**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 metabolismis delayed which may be manifested as excessive or prolongedresponses 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.
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•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).

|  |  |
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| 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 yearsDate: 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 ………
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⮚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.
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**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 =microgramA.M. or a.m. = morningml = milliliterNPO = nothing by mouthBUN = blood urea nitrogens = withoutos =mouthCaps = capsulesp = afterdc or D/C = discontinueper = by, throughP.R. = by rectumprn = when necessaryq = everyq2h = every 2 hoursq.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 nighth.s. = at bed timeqod = every other dayLt= leftIM = intramuscularRx = symbol for a prescriptionMin = minuteSyr = syrupstat = immediatelytab. = tablett.i.d. = 3 times dailyU = unitoz. = 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
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•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.
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⮚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.
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•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‖
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⮚**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.
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⮚**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.
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**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.
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•**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……. .
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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.
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⮚**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.
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•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.
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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).
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**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.
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⮚**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:
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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 .
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⮚**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.
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⮚**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.
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⮚**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.
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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.
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**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.
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⮚**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.
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•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.
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**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.
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⮚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.
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⮚**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.
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⮚**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- Septicemia6- 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.
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•**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.
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**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.
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⮚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).
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**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.
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**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.
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**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.
97
❖**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:**

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| 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.

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| - 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

|  |  |
| --- | --- |
| - 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.
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**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**
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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.

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| -  | 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.
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● 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.