Alzheimer’s disease.  
**Nursing considerations:**- It is recommended that most antacids be taken at 3 hours after  
meals & at bed – time .  
- Tablets should be thoroughly chewed before swallowing &  
followed by a glass of milk or water.  
- Shake liquid suspensions thoroughly before pouring the  
medication .  
- Client’s taking aluminum or calcium containing antacids shoudel  
take 2500-3000 cc of fluids to prevent constipation.  
- Advise clients to report persistent diarrhea or constipation  
physician.  
***Drugs in this group:*1- Maalox:  
Contents:** Tablet: antacids Al(OH)3 200 mg + Mg (OH)2 200 mg.  
Suspension : antacids 225 mg of Al(OH)+ /5ml + 200mg  
of Mg(OH)2.  
**Additional uses**: hiatus hernia, Hyperacidity.  
**Dose**:  
2-4 tabs - 20-60 m after meals & at bed time.  
Suspension: 10- 20 ml aid- 20-60 m after meals & at bed  
time.  
**Antiulcer Drugs  
1- Ranitidine Hcl:**  
172  
**Trade name** : Zantac , Randine ―ampule 50 mg \2m.‖ Tab. 150, 300 mg.  
**Class**.: H2-receptor antagonists.  
**Action**: It competitively inhibits gastric acid secretion by blocking the  
effect of histamine on histamine H2-receptors.  
**Uses:  
-** Short-term (up to 8 wks) & maintenance treatment of duodenal ulcer  
& treatment of benign gastric ulcer.  
- Management of hypersecretion of gastric acid.  
- Reflux esophagitis.  
**Contraindications:**Liver cirrhosis, impaired renal & hepatic function .  
**Side effects:**Constipation , nausea , vomiting, diarrhea, headache  
Dizziness , malaise , vertigo , bradycardia or tachycardia  
Pancytopnea , rashes, bronchospasm , alopecia.  
**Dose**: 150 mg 2 times daily .  
Maintenance 150 mg at bed-time.  
**Nursing considerations:**- Dilute for I.V. use ( 50 mg in 20 ml of 0.9% Nacl) .  
- Note any evidence of renal or liver disease.  
- Obtain baseline liver & kidney function.  
- Note for signs of infection .  
- Adequate hydration for problem of diarrhea.  
**Omeprazole  
Trade name:** Losec, Pepticum, Mepral  
**Uses:**  
173  
- Gastroesophageal reflux disease, esophagitis, Duodenal ulcer (shortterm treatment),  
- to eradicate H. pylori, Short-term treatment of active benign gastric  
ulcer  
**Action**- Inhibits activity of acid (proton) pump and binds to hydrogenpotassium adenosine triphosphatase at secretory surface of gastric  
parietal cells to block formation of gastric acid.  
- Dose: 20-40 mg daily for 4-8 weeks  
**Side effects:**- CNS: headache, dizziness.  
- GI: diarrhea, abdominal pain, nausea, vomiting, constipation,  
flatulence.  
- Musculoskeletal: back pain.  
- Respiratory: cough, upper respiratory tract infection.  
- Skin: rash.  
**Contraindications & cautions**- Contraindicated in patients hypersensitive to drug or its  
components.  
- Use cautiously in patients with hypokalemia and respiratory  
alkalosis.  
**Nursing considerations**- Dosage adjustments may be necessary in patients with hepatic  
impairment.  
- Tell patient to swallow tablets or capsules whole and not to open,  
crush, or chew them.  
- Instruct patient to take drug 30 minutes before meals.  
174  
- Caution patient to avoid hazardous activities if he gets dizzy.  
**Glycerin Suppositories:  
Class**: miscellaneous laxative.  
**Action:** promote defecation by irritating the rectal mucosa as well as  
by hyperosmotic action, It also softens & lubricates fecal  
material.  
**Onset** 15-60 minutes.  
**Uses:**- To evacuate the colon prior to rectal & bowel examination or  
surgery.  
- To establish normal bowel function in patients dependent on  
laxatives.  
**Contraindications:**Anal fissure, fistula, ulcerative hemorrhoids.  
**Antiemetics:**Nausea & vomiting can be caused by a variety of conditions such as  
infections, drugs, motion, organic disease or psychological factors. The  
underlying cause of the symptoms must be elicited before emesis is  
corrected. The act of vomiting is complex. The vomiting center in the  
medulla responds to stimulation from many peripheral areas as well as  
stimuli from CNS itself, the CTZ in the medulla, the vestibular apparatus of  
the ear & the cerebral cortex.  
The selection of antiemetic depends on the cause of the symptom as well as  
on the manner in which the vomiting is triggered.  
175  
Many drugs used for other conditions such as antihistamine,  
phenothiazines & barbiturates have antiemetic properties & can be so used.  
**Drug interaction:**Because of their antiemetic and antinauseant action the antiemetics may  
mask overdose caused by other drugs.  
**Nursing considerations:**1- Take a complete history, if it is unusual occurrence or if it is a  
recurring phenomenon.  
2- Assess for other untoward symptoms as increased intracranial pressure  
or intestinal obstruction (antiemetic may mask signs of underlying  
pathology)  
3- Caution the client that drug tends to cause drowsiness & dizziness,  
advise him\her to avoid hazardous tasks.  
**Metoclopromide Hcl:  
Trade name:** Pramin  
**Class:** Antiemetic  
**Action:** It is dopamine receptor antagonist acts both centrally &  
peripherally, centrally due to the effect in the CTZ ( inhibition),  
Peripherally it stimulate the motility of the upper GIT without  
affecting gastric & biliary or pancreatic secretions. It relaxes the  
pyloric sphincter & increases the peristalsis of the duodenum resulting  
in accelerated gastric emptying & intestinal transit.  
**Indications:**  
176  
1- Digestive disorders leading to relief GIT pain , Dyspepsia &  
regurgitation in peptic ulcer, reflux esophagitis &  
postanasthetic vomiting.  
2- Nausea & vomiting as in chemotherapy.  
3- Facilitate diagnostic procedure e.g. barium meal.  
**Side effects:**GI disturbances, transient hypertension, supraventricular  
tachycardia, dizziness & extrapyramidal effect ―convulsion‖.  
**Forms:**

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| Ampule | 10 mg\2ml |
| Ampule | 50 mg\10ml |
| Tablet | 10mg |
| Syrup | 5mg\5ml |

Suppository.20mg (adult) , 5mg ( children).  
**Dose:**-10 mg, 30 minutes before meal & at bed time .  
-For chemotherapy 2 mg /kg , 30 minutes before chemotherapy.  
**Contraindications:** Seizure (epilepsy), Pheochromocytoma, intestinal  
obstruction.  
**Nursing considerations:**1- Don’t give pramin to patients with epilepsy,  
pheochromocytomes or patients with intestinal obstruction.  
2- Administer oral medication 30 minutes before meal & at bed  
time.  
3- Administer I.V. injection slowly over 1-2 minutes.  
4- Be aware of the extrapyramidal symptoms specially in  
children.  
177  
**Thyroid & Antithyroid Drugs**The thyroid manufactures 2 active hormones, thyroxine and  
Triiodothyronine, both which contain iodine.  
Diseases involving the thyroid fall into 2 groups:  
1- **Hypothyroidism**: decreased thyroid hormones.  
- Cretinism in infancy & early life.  
- Myxedema in adult.  
\* Cretinism leads to decreasing in physical & mental development .  
\* Myxedema causes: dry swelling , edema (nonpitting)  
-- primary results from atrophy  
of the thyroid &  
-- secondary as a result of hypofunction of pituitary gland or  
prolonged administration of antithyroid drugs.  
2-**Hyperthyrsidism**:  
- Increased production of thyroid hormones.  
- Graves disease characterized by protruding eyes & extreme  
nervousness.  
**Thyroid hormone preparations:**- Levothyroxine sodium (T4) (synthroid)  
- Liothyronine sodium (T3) (cytomel)  
- Liotrix (Mixture of T4+ T3 ) (Euthroid, thyrolar).  
**Action of thyroid hormones:**  
178  
1- Essential for normal physical & mental development of the  
fetus & infants.  
2- Increase the BMR & blood sugar level, increase synthesis of  
fatty acids, and decrease plasma cholesterol & triglycerides.  
3- Increase H.R. & peripheral resistance.  
4- Decrease thyroid releasing hormone (TRH) & TSH from the  
hypothalamus & anterior pituitary.  
**Indications:**- Replacement therapy in primary & secondary myxedema, nontoxic  
goiter, and chronic thyroiditis .  
- With aritithyroid drugs for thyrotoxicosis to prevent hypothyroidism.  
- Surgical removal of thyroid gland.  
**Contraindications:**- Uncorrected adrenal insufficiency.  
- M.I.

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| -  **N.B.:** | Hyperthyroidism. |

- Should not be used to treat obesity or infertility in either males or  
females.  
- In adrenal insufficiency corticosteroids should be initiated first  
before administration of thyroid preparations.  
**Side effects:**C.N.S.: Nervousness, headache , insomnia, tremor.  
C.V.S.: Arrhythmias, palpitations, angina pectoris, dyspnea &  
hypertension.  
GIT: Abdominal Cramps., appetite changes, nausea , vomiting,  
diarrhea &loss of weight .  
179  
Others: Menstrual irregularities , hyperthyroidism, sweating, allergic  
reaction, hyperglycemia.  
**Nursing considerations:**1- The treatment is initiated slowly (with small doses) & gradually  
increased.  
2- Store medications in cool dark place.  
3- Take complete nursing history .  
4- Note if the client is taking antidiabetic drugs & document .  
5- Take baseline ECG. then at regular intervals.  
6- Monitor thyroid function closely.  
7- Observe client for side effects.  
8- Monitor PT & PTT closely since the drug increases  
hypoprothrombinemia.  
9- Monitor HR & B.P. closely for cardiac patients.  
10-Instruct the client to report side effects e.g. weight loss &  
nervousness to physician.  
11-Have dietitian counsel clients regarding diet according to the energy  
demands.  
12-Female client should record menstrual irregularities .  
13-Encourage the client to keep follow-up visits.  
**Antithyroid Drugs**Anti-thyroid drugs include thiourcil derivatives & large doses of iodide.  
**Action:**Inhibit partially or completely the production of thyroid hormones by  
the thyroid gland.  
180  
**N.B.:**Since these agents don’t affect release or activity of performed  
hormone, it may take several weeks for the therapeutic effect to  
become established.  
**Uses:**- Hyperthyroidisim  
- In preparing the patient who must undergo surgery or radioactive  
iodine therapy.  
**Contraindications:** Lactation.  
**Side effects:**Loss of taste, enlargement of salivary glands.  
Thrombocytopnea, Leukopnea, Agranulocytosis.  
Skin rash & hypoprothrombinemia.  
**Examples:**1- Methimazole (Tapazole) is 10 times stronger than (PTU).  
2- Propylthiouracil (PTU).  
**Oral Contraceptives  
Estrogen- Progesterone Combinations**- The most effective form of birth control available.

|  |  |
| --- | --- |
| - | There are 3 types of combinations: 1- Monophasic: contain the same amount of estrogen & progesterone in |

each tablet.  
2- Biphasic: contain the same amount of estrogen in each tablet but the  
progestin content is lower for the first 10 days of the cycle & higher  
in the last 11 days.  
181  
3- Triphasic: The estrogen content may be the same or may vary  
throughout the medication cycle. The progestin content varies.  
**N.B.** :The purpose of biphasic & triphasic products is to give or provide  
hormones in a manner similar to that occurring physiologically.  
- Other types of oral contraceptives is the progestin-only (mini-pill) product  
which contain a small amount of progestin in each tablet.  
**Action:**-Inhibit ovulation due to inhibition of L.H. & F.S.H. (by negative  
feedback mechanism) which are necessary for development of the  
ova, changes in the endometrium & cervical mucosa so that the  
penetration of sperm & implantation of ova will not take place.  
-Promote the regularity of the cycle.  
-Decrease incidence of dysmenorrhea.  
-Decrease blood loss during menstruation.  
-Decrease incidence of endometrial cancer, ectopic pregnancy &  
pelvic inflammatory diseases.  
**Uses:**- Contraception  
- Menstrual irregularities  
- Menopausal symptoms  
- Endometriosis & hypermenorrhea.  
**Contraindications:**- History of cerebrovascular diseases.  
- Hypertension  
- Cancer breast  
- Impaired hepatic function  
- Renal or cardiac diseases.  
182  
**Side effects:**- Hypertension, weight gain , oily skin, hairsuitism  
- Headache, nausea, dizziness  
- Breast tenderness, increase in breast size.  
- Anxiety & decrease in menstrual flow.  
- Decrease the quantity & quality of breast milk.  
**Nursing considerations:**1- Tablets should be taken approximately at the same time each day,  
with meal or at bedtime.  
2- Spotting bleeding may occur 1-2 first days of the cycle, if continue  
notify the physician.  
3- For the 21 day regimen ,tablet is taken daily beginning on day 5 of the  
cycle (No tablets are taken for 7 days).  
4- For the 28 day regimen, tablets are taken for the first 21days  
following by 7 days of iron containing tablets.  
5- If a woman fails to take one or more tablets, the following  
recommendations should be followed:  
- If 1 tablet is missed, It should be taken as soon as it is remembered,  
alternatively 2 tablets can be taken the following day.  
- If 2 tablets are missed, 2 tablets can be taken each day for 2 days,  
alternatively 2 tablets can be taken on the day the missed tablets are  
remembered with the second missed tablet being discarded.  
- If 3 tablets are missed, a new medication cycle should be initiated 7  
days after the last tablet was taken & additional contraceptive method  
should be used until the start of the next menstrual period.  
6- Advise the client if she develops pain in the legs or chest, dizziness to  
discontinue the therapy & notify the physician.  
183  
7- Advise the client prior to initiate therapy that there is a high risk for  
cancer of breast.  
8- Instruct client to avoid smoking.  
9- If a woman is a breasted, instruct her to find other form of  
contraception.  
**N.B.:**―ACHES‖ system: Pill danger signs.  
A = Abdominal pain (sever).  
C = chest pain (sever) or shortness of breath.  
H= Headache (sever) .  
E= Eye problems (loss of vision, blurred vision).  
S= Sever leg pain (calf or thigh).  
**Generic name:** medroxyprogesterone acetate  
**Trade name:** Depo-Provera, Provera  
**Classification:** hormone  
Pregnancy risk category X  
Available forms  
Tablets: 2.5 mg, 5 mg, 10 mg  
Injection (suspension): 150 mg/ml, 400 mg/ml  
**Indications & dosages**5-10 mg po daily for abnormal uterine bleeding caused by hormonal  
imbalance, secondary amenorrhea.  
40 to 1,000 mg I.M. weekly for Endometrial or renal cancer  
**Action**  
184  
Suppresses ovulation, possibly by inhibiting pituitary gonadotropin  
secretion, thus preventing follicular maturation and causing endometrial  
thinning.  
**Adverse reactions  
CNS:** depression, CVA, pain.  
**CV:** thrombophlebitis, pulmonary embolism, edema, thromboembolism.  
**GI:** abdominal pain.  
**GU:** bleeding, dysmenorrhea, amenorrhea, cervical erosion, abnormal  
secretions.  
**Hepatic:** jaundice.  
**Metabolic:** weight changes.  
**Skin**: rash, sterile abscesses, acne, pruritus, alopecia, hirsutism.  
**Other:** breast tenderness, enlargement, or secretion.  
**Contraindications & cautions**Contraindicated in patients hypersensitive to drug and in those with active  
thromboembolic disorders or history of thromboembolic disorders,  
cerebrovascular disease, breast cancer, missed abortion, or hepatic  
dysfunction; also contraindicated during pregnancy. Tablets are  
contraindicated in patients with liver dysfunction or known or suspected  
malignant disease of genital organs.  
Use cautiously in patients with diabetes mellitus, seizures, migraine, cardiac  
or renal disease, asthma, and depression.  
**Nursing considerations**I.M. injection may be painful. Monitor sites for evidence of sterile abscess.  
Rotate injection sites to prevent muscle atrophy.  
185  
Monitor patient for pain and swelling, warmth, or redness in calves; sudden,  
severe headaches; visual disturbances; numbness in extremities; signs of  
depression; signs of liver dysfunction (abdominal pain, dark urine, jaundice).  
Advise patient to take medication with food if GI upset occurs.  
Alert: Tell patient to report unusual symptoms immediately and to stop drug  
and notify doctor about visual disturbances or migraine.  
Teach woman how to perform routine breast self-examination.  
Advice patient to immediately report to doctor any breast abnormalities,  
vaginal bleeding, swelling, yellowish skin or eyes, dark urine, shortness of  
breath, chest pain, or pregnancy.  
Advise patient that injection must be given every 3 months to maintain  
adequate contraceptive effects.  
**Generic name:** Rho(D) Immune Globulin  
**Trade name:** RhoGAM  
**Indications:** Administered to Rh-negative women who have been exposed  
to Rh-positive blood by:  
•Delivering an Rho(D)-positive infant  
•Aborting an Rho(D)-positive fetus  
•Having chorionic villus sampling, amniocentesis, or intraabdominal  
trauma while carrying an Rho(D)-positive fetus  
•Accidental transfusion of Rho(D)-positive blood  
**Action:** Prevents production of anti Rho(D) antibodies in Rho(D)-negative  
patients who were exposed to Rho(D)-positive blood by suppressing the  
immune reaction of the Rho(D)-negative woman to the antigen in the  
Rho(D)-positive blood. Subsequently prevents hemolysis of RBC of the  
186  
fetus/newborn (erythroblastosis fetalis) in future pregnancies of women who  
have conceived an Rho(D)-positive fetus.  
**Contraindications and Precautions:**contraindicated in: Rho(D)- positive patients; patients previously sensitized  
to Rho(D).  
**Adverse Reactions and Side Effects:** Pain at IM site  
**Route and Dosage:** One vial *standard* dose (300 mcg) administered  
intramuscularly:  
• At 28 weeks of pregnancy and within 72 hours of delivery or abortion.  
**Nursing Implications:**1. Do not give to infant, to Rho(D)-positive individual or to Rho(D)-  
negative individual previously sensitized to the Rho(D) antigen. Note:  
There is no more risk than when given to a woman who is not  
sensitized—if in doubt, administer Rho(D) immune globulin.  
2. Administer into the deltoid muscle. Should be given within 3 hours but  
may be given up to 72 hours after delivery, miscarriage, abortion, or  
transfusion.  
3. Explain to the patient the purpose of this medication to protect future  
Rho(D)-positive infants.  
Should be given after the delivery or abortion of an Rho(D)-positive infants  
**misoprostol  
*Pharmacologic class:*** Prostaglandin E1 analog  
***Therapeutic class:*** Antiulcerative, cytotec agent  
**Action**  
187  
Reduces gastric acid secretion and increases gastric mucus and bicarbonate  
production, creating a protective coating on gastric mucosa. It works on  
uterus to induce uterine contractions.  
**Availability***Tablets:* 100 mcg, 200 mcg  
**Indications and dosages**⮚To prevent gastric ulcers caused by NSAIDs  
**Adults:** 200 mcg q.i.d.with food.  
⮚Induce labor (cervical ripening)  
Intravaginally: 25 mcg—repeated every 4–6 hours  
⮚Incomplete & therapeutic abortion  
**Contraindications**● Prostaglandin hypersensitivity  
● Pregnancy: Use in Pregnancy can cause abortion, premature birth, or birth  
defects  
**Precautions  
Administration**Before starting therapy, make sure female patient understands dangers of  
taking drug while pregnant or breastfeeding.  
● For antiulcer use in females, start therapy on day 2 or 3 of normal menses.  
**Adverse reactions  
CNS:** headache  
**GI:** nausea, vomiting, diarrhea, constipation, abdominal pain, dyspepsia,  
flatulence  
**GU:** miscarriage, menstrual disorders, postmenopausal bleeding  
**Nursing considerations:**● Assess GI status. Report significant adverse reactions.  
188  
● Monitor menstrual pattern or postmenopausal bleeding. Report significant  
problems.  
● Instruct patient to take drug with food.  
● Advise patient to report diarrhea, abdominal pain, and menstrual  
irregularities.  
•Tell patient drug may cause spontaneous abortion.  
● Caution patient not to take magnesium-containing antacids, which may  
worsen diarrhea.  
**dinoprostone  
(prostaglandin E2, PGE2)**Cervidil Vaginal Insert, Prepidil  
Endocervical Gel, Propress , Prostin  
E2 Vaginal Suppository  
***class:*** Oxytocic, prostaglandin  
***Pregnancy risk category C*Action**Initiates strong contractions of uterine smooth muscle by stimulating  
myometrium and promoting cervical softening, effacement, and dilation  
**Indications and dosages**➣Cervical ripening  
0.5 mg endocervical gel vaginally; if response is poor, may repeat in 6 hours  
(not to exceed 1.5 mg in 24 hours). Or one 10-mg vaginal insert.  
➣To induce abortion  
One 20-mg vaginal suppository; repeat q 3 to 5 hours (not to exceed total  
dosage of 240 mg or duration of 48 hours).  
189  
**Contraindications**● Hypersensitivity to prostaglandins  
● Ruptured membranes, placenta previa, or unexplained vaginal bleeding  
during pregnancy  
**Precautions**Use cautiously in: pulmonary, cardiac, renal, or hepatic disease; asthma;  
hypotension; adrenal disorders; diabetes mellitus; epilepsy; multiparity.  
**Administration**● Keep patient supine for 15 to 30 minutes after gel administration and for  
10 minutes after administering suppository to prevent drug expulsion.  
● Store suppositories in freezer; bring to room temperature before using.  
**Adverse reactions  
CNS:** headache, drowsiness, syncope  
**CV:** hypotension, hypertension  
**GI:** nausea, vomiting, diarrhea  
**GU:** urinary tract infection, vaginal or uterine pain, uterine contractile  
abnormalities, warm vaginal sensation, uterine hypertonicity, uterine rupture  
**Musculoskeletal:** back pain  
**Respiratory:** cough, dyspnea, wheezing  
**Other:** allergic reactions including chills, fever, and **anaphylaxis  
Nursing considerations:**1. Monitor uterine contractions and observe for excessive vaginal  
bleeding and cramping.  
2. Record sanitary pad count.  
3. Monitor vital signs and assess for drug-induced fever. Report  
significant blood pressure and pulse changes.  
4. Assess for wheezing, chest pain, and dyspnea.  
190  
5. Evaluate for GI upset. To minimize, give antiemetic before  
dinoprostone therapy.  
6. Advise patient to stay in supine position, as prescribed, after  
administration.  
**Tetanus Toxoid  
Class:** Tetanus Prophylaxis/Vaccine  
Tetanus Toxoid, for intramuscular use, is a sterile suspension of alumprecipitated toxoid in an isotonic sodium chloride solution. The vaccine,  
after shaking, is a turbid liquid, whitish-gray in color.  
A**ction:** Active immunization against tetanus.  
**Uses:** Tetanus prophylaxis  
**Caution:** ↓immune response if given to pts taking corticosteroids or  
immunosuppressive drugs.  
**Side effects:** Local erythema, sterile abscess, chills, fever, neurologic  
disturbances  
**Nursing Considerations:**1. Stress the need of timely completion of immunization series.  
2. Given IM, never IV as it is a suspension.  
**Trade name:** Omega-3  
**Class:** Fish Oil Supplements (Polyunsaturated Fatty Acid)  
**Uses:** CAD, hypercholesterolemia, hypertriglyceridemia, type 2 DM,  
arthritis  
**Side Effects:** ↑Bleeding risk, dyspepsia, belching, aftertaste, Nausia, GI  
pain, rash, flulike symptoms.  
**Dose:** 4 g/d divided in 1–2 doses  
191  
**Contraindication:** Hypersensitivity to components  
**Generic name: terbutaline sulfate  
Trade name:** Bricanyl, Bricanyl , Monovent  
***Pharmacologic class:*** Selective beta2-adrenergic receptor agonist  
***Therapeutic class:*** Bronchodilator  
***Pregnancy risk category B*Action**Relaxes bronchial smooth muscle by stimulating beta2-adrenergic receptors;  
inhibits release of hypersensitivity mediators, especially from mast cells  
**Indications and dosages**⮚Bronchospasm in reversible obstructive airway disease  
⮚Tocolytic in preterm labor  
**Contraindications**● Hypersensitivity to drug.  
**Precautions**Use cautiously in:  
● cardiovascular disorders, hypertension, arrhythmias, hyperthyroidism,  
diabetes mellitus, seizure disorders.  
● elderly patients  
● breastfeeding patients.  
**Side effects:  
CNS:** tremors, anxiety, nervousness, insomnia, headache, dizziness,  
drowsiness.  
**CV:** palpitations, tachycardia  
**GI:** nausea, vomiting  
**Skin:** diaphoresis, flushing  
192  
**Patient monitoring**● Monitor vital signs.  
● Assess neurologic status.  
**Patient teaching**● Tell patient he may take with or without food.  
● Advise patient or parents to establish effective bedtime routine to  
minimize insomnia.  
● Instruct patient or parents to space doses evenly during waking hours, to  
avoid taking drug at bedtime.