

## Study Guide for NLN RN Pharmacology Exam

Drug	Use and dosage	Side effect	Teaching and labs	contraindication
<p><b>Acetylsalicylic acid(Aspirin)</b>  <b>Antiplatelets</b> Non  <b>opeoid analgesic</b></p> <p>Increase coagulations  studies  Decrease serum K</p>	<p>Blocks pain impulse in CNS, antipyretic result from vasodilatation of peripheral vessels, inhibit platelets aggregation. Treat TIA, Post MI, Stroke, angina</p>	<p>Increase PT, PTT. Reye's syndrome (encephalopathy and fatty liver), GI bleed, tinnitus, liver <b>toxicity</b>(dark urine, clay stool, itching, yellowing sclera and skin), visual changes</p>	<p>Take with full glass of water, milk for food to prevent stomach upset  Do not crush enteric coated, given 30 min prior to or 2 hrs after meals. <b>Therapeutic in 2 weeks</b>, do not give children with flu-like symptoms or chickenpox symptoms (Reye syndrome)</p>	<p>Do not give children under 12 because of risk of Reye syndrome, children or teenagers with chicken pos or flu like symptoms, pregnancy in 3<sup>rd</sup> trimester, and decrease effect of ASA with antacid, vit. K deficiency</p>
<p>Activated charcoal (Actidose-Aqua)  Given 1gm/kg of body weight</p> <p>Pre mixed with water  12.5-25 grams  Charcoal does not change the stomach PH.</p>	<p>Treat poison and overdose following oral ingestion. It binds to poison and prevent its absorption by the GI tract and it eliminate in the feces. Charcoal must be administered within 60 minutes of ingestion. <b>Ipecac-induce</b> emesis of stomach pups is also used. Charcoal may be given <b>once</b> or twice depending on the level of toxic</p>	<p>Incorrect application say into the lungs, results in pulmonary aspiration which can be fatal</p>	<p>Binding is irreversible so cathartic such as <b>sorbitol</b> may be added as well. It interrupts enterohepatic circulation of some drugs/toxins and their metabolites. It allows certain drugs/toxins to be drawn out of the blood and bind to charcoal in the intestine a kind of “<b>gut dialysis</b>”</p>	<p>In ingestion substance that is acid an alkali or a petroleum product.</p> <p><b>Do not do gastric lavage on pt who swallow caustic agent, convulsions are occurring, high viscosity petroleum products have been ingested, cardiac dysrhythmias are present, or there is emesis of blood Antidote supportive care and preventing aspiration are</b></p>

## Study Guide for NLN RN Pharmacology Exam

				implemented if gastric lavage is not to be performed
<p>Alteplase recombinant (Activase) Thrombolytic Streptokinase, urokinase given mostly in emergency situation.</p>	<p>Dissolve or break down clots to reestablish perfusion. Is indicated for clients at risk for developing thrombus with resultant ischemia such as MI, ischemic stroke, arterial thrombosis, DVT, pulmonary embolism and occlusion of catheter shunts.</p>	<p>Hemorrhage, N/V, hypotension cardiac dysrhythmias. Dose related is the highest problem</p>	<p>Give <b>Amicor</b> for overdose. Given also for excessive bleeding. From cardiac surgery, trauma abortion placenta <b>thrombolytic agent antidote</b>. Monitor VS changes, watch for signs of impending shock ( ). If bleeding is occurring stop treatment and notify doctor. Start on FFP and PRBC. Do not take NSAID and Aspirin because of enhanced bleeding.</p>	<p>Do not give during pregnancy, actively bleeding, recent Hx of CVA, Uncontrolled HTN, IM rout is contraindication when using thrombolytics.</p>
<p>Aluminum hydroxide (Amphogel) is Antacid</p>	<p>Neutralize gastric acid, antflatulent to alleviate symptoms of gas and bloating</p>	<p>Antacid increase gastric pH, decrease absorption of other drugs such as dig, antibiotic, iron supplement. Belching, constipation, flatulence, diarrhea gastric distention. Acid rebound if given too often. <b>Toxicity cause dementia,</b></p>	<p>Given 2 hrs apart from other drugs where drug interaction may occur. Observe for signs and symptoms of altered phosphate levels; anorexia, muscle weakness and malaise. Increase fluid, exercise and fiber to prevent constipation.</p>	<p>In the presence of abdominal pain, N/V, diarrhea, severe renal dysfunction, fecal impaction, rectal bleeding, colostomy, ileostomy. Severe renal disease, dehydration hypercalcemia and hypercalciuria</p>

## Study Guide for NLN RN Pharmacology Exam

		Hypercalcemia, metabolic alkalosis, worsen HTN, heart failure from increase intake.		
Ampicillin (Ampicin) IV, PO, IM. Treat bacterial infection	Shigella, salmonella, Escherichia coli, haemophilus influenza, neisseria gonorrhoea, neisseria meningitis, gram positive organism	Most common allergic reaction: Skin rash urticaria, purities, angioderma. Purities rash like measles is not a true allergic reaction but develops 7-10 days of therapy and may last for a few days after therapy. Most common side effects: GI, N/V, diarrhea epigastric distress abd pain colitis elevated liver enzymes, taste alteration, sore mouth dark/discolored/sore tongue. <b>Toxicity: treat</b> type 1 toxicity within 2-30 minutes it is fatal, N/V, urticaria, purities severed dyspnea, stridor, tachycardia, hypotension, red scaly skin	Do not give with fruit juice, milk or carbonated beverages because of poor absorption, monitor renal studies, liver enzymes and electrolyte due to hypokalemia. Take on empty stomach. May not necessary to stop treatment <b>if mild diarrhea develops. Give yogurt or buttermilk to restore</b> normal flora. Use absorbent antidiarrheal agent	Not use in pt with exfoliated dermatitis, Loop diuretic may exacerbate hypokalemia and rash. K sparing diuretic may contribute to hyperkalemia
Atropine Sulfate. (anticholinergic) for Parkinson.	Treat parkinson's disease, use to increase heart rate.	Dry mouth, constipation, urinary retention or hesitancy	Monitor dosage of meds carefully, even slight overdose can lead to	Increase anticholinergic effect with phenothiazine,

## Study Guide for NLN RN Pharmacology Exam

<p>For ophthalmic use.</p> <p>Systemmatic effect is more pronounced in infant and children with blue eyes and blond hair.</p>	<p>It decreases involuntary movement and rigidity in parkinsonism. Use for inflammation of the iris and uveal tract.</p>	<p>headache,dixxiness <b>Adverse effect/toxicity</b> Paralytic ileus. Assess mental status, <b>Adverse effect when used for the eye</b> Transient stinging, dry mouth, N/V, dry skin, bradycardia, slurred speech, weakness drowsiness, palpitation, tachy, increase IOP, photophobia, urinary hesitancy, heart prostration, decrease sweating</p>	<p>toxicity. Assess for constipation; increase fluids, bulk and exercise, assess bowel sound to rule out paralytic ileus, watch for urinary retention, avoid driving or other hazardous activities, drowsiness may occur. <b>For the Eye</b> Acute glaucoma can be precipitated by papillary dilation; if not recognized and treat, acute glaucoma can result in blindness. Wear dark sunglass and avoid bright light for photophobia, Monitor intraocular pressure and vision should be monitored over the course of the therapy.</p>	<p>antidepressant, MAO's amantidine. <b>Contraindicated in pt with narrow angle glaucoma, myasthenia gravis, or GI obstruction should not use.</b></p>
<p>Beclomethasone dipropionate (Beclovent) ) <b>inhaled corticosteroid medication</b></p>	<p>Used in bronchial asthma, allergic rhinitis</p>	<p>SE: Pharyngeal irritation and sore throat, coughing, dry mouth, oral fungal infections, and sinusitis. <b>Adverse effect/toxicity</b></p>	<p>Decrease dose if pt is on systematic corticosteroid., assess for impaired bone growth in children receiving inhaled corticosteroid</p>	<p>In children under 2. Clients with known allergy may adjust dose of antidiabetic agent secondary to potential for elevated blood</p>

## Study Guide for NLN RN Pharmacology Exam

		<p>Adrenocortical insufficiency fluid and electrolyte disturbances, nervous system effects and endocrine effects if absorbed systemically. Increase susceptible to infection, dermatologic effects and osteoporosis, diarrhea, N/V, HA, fever, dizziness angioedema rash urticaria and paradoxical bronchospasm,</p>	<p>Considerations: monitor for hyperglycemia,, ask if pt is taking current medication including OTC and history of allergies. <b>Rinse mouth after use for medication because ofopharyngeal candidiasis and or hoarseness can occur.</b> <b>Education:</b> inhale bronchodilator drug before corticosteroid when both are ordered. Wait prescribe interval between puffs and rinse mouth after use of inhalation device. Do not abruptly stop meds taper over 2 weeks. Be aware of steroids symptoms- Moon face, acne increased fat, pads increase edema; notify doctor. Report weight gain more than 5 pounds in a week.</p>	<p>glucose levels with corticosteroids are administered orally. No\  use in bronchospasm or status asthmaticus.</p>
<p>Benzotropine mesylate (Cogentin) –</p>	<p>Treat Parkinson disease Hypersalivation and</p>	<p>SE: dry mouth, urinary retention/hesitancy, HA,</p>	<p>Nurse, Monitor dose carefully;</p>	<p>Clients with narrow-angle glaucoma,</p>

## Study Guide for NLN RN Pharmacology Exam

<p>Anticholinergics Treat Parkinson and Extra pyramidal syndrome EPS</p>	<p>irregular movement related to Parkinson disease.</p>	<p>dizziness. <b>Adverse effect /toxicity</b> paralytic ileus</p>	<p>even slight overdose can led to toxicity. <b>Nursing considerations:</b> I&amp;O's, protect pt form health. <b>Education:</b> Avoid driving, or other hazardous activities; drowsiness may occur. Avoid cough OTC medication unless prescribed.</p>	<p>myasthenia gravis, or GI obstruction should not use.</p>
<p>Chloradiazepoxide hydrochloride (Librium) CNS agent, sedation-- IM &amp; tablet form <b>class: Benzodiazepine sedative-hypnotic</b> <i>Capsules: 5 mg, 10 mg, 25 mg, Injection: 100- mg ampules</i></p>	<p>To relieve tension, anxiety, and to manage alcohol withdrawal</p>	<p><b>Adverse effect:</b> respiratory distress, drowsy, dizziness, lethargy, Peak 1-4 hours po, 15-30 min IM. Half life 5-30hr <b>Nurse</b> Monitor CBC and hepatic enzyme levels in prolonged therapy. • Monitor renal and hepatic studies. • Assess patient for apnea, bradycardia, and hypotension. <b>Suicidal tendencies may be present and protective measures may be necessary.</b> <b>LABS</b> CBC, Na, K, hepatic enzyme levels in prolonged</p>	<p>Use cautiously in pt with impending depression, impaired hepatic or renal function, copd. Give with milk or food to prevent GI upset. Nurse: check BP and pulse before initiation. If bp falls 20 mmHg delay medication and notify dr. <b>Education:</b> avoid alcohol, no OTC unless prescribe, observe for dependency, avoid excessive sunlight. No breastfeed</p>	<p>Narrow angle glaucoma, under 12 year old</p>

## Study Guide for NLN RN Pharmacology Exam

		<p>therapy. renal and hepatic studies. Assess patient for apnea, bradycardia, hypotension. <b>Teach:</b> avoid driving and other hazardous activities until he knows how drug affects concentration and alertness. avoid alcohol during therapy. donot to stop taking drug abruptly</p>		
<p>Chloramphenicol (Chloromycetin) anti bacterial, antifungal and antiviral agent for the eye</p>	<p>Eye infection for susceptible organisms when less dangerous anti-infective are ineffective. Sty, conjunctivitis, uveitis</p>	<p><b>Adverse effect/toxicity</b> Bone marrow hyperplasia, irritation, burning, itching angioeurotic edema super infection, aplastic anemia. Steven-Johnson syndrome, SE: dermatitis, itching, stinging, swelling</p>	<p>Nurse: obtain culture specimen from eye before initiation of treatment, and remove exudates. Monitor for pain, drainage, redness, swelling. <b>Monitor for bleeding or bruising with chlormaphenicol</b> <b>Teaching:</b> tell nurse of photosensitivity, redness swelling, increase drainage, pain or swelling if no improvement in a few days.</p>	<p>hypersensitivity</p>
<p>Chlorothiazide (Diuril) <b>Thiazide diuretic, non</b></p>	<p>Increase urinary excretion sodium and</p>	<p><b>SE:</b> Dizziness, vertigo, HA, weakness, N/V, and</p>	<p>Consideration: take early in the morning to avoid</p>	<p>Client with anuria. Use cautiously in pt with</p>

## Study Guide for NLN RN Pharmacology Exam

<p><b>K spearing</b></p>	<p>water by inhibiting sodium reabsorption. Use for HTN and kidney, Inhibit sodium reabsorption in the cortical diluting tubule of kidney, increase urinary excretion, for edema and HTN, CHF, cirrhosis, corticosteroid and estrogen therapy, diabetes insipidus, reduction of osteoporosis</p>	<p>pain diarrhea, constipation, frequent urination, <b>electrolyte imbalance, impaired glucose tolerance, jaundice, muscle cramps, photosensitivity, impotence</b> hyperuricemia <b>Adverse/toxicity</b> Renal failure, aplastic anemia, agranulocytosis, thrombocytopenia and anaphalytic reaction</p>	<p>nocturia. Given with food, allow for two weeks for maximum effect, will not be effective if creatinin clearance Is less than 30ml/min May alter serum electrolyte especially lowering potassium, increase serum urate, glucose, cholesterol triglycerides BUN and createrinin</p>	<p>impaired renal or hepatic function. Do not use if pregnant. Will increase serium lithium level <b>Nurse:</b> monitor vs, I&amp;O, assess for dehydration; thirst poor skin tugor coated tongue monitor electrolyte levels</p>
<p>Chlorpromazine hydrochloride (Thorazine) <b>A phenothiazine Antipsychotic medication, Neurologic drug</b> Typical antipsychotic meds to treat positive symptoms but is low potency and can reduce the risk of EPSE</p>	<p>Block dopamine receptor in CNS to treat + symptom respond to typical antipsychotic drug, Use for intractable hiccups, treat psychotic disorder (schizophrenia, bipolar, and other mental illness. It suppresses acute episode, prevent acute exacerbation and maintain highest possible level of</p>	<p><b>Adverse/toxicity</b> Sedation, orthostatic hypotension, antichologenic effect(dry mouth, blurred vision, urinary retention, photophobia, constipation, tachycardia) akathisia , <b>liver damage, tremor are two major side effects.</b> (uncontrollable need to move) &amp; Parkinsonism (set of</p>	<p>Teach: take early in day to avoid nocturia, take with food or milk, it takes 2-4 wks for antihypertensive effect. Eat high K food, restrict socium intake, do not use salt substitutes if taking K supplement, change position slowly to avoid dizziness and orthostatic hypotension weigh daily check blood glucose periodically if</p>	<p>In pt with narrow angle glaucoma, adynamic ileus prostatic hyperplasia cardiovascular disease, hepatic or renal dysfunction and seizure disorder Drug interaction: may increase for agranulocytosis (low wbc)</p>



## Study Guide for NLN RN Pharmacology Exam

	function	symptoms that resembles Parkinson's disease), photosensitivity occurs, clients should take measures to protect eyes exposed to sunlight, <b>Neuroleptic malignant syndrome (NMS)</b> , catatonia, rigidity, stupor, unstable blood pressure profuse sweating, dyspnea It sometimes occurs as Toxic effect and MAY last for 5-10 days after discontinuation of the med.	diabetic <b>Nurse: get baseline</b> ECG, thorough baseline evaluation lab tests before treatment. Give bromocriptine (parlodel) and dantrolene (dantrolin) for NMS. Withdrawal of drug is necessary	
Cimetidine hydrochloride (Tagamet) <b>GI meds, H2 antagonist</b>	Work against histamine, decrease gastric mucosa. Use <b>short term</b> for duodenal ulcer of benign gastric ulcer, acute upper GI bleed in critically ill clients GERD, heart burn and indigestion	Cardiac dysrhythmia, diarrhea, dry mouth, constipation <b>Adverse/Toxicity</b> <b>Rare but may include</b> agranulocytosis neutropenia, thrombocytopenia aplastic anemia, anaphylaxis	May be given with meals and at bedtime <b>Nurse reduce dose</b> in pt with hepatic or renal impairment <b>Teach:</b> avoid smoking which cause gastric stimulation, <b>avoid antacid it reduces acidity so use 1 hour of dose</b>	Hypersensitivity to drugs. Use caution in clients with impaired renal or hepatic function, may increase salicylate levels with high doses of aspirin, may increase coumadin effect
Cisplatin (Platinol) <b>Half life 20-30 minutes Antineoplastic</b>	Treat ovarian and testicular cancer by interfering with DNA	Major toxicities occur in the Hematopoietic, gastrointestinal and	<b>Nurse</b> hydrate with oral or iv fluids before and after administration,	Hx of sensitivity to platinum-containing compounds, impaired

## Study Guide for NLN RN Pharmacology Exam

<p><b>medication, Alkylating agent</b>  <b>Major allergic reaction can occur within first 15 mins of administration.</b>  <b>Monitor closely for Signs of anaphylaxis during the first 15 min of infusion. Monitor for decrease Na, K, Ca, mag</b></p>	<p>replication  <b>SE/Toxicity</b>                  Renal and hepatic toxicity, myelosuppression, peripheral neuropathy; neurotoxicity, metallic taste N/V</p>	<p>reproductive system.  <b>Nurse</b> Monitor Urine output and urine specific gravity for 4 consecutive hours before therapy initiation and for 24 hour After; <b>report urine &lt; 75 cc/hr it require medical attention. Anaphylactic may occur within minutes of drug initiation.</b> Assess BUN serum uric acid, creatinin, creatinin clearance.                  Nephrotoxicity occur within 2 wks of therapy.  <b>Suspect ototoxicity if client manifest tinnitus or difficulty hearing in the high frequency range</b></p>	<p>given PO on empty stomach; if N/V are severe it may be taken with food; anti-emetic agent should be given before the drug is administered and on a schedule basis throughout the day and night. Avoid food high in thiamin(beer, wine cheese, brewer's yeast, chicken liver &amp; banana) may lead to hypertension &amp; intracranial hemorrhage  <b>TEACH maintain oral fluid at least 3000 in 24 hr.</b> report reduce UO, anorexia, N/V uncontrolled by antiemetic, fluid retention and weight gain.</p>	<p>renal function and hearing, Hx of gout, urate renal stones. Incompatible with dextrose and raglan, vancomycin, lasix may increase ootoxicity Incompatible with other nephrotoxicity drugs, may increase nephrotoxicity and renal failure.</p>
<p>Codeine sulfate  <b>Opioids analgesic (agonist) to block opeoid receptors through CNS.</b> Rapid onset if IM or IV. Peak 1-2 hrs, duration up to 7</p>	<p>To treat moderate pain most oral preparations combined with ASA or acetaminophen</p>	<p>N/V, <b>anorexia</b>, loss of appetite sedation, constipation, GI cramps urinary retention, oligura, purities light headedness dizziness.  <b>Adverse/Toxicity</b></p>	<p><b>Nurse</b> check for sensivity prior to administration, assess pain, assess respiration and withhold if resp is &lt; 12 breaths per minute, assess CNS</p>	<p>Do not use if has acute bronchial asthma or upper airway obstruction, ICP, convulsive disorders, pancreatitis, acute ulcerative colitis or</p>

## Study Guide for NLN RN Pharmacology Exam

<p>hours.</p>		<p>Respiratory depression, respiratory arrest, circulatory depression, ICP. Long term use may cause withdrawal symptoms with termination (N/V cramps fever faintness and <b>anorexia</b>)</p>	<p>changes(LOC), assess allergic reaction <b>TEACH</b> no alcohol, no OTC unless dr order, no smoking driving, without assistance until drug response is known. Report CNS changes, allergic reaction, SOB.</p>	<p>sever liver or kidney insufficiency. Combined with MOA may precipitate hypertensive crisis</p>
<p>Cyanocobalamin (Vitamin B12) <b>stored in the liver.</b> most potent <b>vitamin a water-soluble vitamin that is stored in the liver.</b> most potent <b>vitamin</b> deficiency result in megaloblastic anemia, dysfunction of spinal cord, with paralysis, GI lesion absorb in the intestine half life; 6 days most are excreted in urine</p>	<p>formation of red blood cells and the maintenance of a healthy nervous system and treats (Addison) pernicious anemia. Vitamin B12 helps in the formation of red blood cells essential for the proper production of blood platelets and red and white blood cells</p>	<p><b>Vitamin B12 deficiency is more commonly caused by defective gastrointestinal absorption than from B12</b> are liver, especially lamb's liver, and kidneys. Eggs, cheese and some species of fish also supply small amounts, but vegetables and fruits are very poor sources. <b>The richest dietary sources of cobalamin are the liver, brain and kidney.</b> Other sources, include egg yolk, clams, oysters, crabs, sardines, salmon and heart. Lower amounts of cobalamin are found in fish, beef, lamb, pork, chicken</p>	<p><b>Teach;</b> May be taken once per month for life in pt with pernicious anemia . may mixed with fruit juice but give immediately, ascorbic acid affects stability of B12. For IM give deep SQ by tenting the skin <b>Adverse effect</b> Anaphylactic shock, sudden death, feeling of swelling of body, pulmonary edema, hypokalemia itching rash severe optic nerve atrophy <b>Do not breast feed while giving this drug</b></p>	

## Study Guide for NLN RN Pharmacology Exam

		<b>overdose, toxicity, side effects</b>		
<p>Cyclosporine (Sandimmune)</p> <p><b>Immunosuppressant medications</b> Inhibit T helper and T suppressor cells. Block production of antibody B cell. Inhibit inflammatory response and block immune response to antigen. Metabolize in the liver.</p> <p><b>Peak</b> 4-5hr, <b>Duration</b> 20-54hrs Half life 19-27hrs</p>	<p>Prophylaxis in kidney, liver and heart transplant to protect from rejection. Treat chronic rejection in pt who have received immunosuppressive agent, rheumatoid arthritis, recalcitrant plaque psoriasis</p>	<p>Hypertension, tremor is a side effect and is expected.</p> <p>Increase risk of infection, hepatotoxicity, HTN, renal toxicity, N/V, diarrhea, flu like symptoms, hypomagnesaemia, hyperkalemia decrease serum bicarbonate hirsutim, nephrotoxicity (olegura)</p> <p><b>Adverse/toxicity</b></p> <p>Renal toxicity, hepatotoxicity</p>	<p><b>Nurse</b> labs monitor; AST, ALT, BUN, creat, platelet count, K, <b>TEACH</b> taken with food to reduce GI upset, mix with milk, chocolate milk or orange juice but <b>not with Grapefruit juice</b></p> <p>Avoid use of live vaccine</p> <p>Prevention of infection and report signs of infections</p>	<p>Do not use in Pregnant/lactating mom, Use cautiously in renal and hepatic impairment</p> <p>Antiepileptic medications <b>decrease</b> cyclosporine levels oral contraceptive <b>increase levels</b></p>
<p>Debrox drops ( Carbamide peroxide Otic) An ear drop to dewax</p>	<p>is used to soften and loosen ear wax, making it easier to remove.</p> <p>Get emergency medical help if you have any of these signs of an allergic reaction: hives; difficulty breathing; swelling of your face, lips, tongue, or throat.</p> <p><b>Stop using carbamide peroxide and call your doctor at once if you</b></p>	<p>dizziness;</p> <p>ear pain, itching, or other irritation;</p> <p>discharge or bleeding from the ear; or</p> <p>decreased hearing for a prolonged period of time.</p> <p><b>Less serious side effects may include:</b></p> <p>temporary decrease in</p>	<p><b>NURSE</b> You may hear a bubbling sound inside your ear after using carbamide peroxide ear drops. This is caused by the foaming action of carbamide peroxide, which helps break up the wax inside your ear</p> <p><b>TEACH</b> tilt your head with your ear facing upward. Pull back on your ear to open up the</p>	<p>if you have a ruptured ear drum. any signs of ear infection or injury, such as pain or other irritation, or drainage, discharge, or bleeding from the ear. Do not use this medication in a child younger than 12 years old without the advice of a doctor.</p>

## Study Guide for NLN RN Pharmacology Exam

	<p><b>have a serious side effect</b> such as:</p>	<p>hearing after using the ear drops; mild feeling of fullness in the ear; or mild itching inside the ear.</p>	<p>ear canal. drop the correct number of ear drops into the ear. You may hear a bubbling sound inside your ear after putting in the drops. This is caused by the foaming action of carbamide peroxide, which helps break up the wax After using the ear drops, stay lying down or with your head tilted for at least 5 minutes. You may use a small piece of cotton ball to plug the ear and keep the medicine from draining out. Do not place the dropper tip into your ear, or allow the tip to touch any surface. It may become contaminated. . Do not wash the dropper tip. Carbamide peroxide may be packaged with a bulb syringe that is used to flush out your ear with water. When filling the bulb</p>	<p>syringe, use only warm water that is body temperature (no warmer than 98 degrees F). Do not use hot or cold water. Hold your head sideways with your ear over a sink or bowl. <b>Gently pull your ear lobe back and downward to open up the ear canal.</b> Place the tip of the bulb syringe at the opening of your ear canal. Do not insert the tip into your ear. Squeeze the bulb syringe gently to release the water into your ear. Do not squirt the water with any force into your ear, or you could damage your ear drum. Remove the syringe and allow the water to drain from your ear into the sink or bowl. <b>Do not use carbamide peroxide for longer than 4 days in a row.</b></p>
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## Study Guide for NLN RN Pharmacology Exam

<p>Diazepam (Valium) CNS agent, <b>Benzodiazepine (have zep and zap in them)</b>, they are minor tranquilizers/anticonvulsant, anxiolytic skeletal muscle relaxant. Absorb from GI, metabolize in liver <b>Onset</b> 30 min IM, 60 PO, 15 IV. Works quickly. <b>MUST not take for more than 2 weeks</b> <b>Peak</b> 1-2hr PO, <b>Duration</b> 15 min to 1hr IV; up to 3 hr PO. <b>Half life</b> 20-50 min <b>Maximum effect</b> will be seen in 1-2 weeks. Can only be take 2-4 wks. It has addictive effect.</p>	<p>Relieve pain and discomfort from musculoskeletal disorders, manage anxiety, manage acute alcohol withdrawal, But do not use for DT's because it is major. treat tetanus, antiepileptic, /Seizure, vented patients prior to surgery, skeletal muscle spasm (involuntary contraction of large muscles)</p>	<p>ABCD. Anticholinergic (dry mouth), Blurred vision, Constipation, &amp; Drowsiness, cardiovascular collapse, laryngospasm, dizzy, weakness, nausea <b>Adverse/toxicity</b> Erythema multiforme, <b>angioedema, anaphylaxis, dysrhythmia, seizure</b></p>	<p><b>Nurse</b> watch for CNS effect. Monitor CBC WBC with diff. notify dr. if drop in BP of 20 mmhg Assess for allergic reaction including idiosyncratic reaction, anaphylaxis, rash fever resp distress <b>Teach</b> do not stop abruptly; insomnia, nausea HA, spasticity tachycardia will occur.</p>	<p>Do not drink alcohol while on this drug, it <b>will increase CNS depression.</b> <b>Contraindication:</b> in compromised pulmonary function, active hepatic disease, impaired myocardial function, acute alcohol intoxication, infant &lt; 6 months narrow angle glaucoma, open angle glaucoma, during or within 14 days of MOA</p>
<p>Digoxin (Lanoxin) Cardiac glucoside/antiarrhythmic drug. Positive inotropic (increase force of contraction and decrease</p>	<p>Treat CHF and fibrillation, a flutter, paroxysmal atrial tachycardia In heart failure it Increase contraction of</p>	<p>SE: nausea, HA, loss of usual appetite. <b>Adverse effect/Toxicity</b> Toxicity may go unrecognized since it presents with same</p>	<p><b>Nurse</b> may give without regard for food, may crush if desire. IVP over 5 min, <b>do not give IM, it will cause tissue irritation.</b> Monitor apical</p>	<p>Contra: avoid in clients with hypersensitivity to dig, do not give full dose if pt receive dig in previous week, <b>Interaction:</b> IV calcium</p>

## Study Guide for NLN RN Pharmacology Exam

<p>heart rate) Therapeutic range: 0.5-2.0ng/ml Toxic level &gt; 2 <b>Antidote:</b> digibind (digoxin immune fab If calcium is to be given watch for bradycardia since calcium potentiate the action of dig, influence cardiac contractility. K Level 3.5-5Meq</p>	<p>the heart muscle. In atrial fib, it slows the heart rate <b>Nurse,</b> monitor I&amp;O daily weight especially in pt with renal failure, auscultate breath sound. Assess for edema because it indicates fluid volume overload</p> <p><b>Teach take</b> pulse for 1 full minute, talk to dr if pulse is below 60 or above 110 before you take the drug. Signs of toxicity, Withhold next dose if toxicity occur and call dr. weigh daily and report weight greater <b>than 2 lbs per day</b></p>	<p>symptoms as flu (N/V, anorexia, diarrhea, vomiting visual disturbance. Blurred green or yellow vision or halo effect. CNS: fatigue, muscle weakness, HA, facial neuralgia, depression paresthesia hallucinations, confusion, drowsiness agitation malaise. Dysrhythmia hypotension, AV block, and diaphoresi. In <b>chn</b> early sign of toxicity include cardiac dysrhythmias. <b>Chn</b> rarely show signs of N/V, diarrhea, visual problem, anorexia</p>	<p>pulse, if &lt;60 stop meds and notify doctor. Before initiation of drug baseline and ongoing labs should be drawn (K, cal, mag, creat clearance), monitor dig level during therapy, draw level 6 hrs after, initiation and before next dose. watch for dig toxicity. Take apical pulse for one minute prior to administration withhold meds if changes occur an ECG will be ordered.</p>	<p>with dig may increase risk of cardiac dysrhythmia, erythromycin will increase dig level, quinidine, verapamil and amiodarone will increase dig levels and dig dose should be decrease by 50% Cyclophosphamide combined with dig cause dig toxicity</p>
<p>Disulfiram (Antabuse) <b>The only alcohol antagonist in use.</b> <b>Enzyme inhibitor,</b> antialcohol agent. Inhibit enzyme alcohol dehydrogenase which catalyzes the breakdown</p>	<p>Adjunct treatment of patient with chronic alcoholism who sincerely wants to maintain sobriety. At least 12 hrs should elapse from the time of last alcohol intake and</p>	<p>SE in the absence of alcohol, disulfiram rarely causes significant effects; <b>drowsiness and skin eruptions may occur during initial drug use but these</b> responses diminish with time.</p>	<p><b>Nurse</b> if use with alcohol can precipitate the acetaldehyde syndrome. Advice pt that the effects of disulfiram may persist for 2 wks after last dose is taken; alcohol must</p>	<p>In people who does not want to stop drinking. Severe cardiac disease, psychoses, pregnancy, multiple drug dependence. <b>Acetaldehyde syndrome</b> the adverse</p>

## Study Guide for NLN RN Pharmacology Exam

<p>of alcohol. Use only in people with high physical health. Use for 1-2 wks. Taken as single dose in the morning <b>Half life 24-36 hour</b> <b>Onset</b> up to 12 hr <b>Duration</b> up to 2 wks <b>Absorbed</b> from the GI excreted in feces or in the breath as carbon disulfide</p>	<p>the initial dose of disulfiram</p>	<p><b>Reaction with alcohol ingestion</b> flushing face, chest, arms, pulsating HA N/V violent vomiting thirst, sweating, marked uneasiness, hypotension to shock level arrhythmias, acute congestive failure, marked respiratory depression, unconsciousness, convulsions, sudden death <b>Adverse/toxicity</b> Acetaldehyde syndrome is manifested by marked respiratory depression, cardiovascular collapse, cardiac dysrhythmias, MI acute CHF, hepatotoxicity, convulsion and death</p>	<p>not be consumed until this interval is over. Give in the morning when the resolve not to drink is the strongest. Give at bedtime to minimize the effect of drug <b>Teach</b> avoid alcohol of all forms include those found in sauces, cough mixture and after shave lotions, colognes and liniments</p>	<p>effect caused by alcohol plus disulfiram</p>
<p>Epinephrine hydrochloride (Adrenalin) A bronchodilator, Stimulates Beta and alpha stimulant and therefore causes nasal decongestant. Given IM, SQ- result seen in 5</p>	<p>Acts as SNS adrenergic agonist dilate. constricted bronchioles by relaxing smooth muscles. Use in asthma attack to decrease bronchospasm, anaphylactic reactions, syncope due to heart</p>	<p>SE: nervousness, tremors, increase HR, BP, insomnia, anorexia, tremors cardiac stimulation and vascular HA. <b>Adverse/toxicity</b> Tachyarrhythmias, cp, resplessness, agitation,</p>	<p><b>Nurse</b> use with caution in children and monitor for tremor, restlessness, hallucinations, dizziness, palpitations, tachycardia, and GI difficulties. K sparing diuretics may increase risk of hypokalemia. Have pt sit</p>	<p>If use with MOA inhibitors may lead to hypertensive crisis. Narrow angle glaucoma, hemorrhagic traumatic or cardiogenic shock, arrhythmias, organic heart or brain disease. CAUTION in older</p>



## Study Guide for NLN RN Pharmacology Exam

<p>min &amp; last up to 4 hrs, or inhalation. Adrenergic Receptors. Beta 1 receptors increase HR and force of myocardial contraction.</p>	<p>block and restore cardiac rhythm in cardiac arrest. Also use in ophthalmic decongestant, manage open angle glaucoma</p>	<p>nervousness and insomnia. Nasal burning stinging, eye burning anxiety tremors palpitation MI V-Fib pulmonary edema</p> <p><b>D/C if hypersensitivity develops (develops of lids, itching, discharge, crusting eyelid). Notify doctor</b></p> <p><b>Teach</b> report nervousness, sleeplessness dose should be reduced. Administer eye drop at bedtime, pt may experience headache and stinging but may subside with continued use. Report if it continues.</p>	<p>upright, rinse mouth and throat with water immediately after inhalation to avoid swallowing residual drug. May. Monitor blood glucose. Monitor VS especially HR and BP because of cardio effect. Cause epigastric pain. Rinse mouth after inhalation. Shake vial for IM, aspirate before injecting, rotating site.</p>	<p>adults, HTN TB, long standing bronchial asthma and emphysema with degenerative heart disease in children &lt; 6 No breastfeeding</p>
<p>Famotidine (Pepcid) Histamine H2 antagonist. Inhibit Histamine and histamine receptor site GI system drug reduce gastric secretion reduce total pepsin output, treat</p>	<p>Short term treatment in duodenal ulcer or benign gastric ulcer. Prophylactic of stress ulcers, acute upper GI bleed in critically ill clients. GERD heartburn and</p>	<p>SE: Cardiac dysrhythmias somnolence, diaphoresis, rash, HA, hypotension, taste disorder, diarrhea, constipation, dry mouth <b>Toxicity/adverse effect</b> Agranulocytosis,</p>	<p>Lab studies: may cause false negative allergen results and may increase liver enzymes <b>Nurse may</b> be taken with food. Reduce dose in patient with hepatic or renal impairment,</p>	<p>Use cautiously in pt with impaired renal or hepatic function. Do not breastfeed <b>avoid antacid( agent reducing acidity) use within 1 hr of dose for</b></p>

## Study Guide for NLN RN Pharmacology Exam

<p>helicobacter pylori found in gastric mucosa. Absorbed in GI. <b>Onset</b> 1 hr. <b>Peak</b> 1-3hr <b>Duration</b> 10-12 hr <b>Half life</b> 2.5-4hr <b>Metabolize in liver, eliminated in urine</b></p>	<p>indigestion. Be aware that pain relief may not be experienced for several days</p>	<p>neutropenia, thrombocytopenia aplastic anemia, pancytopenia, anaphylaxis</p>	<p><b>TEACH</b> avoid smoking it cause gastric stimulation and decrease drug effectiveness.</p>	
<p>Fluoxetine hydrochloride (<b>Prozac</b>) psychiatric med. Tricyclic antidepressant. Selective Serotonin Reuptake inhibitors (<b>SSRI</b>) <b>Half life 1-6 days.</b> <b>Onset 2-3 weeks to be effective. Peak 4-8hrs. metabolized in liver, absorbe from GI tract, excreted in urine and face.</b> <b>Too much SSRI cause selective Seiritonin syndrome ( early symptom, diaphoresis, agitation, low grade temp up and down pt can die from it. All body process speeds up.( BP Muscle</b></p>	<p>For major depressive disorder, obsessive compulsive disorder, bulimia, panic disorder obesity alcoholism chronic pain. <b>SE</b> the most common undesirable effect of TCA is orthostatic hypotension, sedation and anticholinergic effects (ABCDE) E-is Euphoria. Advise pt to choose position slowly. Most common adverse effect. <b>Teach that Side effect will diminish with time and symptoms will be lessened as medication regime is followed.</b> Such as rash. Wait 4-6 wks before switch to MAOH</p>	<p><b>Adverse effect/Toxicity Most serious is cardiac toxicity; in the absence of overdose. To avoid adverse</b> cardiac effect, clients over the age of 40 and those with heart disease should undergo baseline ECG and then every 6 mths. <b>Most common adverse effects.</b> Orthostatic hypotension( major decrease in BP with body position change), Antichologenic (block muscarinic cholinergic recdeptors, which produces dry mouth, blurred vision, N/V, diarrhea, photophobia, constipation, urinary hesitancy, tachycardia.</p>	<p><b>Nurse,</b> inform pt not to stop abruptly. Monitor for side effects particularly in area of sexual dysfunction. Client may reluctant to discuss. <b>Give meds once a day at about noon because it causes.</b> If prescribed <b>2 times daily give dose in the morning early and 12 noon to prevent insomnia when more than 20 mg is prescribe</b> <b>Teach side effects of durgs,</b> and that therapeutic response takes some weeks to be established. Monitor BP lying and sitting. <b>Most common adverse effect cont'd</b></p>	<p>MI, cerebrovascular disease. For pt with suicide risk should not have access to a large quantity. The combination of TCA and MAOI can lead to hypertensive crisis from excessive adrenergic stimulation of the heart and blood vessels. Do not take while pregnant</p>

## Study Guide for NLN RN Pharmacology Exam

<p><b>rigidity, temp, resp, pulse increase. There is change in mental status, tremor, hyperthermia, sweating hypersalivation. Notify doctor</b></p>	<p><b>Serious SE is urinary retention, itching</b></p>	<p><b>Sedation</b>, cardiac toxicity (decrease vagal influence, slow conduction. Seizure (low seizure threshold)</p>	<p>Hypomania ( mild mania can occur. Sexual dysfunction ( anorgasm, delayed ejaculation, decrease libido</p>	
<p>Fluphenazine (Prolixin) typical; neuroleptic drug and typical antipsychotic drug. This is a phenothiazine; <b>Ends withazine</b> piperazine. <b>They are major tranquilizers</b> They block dopamine receptor in CNS. SE- Produce Extra pyramidal syndrome (EPS) but not severe. Treat EPS with cogentin, artane, benadryl symmetrel Treatment target positive schizophrenic, delusion, combativeness agitation paranoia insomnia) and negative symptom (socialization, emotional withdrawal sack of motivation</p>	<p>They do not cure the disease, they reduce the symptom. They may be given in small dose for antiemetic. Treat psychotic, treat pt that are out of touch with reality. disorders, chronic schizophrenia, behavioral complications due to mental retardation. Adjust dose to symptoms. Treatment is not curative. Depot antipsychotic preparation such as this are long acting <b>injectable preparation use for long term maintenance</b> with this form of treatment the rate of relapse is usually</p>	<p>Produce neurological disturbances EPS which are reversible, may increase risk of agranulocytosis a low white blood cell count, gynecocomastia, amenorrhea weight gain <b>Adverse/toxicity</b> Most common- sedation, orthostatic hypotension, and anticholinergic effects (dry mouth, blurred vision, urinary retention, photophobia, constipation, tachycardia) and. CNS Akathisia in 2 mths. (uncontrol need to move), parkinsonism( symptoms resemble Parkinson). <b>Photosensitivity occurs;</b></p>	<p><b>Nurse</b> D/C if spinal or epidural anesthesia is necessary. Monitor ECG, lab test before beginning treatment (wbc, hgb and hct. Liver function. Do not use in pt with CNS depression , for client with Parkinson disease, carcinoma of breast bone depression and severe hypotension or hypertension <b>TEACH</b> report sore throat and S/S of infection <b>Neuroleptic malignant syndrome (NMS)</b> a fatal side effect. Characterized by catatonia, rigidity stupor unstable blood pressure hyperthermia profuse sweating, dyspnea,</p>	<p>Precaution in pt with narrow angle glaucoma, hepatic or renal dysfunction and seizure disorder. Do not breastfeed <b>NOTE</b> Do not let contact skin or clothing with drug. Rinse skin with warm water immediately if there is contact dilute PO drug with fruit juice water, carbonated beverage milk soup. To remember side effect remember ABCDE . Anticholinergic (dry mouth), Blurred vision Constipation, Drowsiness, EPS, Photosensitivity, Agranulocytosis=decrea</p>

## Study Guide for NLN RN Pharmacology Exam

<p>blunted effect poor judgment, poor self care) Half life &gt; 24 hours Onset 1 hr, peak 0.5 hr meds effect can be seen 1-2 days, substantial improvement takes 2-4 wks</p>	<p>reduce and is more favorable is a client need to have long term therapy. Dose should be reduce in the elderly.</p>	<p>take measures to protect eyes when exposed to sunlight.</p>	<p>incontinence. Condition last for 5-10 days after discontinuation of drug. Stop drug and NMS develops <b>Treat with Dantrium and Parlodel.</b></p>	<p>se WBC</p>
<p>Furosemide (Lasix) Loop diuretics, Inhibit NA-K-2Cl symporter in ascending limb. A “<b>high ceiling</b>” that is dosage can be increase to promote diuresis. Excrete sodium, water, chloride, and K.  With renal it causes vasodilation to provide increase in filtration rate and decrease peripheral resistance <b>Peak 60-70 min PO, 20-60 min IV. Onset 30-60 min PO, 5 min IV, Duration 2 hrs, Half life 30 min</b></p>	<p>Treat acute pulmonary edema, edema, heart failure, chronic renal impairment, hypertension, hypercalcemia  <b>Take with food or milk</b></p>	<p>Ototoxicity Dizziness, HA, light headedness, orthostatic hypotension, weakness, N?V abd pain elevated lipids with decrease HDL dermatitis, urticaria purities muscle spasm <b>Adverse/Toxicity</b> Hyponatremia, hypochloremia, hypokalemia, hypomagnesaemia hypocalcaemia and hyperuricemia, muscle cramps, tinnitus if administered too rapid renal failure aplastic anemia, anaphylactic reaction, agranulocytosis <b>TEACH</b> eat food high in</p>	<p><b>Nurse, administer IV</b> lasix slowly, hearing loss can occur if injected rapidly. Give over 1-2 minutes to prevent hypotension. Monitor VS for hypotension and tachycardia, serum electrolyte calcium and uric acid, monitor body weight and I&amp;O. assess thirst poor skin turgor coated tongue, inadequate tissue perfusion and weakness, decrease muscle strength restlessness, anxiety and agitation. Take meds in the daytime to prevent nocturia. <b>Lab Studies</b> monitor</p>	<p>Contraindication; anuria, electrolyte depletion, increasing oliguria, anuria hepatic coma, pregnancy, lactation Interact with digitalis increase induced arrhythmias. Interact with aminoglycosides causing ototoxicity.</p>

## Study Guide for NLN RN Pharmacology Exam

		calcium restrict sodium intake, <b>do not use salt substitute</b> if taking K supplement, avoid exposure to intense heat with bath shower and electric blankets. Replace fluid with fruit juice or bouillon if experiencing diarrhea, <b>change position slowly to avoid dizziness and orthostatic hypotension, report ringing in the ear immediately</b>	potassium and sodium. monitor hgb, hct, platelet as these increased due to hemoconcentration	
Gentamicin (Garamycin) Ophthalmic Aminoglycosides. Bactericidal aminoglycosides <b>Peak level:</b> blood specimen drawn 15-30 min after the infusion is completed to. Peak concentration is 4-10 g/ml <b>determine that toxic level</b> does not occur. If peak is too high, dose may reduce. <b>Trough level</b> blood specimen drawn	kill the bacteria cell affecting protein synthesis. Kill gram negative infections, Use in sterilize bowel prior to surgery Use to treat infection of GI, resp, and urinary, CNS, bone etc. and superficial infection of the eye. Have pt keep eyes closed for 1-2 min after instillation. Tell pt that vision will be blurred	HA, paresthesia, skin rash fever <b>Adverse/toxicity</b> Nephrotoxicity and ototoxicity are two common toxicities associated with aminoglycosides. Ototoxicity may be irreversible, auditory impairment and vestibular damage, possible to the 8 cranial nerve, risk increase with nephrotoxic drugs, prolong treatment with	<b>Nurse, do not</b> give by mouth, it does not absorbed well from the GI. You may only give by mouth for bowel prep or e-choli . Maintain hydration to protect kidney damage. Fluid intake should be 2,500-3000ml/day therapy result should be seen between 48-72 hrs. give high quality protein food that may <b>LABS</b> WBC to monitor the effectiveness of	Contraindications preexisting renal disease, concurrent order for renal toxic agents such as amphotericin B, Vancomycin or loop diuretic. In myasthenia gravis. With oral anticoagulant therapy bleeding may increase because aminoglycoside decrease vit K synthesis in the intestinal tract.

## Study Guide for NLN RN Pharmacology Exam

<p>immediately prior to administering the next IV dose appx 30 min before to <b>assure that therapeutic level</b> of drug is maintained. Trough level is <b>1-2g/ml</b> between doses. If level is no sustained, dose may increase or more frequently dose maybe given Peak 30-90 min Half life 2-4 hr</p>	<p><b>Take PO dose on empty stomach</b> <b>Report sore throat, watery stools greater than 4-6 per day, severe nausea or vomiting, indicating possible super infection</b> <b>Signs of ototoxicity include</b> HA, NV unsteady gait, tinnitus, vertigo, high frequency, hearing loss and dizziness</p>	<p>aminoglycosides, impaired renal function and other ototoxic drug such as lasix, vanco. Hypersensitivity reactions include prurpura, rash, urticaria, and exfoliative dermatitis. Superinfection a secondary infection caused by eradication of normal flora: Candidiasis, skin and mucous membrane</p>	<p>therapy, Serum creatinin and BUN to monitor renal function. Expect BUN to Creatinin ration 20:1 or 15:1. if create increase 3-4 days into therapy, expect renal damage.</p>	
<p>Glipizide (Glucotrol) oral antidiabetic/hypoglycemics Sulfonylurease <b>duration</b> 12-24 hours Onset 15-30 min Peak 1-2hr Metabolized by the liver</p>	<p>Stimulate release of insulin from pancreatic beta cells in the pancreas to secrete insulin. Pt with impaired renal and hepatic function, adrenal or pituitary insufficiency. Give dose 1-3 time daily may use alone or in combination with insulin</p>	<p>SE; GI distress and neurologic symptoms such as dizziness, drowsiness, or headache. <b>Adverse/toxicity</b> alcohol may cause disulfiram-like reaction causing flushing, palpitations, and nausea. Hypoglycemia related to drug overdose, drug interaction, altered drug metabolism or inadequate food intake</p>	<p><b>Nurse assess</b> VS, weight, skin, nails serum and urine glucose levels HgbA1c, electrolyte and arterial blood gas levels <b>Labs</b> CBC wit diff, platelet count, blood glucose <b>TEACH</b> all aspect of drug therapy, take with first daily meal. Take any missed dose as soon as remembered. Signs and symptoms of hypoglycemia (client and family) and notify</p>	<p>Contraindication in pregnancy related to teratogenicity in animals, in lactating women, clients with allergy to sulfa or urea. Beta adrenergic blocking agents can suppress insulin release and delay response to hypoglycemia.</p>

## Study Guide for NLN RN Pharmacology Exam

			prescriber if they occur	
<p>Glucagon Comes in power form. RE constitute and give IV, IM SQ or direct IVP flush IV immediately with 5% dextrose instead of NaCl solution. <b>Onset</b> 5-20 min, <b>Peak</b> 30 min, <b>Duration</b> 1-1.5 hr, <b>Half Life</b>; 3-10 minutes Metabolize in liver, plasma and kidneys</p>	<p>Promotes breakdown glycogen, reduces glycogen synthesis and stimulate synthesis of glucose. Emergency treatment of severe hypoglycemia in unconscious client or those unable to swallow in the clients receiving shock therapy. Pt usually awake within 5-20 min after administration. Give 50% glucose if no response to glucagon</p>	<p>SE nausea, and vomiting <b>Adverse/Toxicity</b> Hypersensitivity reaction, hyperglycemia and hypokalemia. .</p>	<p><b>Nurse</b> after client awakens and is able to swallow, give oral CHO, after recovery assess for persistent headache, nausea and weakness. <b>Teach</b> test blood sugar, teach family how to administer SQ or IM, notify dr. immediately after reaction to determine cause</p>	<p>Incompatible with sodium chloride solution.</p>
<p>Glyburide (Micronase) Oral antidiabetic, more potent drug/hypoglycemia drug Sulfonylureas second generation Duration 12-24 hr <b>Onset</b> 15-60 min <b>Peak</b> 1-2 hr <b>Duration</b> up to 24 hrs, metabolized in the liver, excreted in urine and feces/ <b>Half life</b> 10 hour</p>	<p>Lower blood sugar concentration in diabetic and nondiabetic individual by sensitizing pancreatic beta cells to release insulin in the presence of serum glucose. Use as adjunct to diet to lower blood glucose in pt with type 2. after control along has failed.</p>	<p>Hypoglycemia, epigastric fullness heartburn, purities urticarial jaundice</p>	<p><b>Give once in the morning with breakfast or with first main meal</b> <b>Labs</b> blood and urine glucose, HbA1c, urine ketones and liver function test <b>Teach</b> eat some form of sugar when symptoms of hypoglycemia occur. Report reaction to dr. Loss of control of blood glucose level may be due to fever, surgery, trauma,</p>	<p>In diabetic ketoacidosis as sole therapy for type 2. caution in pt with renal or hepatic insufficiency, older adult, malnourished pt, adrenal or pituitary insufficiency</p>



## Study Guide for NLN RN Pharmacology Exam

			stress, infection.	
<p>Haloperidol (<b>Haldol</b>)            High potency drug            Butyrophenone            neuroleptic typical            antipsychotic            Antipsychotic.            They decrease positive symptoms of schizophrenia and produce symptom such as <b>ABCDEFGF</b>            Anticholinergic (dry mouth), Blurred vision, Constipation, Drowsiness, Extrapyramidal syndrome (eg parkinson), Photosensitivity &amp; Agranulocytosis            Extrapyramidal side effect (EPSE)</p>	<p>Long acting drug use for maintenance. Can minimize postural hypotension, sedation, and anticholinergic effects. Can treat positive symptom of. Treat Tourette's syndrome, nonpsychotic behavioral disorder schizophrenic but not effective in treating negative symptoms. It suppresses symptoms during acute psychotic episodes. <b>When taken chronically can reduce incidence of relapse ( a major risk in treatment of clients with schizophrenic)</b></p>	<p>EPSE, <b>Jaundice (LAB check liver function test)</b>, creatinine clearance, BUN, Monitor extrapyramidal (neuromuscular reactions that occur during first few days of treatment. Symptoms are usually dose related and are controlled by dose reduction or concomitant administration of antiparkinson drugs <b>TEACH</b> no alcohol, no driving until response to drug is known, mouth care due to dry mouth as a side effect. Avoid overexposure to sun. use sunscreen drug can cause a photosensitivity reaction. No breastfeeding until talk to dr.</p>	<p><b>Nurse</b> Effects can be seen in 1-2 days. Substantial improvement 2-4 wks. Full effect several mths. Give with full glass of milk or food. Taper dose slowly. Have pt in recumbent position at time of parenteral administration and for appx. 1 hr after injection to assess for orthostatic hypotension</p>	<p>Parkinson disease, seizure disorder, severe mental depression, safe use during pregnancy. Use caution in older adults urinary retention, narrow angle glaucoma, lithium therapy, cardiovascular disease, hepatic or renal dysfunction and seizure disorder,  <b>NOTE Elderly patient may develop Neuroleptic Malignant Syndrome (NLMS) a potentially fatal hyperpyrexia with temp over 105. give lower dose for older people</b></p>
<p>Hydrochlorothiazide hydrochloride (Hydrodiuril)            Electrolyte and water balance agent. Thiazide diuretics</p>	<p>Act on distal tubule and inhibit the Na-Cl support leading to retention of water in the urine. Increase urinary excretion of sodium,</p>		<p><b>Nurse</b> taken with food or mild to reduce GI upset. Dose given early in the morning and early afternoon up to 3 pm to avoid nocturia</p>	<p>Anuria, hypersensitivity to thiazide. Use cautiously in pt with Bronchial asthma, hepatic cirrhosis renal</p>



## Study Guide for NLN RN Pharmacology Exam

	water, chloride, potassium, bicarbonate by inhibiting sodium reabsorption in the cortical diluting distal tubule of kidney. Use in the treatment of edema associated with CHF, hepatic cirrhosis, renal failure and step care management of HTN		TEACH avoid salt substitute, avoid excessive ingestion of K, but eat food high in K. change position slowly (for orthostatic) note photosensitivity reaction occur 10-14 days after initial sun exposure,	dysfunction hx of gout, diabetes. SLE, no breastfeeding
<p>Hydroxyzine hydrochloride (Atarax, visteril) Antiemetics GI drug anti histamine, anti puritic. Absorbed form GI.</p> <p><b>Onset</b> 15-30 min PO</p> <p><b>Peak</b> 4-6 hrs</p> <p><b>Duration</b></p> <p>Metabolized in the liver</p>	<p>Treat N/V, relieve anxiety, reduce narcotic requirement before and after surgery. Treat acute or chronic alcoholism with withdrawal symptom or delirium tremens. It is also good to treat puritis.</p> <p>As a rule, prophylactic drugs are generally given b mouth; however, management of active emesis is usually through parenteral or rectal administraton.</p> <p><b>Anticipatory nausea and vomiting should be</b></p>	<p>CNS depression, <b>Drowsiness</b> dizziness, dry mouth, anticholinergic effect dry mouth, constipation, visual changes</p> <p><b>TEACH</b> diabetic pt need to monitor blood sugar. Avoid excessive sunlight/ ultraviolet because of risk for photosensitivity; <b>use sugarless hard candy or ice chips to avoid dry mouth. Take 30 – 60 min before any activity</b> that causes nausea for best effect. No driving, no alcohol, rinse mouth with warm water frequently</p>	<p><b>Nurse give deep into the muscle. Z-track technique is recommended to prevent SC infiltration,</b> monitor mouth daily <b>LAB</b> BUN, creatinine (Kidney function). <b>May mask response to skin testing; (false positive) discontinue 4 days prior to testing,</b> Liver function test, electrolyte,</p>	<p>With CNS depression and coma. Use cautiously in pt with glaucoma, seizure, intestinal obstruction, prostatic hyperplasia asthma, cardiac, pulmonary or hepatic disease.</p> <p>Avoid use with MOA inhibitors</p>

## Study Guide for NLN RN Pharmacology Exam

	treated one hour before meals	to relieve dry mouth		
Insulin (Humulin R) given IV Or IM in type 1 and type 2 and ketoacidosis. All insulins except (LISPRO & REGULAR) are mixed regular Nvolin R/Humulin R	<p>Constitute of pork/beef, pork or human insulin type.</p> <p><b>DOSE SCHEDULE:</b> Short acting and intermediate acting insulin is given 2 times Daily.</p> <p>Intensify therapy; long-acting taken in the evening and fast acting insulin given before meals according blood levels</p> <p><b>TEACH</b> obtain med alert bracelets</p>	<p>Hypoglycemia (anxiety, confusion, nervousness, hunger, diaphoresis, cool, clammy skin</p> <p><b>Toxicity/ adverse</b></p> <p><b>Somogyi phenomenon;</b> a rapid decrease in blood sugar level at night. Coma may related to inadequate dose caused by uncontrolled diabetic derangements with high glucose levels and ketoacidosis</p> <p><b>Hyperosmolar coma(nonketotic hyperglycemia)</b> Coma related to insulin overdose caused by inadequate food intake, excessive exercise, or insulin administration; may be life threatening if prolonged</p>	<p><b>Nurse</b> one general location is used at one time to maintain consistent absorption rates although sites within each location are used only once each week. Open vial can store at room temp for up to one month. Assess VS, long term complication related to atherosclerosis (HTN, heart disease, stroke; retinopathy leading to poss blindness, gastroparesis.</p> <p><b>Complications</b></p> <p>Lipodystrophy (abnormal deposition of subcutaneous fat at injection sites), local allergic reaction related to contaminant in the insulin preparation</p> <p>Nurse</p>	<p>Taking alcohol without food increase blood sugar,</p>
Syrup of ipecac. Stimulates vomiting within 20-30 min	If you overdose on certain drug or poison it makes you vomit	<p><b>Adverse effect</b></p> <p>Cardiotoxicity is most serious if vomiting does</p>	<p><b>Nurse do not use in unconscious pt, or for poison by Petroleum</b></p>	

## Study Guide for NLN RN Pharmacology Exam

<p>This is not the preferred method of removal of poison because it should not be given to clients experiencing convulsions or who have reduced level of consciousness or otherwise cannot protect their airway.</p>		<p>not occur and the substance is retained. If vomiting does not occur, gastric lavage is done</p>	<p><b>distillates, strong alkaline, acid or strychnine</b></p>	
<p>Isophane (NPH) insulin (Humulin N) metabolize in liver and kidney</p>	<p>Intermediate acting</p>	<p><b>TEACH</b> if given before breakfast, hypoglycemic episode is most likely to occur between mid afternoon and inner, when it peaks. Eat snack in midafternoon and carry sugar candy.</p>	<p><b>Nurse</b> It is a cloudy suspension, you role the bottle not shake. Give 30 min before first meal of the day. If necessary a second smaller dose may be prescribed 30 min before bedtime. NOTE: may be mixed with insulin injection without altering either solution. Do not mix with lenthly form</p>	<p>Do not breastfeed unless talk to dr.</p>
<p>Lidocaine hydrochloride (Xylocaine) Cardiac meds <b>Bolus dose: of at least 25-50 mg/min ie. 1-1.5 mg/kg undiluted.</b> repeat in 5 min up to a total of 3 mg/kgl</p>	<p>Treat tachy VENTRICULAR arrhythmias, PVC's, V-Tac. It calms the heart. by elevating ventricular electrical stimulation threshold during diastole, rapid control of</p>	<p>Drowsiness, headache, dizziness, mild hypotension. <b>Adverse/Toxic CNS:</b> Restlessness, confusion, disorientation, irritabiolity, apprehension, euphoria,</p>	<p><b>LAB</b> lidocaine levels assess, therapeutic level is 1.5 -6mcg/ml, assess electrolyte, check baseline liver and renal blood studies. <b>Nurse</b> assess EKG for prolonged PR, widened</p>	<p>Sinus brady, severe degrees of SA, AV and intraventricular heart block. Use cautiously in hepatic or renal disease pt., CHG, Hypovolemia, shock, hyperthermia, the elderly</p>

## Study Guide for NLN RN Pharmacology Exam

<p>Followed by IV drip. 1 gm in 250 – 500 cc D5w for infusion. Flow rate should not exceed 4 mg/min which is 60 . Use microdropper and infusion pump for infusion. D/C as pt become stable. Correct Hypokalemia before giving lidocaine  <b>Therapeutic level: 1.5-6mcg/ml</b></p>	<p>ventricular dysrhythmias during acute MI or Cardiac catheterization</p>	<p>wild excitement. Numbness of lips or tongue agitation, seizure, tremors psychosis, and respiratory depression and bradycardia with high dose.  <b>CV:</b> hypotension, brady, heart block CV collapse, and arrest</p>	<p>QRS, heart block. BP, respiration, and lung sound for crackles frequently. <b>Watch CNS</b> symptoms.  <b>TEACH</b> notify dr if lightheadedness, dizziness, confusion, numbness or tingling of lips tongue or fingers occur and visual changes or ringing in ear, CNS changes, nausea, vomiting or yellow changes in whites of eye or skin (Jaundice)</p>	<p><b>BETA BLOCKERS</b> increase the effect of lidocaine</p>
<p>Lithium carbonate (Eskalith)  <b>Mood stabilizing durg/</b> antimania It's a salt and compete with salt receptor. It affects Ca, K, Mg and Glucose metabolism. Give adequate fluid so it does not build up in the kidney. Therapeutic level 0.8-1.5meq/L. Toxic level &gt;2. <b>This meds does not cause sedation.</b> Anti manic</p>	<p>Drug of choice to treat bipolar disorder control manic episodes in pt with bipolar disorder and is <b>also use for long term prophylaxis against recurrent mania depression.</b> Use for cluster HA. Use in chemo pt to improve neutrophil counts</p>	<p>Mild SE: <b>fine tremor,</b> nausea, thirst, polyuria, <b>You can look at the 3 p's—peeing (Polyuria), pooping (diarrhea) &amp; Paresthesia( early sign of electrolyte imbalance)</b>  <b>Toxicity/Adverse</b> NSAIDS and Diuretics increase toxicity because pt loose the water and the level increase. <b>Severe diarrhea, metallic taste muscle, Gross tremor</b></p>	<p><b>Nurse</b> Avoid NSAID and Diuretics. They increase Lithium toxicity. Give adequate fluid.          Avoid large intake of salt as it may alter renal elimination of Lithium; increasing sodium intake will increase renal excretion. <b>Test Lithium level Q3months for maintenance lithium dosing for the first 6 mths.; every 6 mths</b></p>	<p>Dehydration, severe debilitating, severe cardiovascular. <b>Use cautiously in the elderly, pt with cardiac, renal, thyroid or diabetes</b>  <b>Nurse also</b> assess mood, ideation, abd beaviors frequently; initiate suicide precaution if indicated, monitor I&amp;O's, Assess for</p>

## Study Guide for NLN RN Pharmacology Exam

<p>effects are usually seen in 5-7 days after initial doses, but full effect does not occur for 2-3 wks</p> <p>Lithium has short half-life and high toxicity. <b>Excreted by kidney.</b> You look at leithum and electrolyte. Such as K Always turn lithium question into <b>Dehydration.</b> If sweating, give Na and fluids. <b>Low sodium</b> cause prolong lithium half life, causing toxicity. <b>High levels</b> decrease the effectiveness of lithium</p>		<p>weakness, drowsiness, twitching and seizure. Other adverse effected reported by pt: GI upset, muscle weakness, <b>Course tremor,</b> confusion, hyperirritibility of muscles, ECG changes, sedation, incoordination,; death may result in levels greater than 2.5meq/l</p>	<p><b>reassess thyroid, and ECG</b> <b>LAB</b> lithium level, Pre lithium workup:- urinalysis, BUN, creat, electrolyte, 24 hr creat clearance TSH T3, T4CBC, ECH</p>	<p>toxicity(Vomiting, diarrhea, slurred speech, decrease coordination, drowsiness, muscle weakness, or twitching); report to dr before next dose. <b>TEACH</b> take miss dose within 2 hrs of the next dose., avoid driving(may cause dizziness/ drowsiness, drink plenty of H2O with consistent and moderate sodium intake to keep lithium levels stable.</p>
<p>Lorazepam (Ativan) Antiepileptic &amp; anxiolytic/antianxiety a <b>Benzodiazepines.</b> Has limited toxic potential. Resp depression is rare <b>LAB</b> CBC, liver , <b>Onset</b> 1-5 min IV, 15-30 IM, <b>Peak</b> 60-90 min IM <b>2 hr PO Duration</b> 12-24</p>	<p>Use for management of anxiety disorder and for short term for relief of symptoms of anxiety, for preanesthetic medication to produce sedation and reduce anxiety. Also use for Status epilepticus</p>	<p>CNS: depression, drowsiness, sedation, impaired memory, paresthesias(abnormal sensation, suicidal tendencies, aggression, HA, slurred speech hypotension, <u>Nystagmus,</u> <u>diplopia,</u> <u>gingival hyperplasia</u> Adverse/Toxicity</p>	<p><b>Nurse Do not stop abruptly.</b> There is high risk for abuse it is addictive and high risk for rebound. Do not give with Gastric feeding, assess for seizure, mental status changes, respiratory depression, rate dept. <b>TEACH Taken with</b></p>	<p>Acute narrow-angled glaucoma, chn,12, coma, shock, acute alchoal intoxication. No breast feeding. Use cautiously in renal or hepatic impairment, masthenia grvis, suicidal tendencies, GI disorder. limited pulmonary reserve</p>

## Study Guide for NLN RN Pharmacology Exam

hr		V-fib, hepatitis, nephritis, Agranulocytosis, leukopenia, aplastic anemia, thrombocytopenia, megaloblastic anemia <b>TOXICITY</b> Bone marrow suppression, nausea, vomiting, ataxia, diplopia, cardiovascular collapse, slurred speech confusion.	<b>food for prevent GI upset</b> Regime, dose, side effect, and adverse effect. <u>Urine may turn pink</u> brush teeth and floss to prevent gingival hyperplasia, <b>carry medic alert id stating medication use Do not change brand once seizure has stabilized. Do not drink for 24-28hrs after dose is given.</b>	
Magnesium Sulfate it is like epsom salt. 4 gm loading dose is give over 20-20 min via pump. <b>Onset</b> 1-2 hr PO; 1 hr IM. <b>Peak, Duration</b> 30 min Eliminate in the Kidneys	When taken orally, it acts as laxative by osmotic retention of fluid which distend the colon increase content of feces and cause activity. <b>Parenternally Acts as CNS depressant to smooth cardiac muscle function. Treat Anticonvulsant in labor and delivery in an eclamptic or preeclamptic client and cardiac disorders.</b>	Flushed warm feeling, drowsiness, decreased deep tendon reflex, decrease hand grasp strength, fluid and electrolyte imbalance, hyponatremia, N/V, <b>Adverse/toxicity</b> complete heart block, circulatory collapse, resp. depression leading to respiratory arrest, lack of deep tendon reflexes and/or hand grasp. <b>Early indication of</b>	<b>Nurse</b> check patellar reflex prior to dose, monitor hand gras;s, deep tendon reflexes, resp rate and serum levels, ensure urine flow is at least 30 to 60 cc/hr, monitor I&O's. monitor VS Q10-15 min during infusion, and daily weight <b>TEACH SE of meds,</b> report signs of preeclampsia inducing headache, epigastric pain and visual disturbance.	In MI, heart block, cardiac arrest except for certain arrhythmias. Pul edema, CHF, renal failure, organic CNS disease. Use caution in impaired kidney function, other cardiac glycosides. Lactating moms and children

## Study Guide for NLN RN Pharmacology Exam

		<p><b>magnesium toxicity</b> Cathartic effect, profound thirst, feeling of warmth, sedation confusion, depressed deep tendon reflexes and muscle weakness</p>	<p>Any sign of confusion, drink sufficient water during the day. Diet rich source of mag = whole grain cereal, legumes, nuts, meats, seafood, milk, most green leafy veg and bananas. <b>LABS</b> magnesium level, plasma levels</p>	
<p>Mannitol (Osmitol) Electrolyte and water balance agent, osmotic diuretic Mannitol (Osmitol) Osmotic diuretic. Electrolyte and water balance. Increases diuresis by raising osmotic pressure of glomerular filtrate. Inhibiting tubular reabsorption of water and solute. It pulls the water off the head and sends it to the systems <b>Given IV. Output should be 30 to 50 cc/hr. and is produced 2-3 hrs after administration.</b></p>	<p>Oliguria, acute renal impairment, edema ascites, renal failure, hepatic failure, cardiac failure, increase intraocular pressure, increase ICP to reduce the pressure. diuresis in drug intoxication, transurethral resection, of prostate</p>	<p>HA, confusion, syncope, circulatory overload, urinary retention, N/V dry mouth tachycardia, CP, blurred vision, hypotension, edema urticaria, diuresis, fluid and electrolyte imbalance, hyponatremia, pulmonary congestion, rhinitis, water intoxication. <b>Adverse/toxic</b> Seizure, <b>thrombophlebitis, CHF, Cardiovascular collapse Hyponatremia</b></p>	<p><b>Nurse</b> use filter needle because crystals may form in the solution. Serum osmolality is 275-300 mosm/kg. Mannitol is held in the serum osmolality exceeds 310 - 320. You may question the administration of mannitol if the patient has cor pulmonale which is right sided heart failure-because mannitol pulls fluid off the brain it may lead to circulatory overload which the heart could not handle. This client would need loop diuretic to prevent serious complication <b>Teach</b> May take non</p>	<p>In patient with severely impaired renal function, marked dehydration, breast feeding, hepatic failure, active ICP, &amp; anuria. Intracranial bleed shock  <b>Warning</b> be alert that after 12 hr after drug administration there can be rebound increase ICP. Pt may complain of <b>HA, or confusion.</b></p>

## Study Guide for NLN RN Pharmacology Exam

<p><b>Onset</b> 1-3 hr. diuresis; 30 to 60 min IOP, ICP 15 min. <b>Duration</b> 4-6 hr IOP, 3-8 hr ICP</p>			narcotic such as Tylenol if there is headache	
<p>Meperidine hydrochloride (Demerol) <b>Opioid analgesic.</b> Potent, long acting Give <b>narcan</b> for toxicity It is use to reverse resp depression induced by overdise, Onset 1-2 min duration 45 minutes. Watch for elevated BP tremors hyperventilation</p>	<p>Given for pain. May be given for HA if other meds does not work</p>	<p>N/V, Anorexia, loss of appetite , sedation purities, light headedness dizziness <b>Adverse/Toxicity</b> Resp depression, respiratory arrest, circulatory depression, increase intracranial pressure</p>	<p><b>Nurse</b> do not use in pt with acute bronchial asthma, upper airway obstruction, increase intracranial pressure,, convulsive disorder, pancreatitis, acute ulcerative colitis, severe liver or kidney insufficiency, Assess- LOC, assess for rash, urticaria, respiratory rate, intensity, <b>if &lt; 12 beats per minute-withhold meds.</b></p>	<p>Cautions in children an elderly</p>
<p>Metoprolol tartrate (Lopressor) <b>Beta adrenergic blockers.</b> Decrease effect of smpathetic nervous system y blocking action of cat-echolamines (epinephrine, and norepinephrine. May increase</p>	<p>Manage HTN, angina pectoris, acute MI, supraventricular tachy Beta blockers should administer to all pt with suspected MI and Unstable Angina in the absence of complication such as CHF; they also prevent V-Fib</p>	<p>Bradycardia, <b>bronchospasm,</b> impotence, weight gain or worsening CHF. Dizziness, GI upset <b>Adverse/toxicity</b> CNS; sleep disturbances, depression, confusion, agitation, psychosis, sudden death.</p>	<p><b>Nurse</b> Given with food, Monitor BP , HR before during and after initiation . if given orally, assess client 30 min before and 60 min after. Do not stop abruptly, gradually decrease over 1-2 wks. Hold meds if BP &gt;90. or</p>	<p>Right ventricular failure secondary to pulmonary HTN. Sinus brady, cardiogenic shock hyperactive airway syndrome ( <b>asthma or bronchospasm</b>)</p>



## Study Guide for NLN RN Pharmacology Exam

bradycardia		<p>CV; hypotension, profound bradycardia, heart block, acute CHF, peripheral paresthesias resembling Reynard's phenomenon.</p> <p>Laryngospasm or bronchospasm, dry eyes with a gritty sensation, blurred vision, tinnitus, hearing loss.</p> <p>GI; dry mouth, nausea, vomiting, heart burn, diarrhea, constipation, abd cramps flatulence</p> <p>Agranulocytosis, hypogluccemia, hypergluccemia, hypocalcemia.</p> <p>The most common adverse reaction is bradycardia, pt with digitalis toxicity and WPW syndrome are most at risk</p>	<p>pulse &gt;60, perform head-to-toe assessment and history of COPD since it may lead to bronchospasm.</p> <p><b>TEACH</b> how to take VS ,do not stop abruptly may cause rebound effect(sweating tremor severe HA, palpitation, HTN MI and life threatening, change position slowly, stop smoking arrhythmias</p> <p><b>LAB</b> Glucose due to false positive test, may increase K, Platelets, uric acid BUN, LDH</p>	
Morphine Sulfate (MS Contin) Opioids anagesic schedule 11, major drug abuse. Produce effect by binding to opoid	For severe, chronic or acute pain. Most commonly use in post operative setting. It is also use as a mild bronchodilator to	<p>Nausea vomiting anorexia, GI, purities light headedness</p> <p><b>Toxicity/adverse</b> produce classic triad</p>	<p><b>Nurse</b></p> <p><b>TEACH</b> avoid use with alcohol</p> <p><b>LAB</b></p>	Do not use in t with acute bronchial asthma or upper airway obstruction, ICP, convulsive disorders, pancreatitis, acute

## Study Guide for NLN RN Pharmacology Exam

<p>receptors throughout the CNS. It is also a mild bronchodilator which can improve breathing                  Give <b>Narcan</b> for toxicity of . Ms contin is sustained release, , it will not control break through pain because it is sustained released.  <b>Onset Immediate IV, rapid if given IM or mouth, Peak 1-2 hrs, up to 7 hrs Duration</b></p>	<p>improve breathing</p>	<p>symptoms; resp depression, coma, pinpoint pupils. Other; <b>ICP withdrawal</b> begins 6-8 hrs after the last dose, reach peak intensity within 48-72 hrs craving, chills, sweating piloerection (goose flesh) abd pain and cramps, diarrhea, runny nose, irritability.</p>		<p>ulcerative colitis, or severe liver or kidney disease. occur with steroids. Do not give morphine to children</p>
<p>Naloxone hydrochloride (Narcan) Opioid antagonist. Compete with opioids at the opiate receptor sites, blocking the effects of the opioids  <b>Onset 1-2 min</b>  <b>Duration 45min</b></p>	<p>Use to reverse respiratory depression induced by overdose of opioids, pentazocin, propoxyphene  <b>Titrate dose slowly if too much is given the client will swing from a state of intoxication to one of withdrawal; because of its short half- life it must be given every few hours until the opioids has dropped to anontoxic level</b></p>	<p>Increase BP, tremors, hyperventilation, drowsiness, nervousness, rapid pulse, N/V, hyperpnea  <b>Adverse/toxicity</b>                  Hypotension, ventricular tachycardia and fibrillation, convulsion, hepatitis, pulmonary edema,</p>	<p><b>Nurse</b> Assess VS q 2-3 min, ABG, cardiac status; tachycardia, HTN, ECG, Respiratory function, rate rhythm, LOC, evaluate therapeutic response and need for reversal of respirator depression,</p>	
<p>Nedocromil (Tilade)</p>	<p>Use in the treatment of</p>	<p><b>Adverse effect:</b></p>	<p><b>Nurse</b> administer by</p>	<p>Do not use in pt with</p>

## Study Guide for NLN RN Pharmacology Exam

<p>anti-inflammatory and antiasthmatic. <b>Inhaled nonsteroidal medication</b></p>	<p><b>asthma</b> prophylaxis as maintenance and also used for ocular allergic conjunctivitis. It stabilize mast cells so bronchoconstrictive and inflammatory substance are not released when stimulated with an allergen. It prevent airway inflammation , decrease mucosal edema and mucous secretion and decrease bronchoinfection</p>	<p>abnormal bitter taste, N/V, HA, dizziness, sore throat. Cough, pharyngitis, rhinitis, fatigue, dyspnea</p>	<p>inhalation <b>Teach.</b> It may take 3 weeks to reach therapeutic effect. Be familiar with side effects, actions, and usage. <b>Rinse mouth after taking medication to avoid dry mouth, do not take in acute asthma attack, Do not use if there is an acute attack</b></p>	<p>acute bronchospasm or status asthmaticus. <b>Do not use in pt with hypersensitivity</b> Use with caution in pt with hepatic or renal function</p>
<p>Neomycin sulfate (Mycifradin) antiinfective, <b>aminoglycoside</b> antibiotic. Kills bacteria cell, treat gram- bacteria <b>Note:</b> all aminoglycosides ends in <b>Mycin</b> but <b>not all</b> drugs that end in mycin are aminoglycosides such as (Erythromycin)</p>	<p>Given to pt with endstage liver disease because it reduces the number of ammonia-forming bacteria in the bowel. Use to sterilize bowel prior to surgery. My be given orally only to clense the bowel because it is poorly absorbed PO route. It may be given via endotracheal toute</p>	<p><b>HA, paresthesia, skin rash, fever.</b> <b>Toxic/Adverse Two most common toxicities with aminoglycocydes;Nephrotoxicity and ototoxicity especially in</b> infant and aged, people with hypotension, dehydration, preexisting renal disease, and coadministration of other nephrotoxic drug. <b>Ototoxicity may be irreversable</b> , it may also</p>	<p><b>Labs Peak level</b> specimen drwn 15-30 min after IV infusion of aminoglycosides is completed to determin toxic levels. Decrease dose if peak is too high <b>Trough level</b> blood drawn immediately prior to administration of the next dose to assure that therapeutic levels of drugs are maintained between doses; is a therapeutic level is not sustained, in increase in</p>	<p>In pre existing renal disease, NOTE. With oral anticoagulant therapy, bleeding may increase because <b>aminoglycosides decrease Vit K synthesis in the intestine</b></p>

## Study Guide for NLN RN Pharmacology Exam

		<p>affect cranial nerve #8</p> <p><b>Nurse</b> take C&amp;S before therapy begins to ensure appropriate drug employed, monitor peak and trough, monitor for nephrotoxicity and ototoxicity by audiometry testing. S/S of ototoxicity; dizziness, lightheadedness, tinnitus, fullness in ears and hearing loss, maintain hydration to protect kidneys, observe for evidence that infection is resolving with 48-72 hrs</p>	<p>dose or more frequently dosing may be needed. BUN, Creat., Creatinin is more specific for renal function. This level rises 3-4 days into treatment</p>	
<p>Nifedipine (Procardia) Calcium Channel Block has Ca in them (Procardia) Anti-arrhythmic, antihypertensive drug. Negative inotropic. Slows HR, things to decrease O2 demand</p>	<p>It calms the heart like valium. Treat angina and HTN.</p> <p>Inhibit calcium ion influx through slow channels into cells of myocardial and arterial smooth muscle (both cardiac and peripherals blood vessels); spasm. Normal role of Ca is to</p>	<p>HA, fatigue, constipation especially with oral sustained release forms. Postural hypotension, constipation, peripheral edema. <b>Adverse/toxicity</b> CNS dizziness, nervousness, insomnia, confusion, tremor, gait disturbance CV; heart block and profound bradycardia,</p>	<p><b>Nurse</b> Hold for BP &lt; 90/60. <b>Do not give with grapefruit or grapefruit juice</b>, it may cause level to go up resulting in toxicity Monitor liver enzymes. Monitor ECG before and after, Hepatic and renal lab test Monitor for HA. Advise pt to <b>report gradual weight gain</b></p>	<p>Second-degree heart block</p>

## Study Guide for NLN RN Pharmacology Exam

	activate myocardial contraction which increases cardiac workload. It dilates coronary arteries and prevent coronary artery spasm, it decrease BP and HR it increase O2 delivery, decrease SVR, and	CHF, profound hypotension with syncope, palpitation, and fluid volume overload <b>GI</b> ; n/v, impaired taste. Skin rash, altered liver and kidney function sudden cardiac death <b>TEACH</b> take radial pulse before each dose report irregular pulse or slow than baseline and report to dr. Change position slowly due to postural orthostatic hypotension. stop smoking and avoid alcohol consumption	<b>and evidence of edema; may indicate onset of CHF.</b> Infuse via micro drip	
Pancrelipase (Pancrease)	Use in patient with cystic fibrosis, chronic pancreatitis, post pancreatectomy, steatorrhea, malabsorption syndrome or post gastrectomy. Help to digest fat, absorbed fat, proteins and CHO.	Nausea, diarrhea, abd cramp <b>Adverse/toxicity</b> Hyperuricemia. <b>Lab uric acid</b>	<b>TEACH</b> swallow tablet whole, do not crush or chew. Do not give with antacid. Taken with meals or before meals with plenty of H2O. report joint or swelling pain <b>Nurse</b> Powder form may be sprinkle on children's food. Capsule form may be sprinkle of food or taken with	Drug interaction: if given with antacids the pH will change the enteric coated capsules to dissolve in the stomach and inactivate the product.

## Study Guide for NLN RN Pharmacology Exam

			pudding and should not be chewed. without monitor for SE and for steatorrhea, as it should diminish with appropriate dose of medication.	
Phenobarbital (Luminal) For Seizure. Antiepileptics	Inhibit spread of seizure activity in the motor cortex. Use in grand mal, partial seizure and status epilepticus.	Drowsiness, dizziness, insomnia, <u>paresthesia</u> (abnormal sensation) Nystagmus, diplopia, gingival hyperplasia <b>Adverse/ Toxicity</b> V- Fib. Hepatitis, <b>agranulocytosis, leukopenia, aplastic anemia, thrombocytopenia, megablatic anemia</b>  <b>TEACH</b> Urine may turn pink, Do not stop abruptly, Brush teeth and floss to prevent gingival hyperplasia, carry medical alert bracelet	<b>Nurse</b> Do not give with with gastric feedings because it inhibits uptake of protein by binding with the protein. Withhold feeding 30-60minutes before and after administration. May decrease calcium, vit D. Assess for seizure activity; type, location, duration and character; provide seizure. Use in seizure <b>4 minutes.</b> <b>Assess blood dyscrasias fever, sore throat, bruising rash, and jaundice</b>	
Pilocarpine hydrochloride (Pilocar) Eye preparation. Antiglaucoma agent. Cholinergic agent for	For acute or chronic Glaucoma	Visual blurring, myopia, irritation, brown pain and HA. Abd pain, bronchostriction, diarrhea, hypotension	<b>Nurse</b> obtain baseline neurological and VS. Assess for cardiovascular. <b>Teach</b> difficulty	

## Study Guide for NLN RN Pharmacology Exam

<p>ophthalmic use. Chologenic agent will reverse the effects of symptomimetic drugs often use t treat asthma Precipitation of an asthma attack is a systemic side effect of pilocarpine.</p>		<p>nausea vomiting diaphoresis, pt may have excessive salivation because the drug is chologenic agent. exacerbation asthma <b>Adverse/toxicity</b> <b>Ataxia confusion, seizure</b> respiratory failure, hypotension, respiratory failure, coma and death. Retinal detachments, obstruction of tear drainage and cataract. <b>Acute toxicity is reversible by IV atropine, an anticholinergic agent</b> that is the antidote</p>	<p>adjusting quickly to changes in illumination may occur as a result of miosis. Proper self administration of medications</p>	
<p>Prazosin hydrochloride (Minipress) Treat benign prostatic hyperplasia and HTN.  It is a alpha adrenergic and as a peripheral vasodilator medication</p>	<p>Treat Mild to moderate HTN by lowering it. refractory CHF, raynard's disease, BPH. Blocks alpha 1 receptors in the prostate leading to relaxation of smooth muscles, improving increase urine flow and. It caused vasodilation and thus reduces BP. It also preventing</p>	<p><b>Impotence, decreased volume of ejaculate, decrease libido, masthemia, May cause syncope within 30 min to 1 hr after the first dose; the effect is transient and may be diminished by giving at bedtime. May begin with a small dose to avoid syncope dizziness,</b></p>	<p><b>Nurse</b> Do not use if pregnant, Not indicated for remales of pediatric use, Postural effects may offur 2-6 hours after dose. May decrease WBC and neutrophil counts, Hct, Hgb, total protein and albumin  <b>Nurse</b> provide treatment options, monitor for</p>	<p>Caution in clients with impaired hepatic function</p>

## Study Guide for NLN RN Pharmacology Exam

	stimulation of beta receptors in the heart by epinephrine and nor epinephrine, thereby sing heart rate and cardiac outputdecreaa decreasing BPH symptoms.	HA, nervousness, palpitation, tachycardia, peripheral edema, postural hypotension, nasal congestion myalgia, diarrhea and nausea <b>Adverse/toxicity</b> <b>peofound</b> Hypotension, shock and arrhythmias. Tremor muscle twitching,	decrease BP, every 5-15 min for IV during initial infusion and med adjustment. <b>Monitor urine volume</b> <b>Teach</b> change position slowly to prevent orthostatic hypotension, stop smoking and avoid alohol intake they might negate positive effects of the medication avoid driving and hazardous task for the firest 12-24 hours or after increasing dose due to drowsiness and somnolence, women	
Prochlorperazine (Compazine) Antiemetic for severe nausea and vomiting. As a rule, management of active emesis is usually through parenternal or rectal administration of	Suppress emesis by blockade of dopamine receptors in the CTZ Anticipatory nausea and vomiting should be treted one hour before meals or treatment	<b>May produce extrapyramidal reactions, anticholinergic effects hypotension, and sedation. Be alert of aspiration</b> <b>Toxicity/adverse</b> Agranulocytosis, thrombocytopenia	<b>Nurse</b> Monitor BUN and Creat, <b>May mask response of skin testing; discontinue 4 days</b> prior to testing, monitor liver function electrolyte and renal , monitor antichologenic effect(dry mouth, constipation or visual changes <b>TEACH</b> avoid excessive sunlight/UV because of risk for photosensitivity,	Use cautiously in pt with glaucoma, intestinal obstruction, prostatic hyperplasia, asthma, cardiac, pulmonary or hepatic disease, seizure



## Study Guide for NLN RN Pharmacology Exam

			Use sugarless hard candy or ice chips to avoid dry mouth. Take 30-60 min before any activity that causes nausea for best effect.		
Promethazine (Phenergan) Antihistamine that causes drowsiness because it works centrally as well as peripherally; for nausea and motion sickness	Treat motion sickness and nausea	Resp depression, drowsiness, confusion agranulocytosis, blurred vision dry mouth. Extrapyramidal reaction	<b>Nurse</b> Keep pt in bed with half side rails up until the effects of the drug wear off to promote client safety. The effects may heighten by the client age  Give oral dose with milk or food or full glass of water to minimize GI upset.	Narrow angle glaucoma, stenosing peptic ulcer duodenal obstruction	
Protamine sulfate	Protamine sulfate. An antidote for Heparin toxicity. Given IV a maximum dose of 50 mg in 10 min time period; and should be titrated according to the time and length of time the heparin was administered	Use for heparin calcium or heparin sodium overdose after heparin has been discontinued.			Hemorrhage by heparin d  Use caution
Ranitidine hydrochloride (Zantac) Histamine H2	Reduce gastric secretion. Short term treatment for duodenal	<b>Cardiac dysrhythmias</b> Somnolence, diaphoresis, rash headache	<b>NURSE</b> May be given with meals, as a single dose or two time daily	Use caution in pt with impaired renal or hepatic function. May	

## Study Guide for NLN RN Pharmacology Exam

<p>antagonist.</p>	<p>ulcer or benign gastric ulcer, pathological hypersecretory condition such as Zollinger-Ellison syndrome, prophylactic of stress ulcers, acute upper GI, bleed in critically ill clients GERD, heartburn and indigestion, erosive esophagitis</p>	<p>hypotension, taste disorder, diarrhea, constipation dry mouth <b>Adverse/toxicity</b> may include agranulocytosis, neutropenia, thrombocytopenia, aplastic anemia, pancytopenia</p>	<p>reduce dose in renal patient, give with meals <b>Labs</b> may give false positive urine prolactin <b>Teach Taken with meals avoid smoking to prevent gastric stimulation, avoid antacid agent reducing acidity use within 1 hour of dose</b></p>	<p>increase salicylate levels with high doses of aspirin, may increase diazepam absorption, increase hypoglycemia effect of glipizide and may increase warfarin effect</p>
<p>Rh(D)immune globulin (RhoGAM) Hormone, synthetic substitute contain IgG and provide passive immunity <b>Peak 2 hour Half life 25 days</b></p>	<p>Provide passive immunity by suppressing active antibody response and formation of anti-Rho. Effective for exposure in Rh negative women when positive fetal RBC enter maternal circulation during the third stage of labor, fetal maternal hemorrhage or other trauma during pregnancy, termination of pregnancy and following transfusion. Micro dose is use only for spontaneous or induced abortion or</p>	<p>Injection site irritation, slight fever, myalgia, lethargy</p>	<p><b>Nurse</b> Given to the mother only via IM. Give the entire dose within 72 hours after delivery or termination of pregnancy. <b>Keep epinephrine available systemic allergic</b> reaction sometimes occur. Send sample of newborn cord blood to lab for cross match and typing immediately after delivery before administer Rho (D) <b>TEACH prevent hemolytic disease in the newborn in a subsequent pregnancy</b></p>	

## Study Guide for NLN RN Pharmacology Exam

	termination of ectopic pregnancy up to and including 12 week of gestation			
<p>Setraline hydrochloride (Zoloft) Antidepressant <b>SSRI</b> 2-3 wks to be effective</p>	<p>Give with food in the morning to prevent insomnia</p>	<p>GI problem. Has minimal effect on cardiovascular. Decrease sexual drive <b>Major complication</b> (Selective Serotoning Syndrome) Pt can die from it. Elevated temp up to 105. pt may progress to coma. Every speed up. BP, P, T. <b>Early signs</b> diaphoresis, chnge in mental status (agitation, <b>labile</b> (temp goes up and down) Other symptoms, tremor excitement hypersalivation</p>		
<p>Spironolactone (Aldactone) Potassium sparing diuretic</p>	<p>Diagnosis and treatment of hperaldosteronism; edema related to CHF, nephritic syndrome, cirrhosis; prevention and treatment of hypokalemia. Act on distal convoluted tubule to increase sodium excretion and decrease</p>	<p>HA, dizziness, weakness, orthostatic hypotension, N?V, diarrhea constipation, impotence, muscle cramps, breast soreness, dry mouth photosensitivity, elevated BUN, Creat <b>Adverse/toxicity</b> Hyperkalemia, aplastic</p>	<p><b>Nurse taken with food to avoid GI upset avoid salt substitute they are high in K avoid excessive ingestion of foods high in potassium.</b> Monitor US and urine output, no potassium supplement monitor for dehydrat5ion</p>	<p>Serum level &gt; 5.5j anuria, acute and chronic renal insufficiency, diabetic nephropathy, hypersensitivity, impaired hepatic function,  Note: may potentate effect of hypotensive</p>

## Study Guide for NLN RN Pharmacology Exam

	<p>potassium secretion. Use for edema and HTN associated with heart failure.</p>	<p>anemia and thrombocytopenia</p>	<p>and electrolyte imbalance;  <b>LAB</b> Monitor electrolyte, cratinin, BUN, Dig.  <b>TEACH</b> avoid food high in K, report any mental confusion or lethargy immediately, monitor for signs and symptoms of <b>hyhyperkalemia (nausea, vomiting, diarrhea, abd cramps, tachycardia followed by bradycardeia. Avoid direct sunlight</b></p>	<p>medication, increase risk of hyperkalemia with other K-sparing diuretics May increase lithium due to decrease renal function</p>
<p>Theophylline (Theo-dur)  Common xanthines  <b>Normal level is 10-20.</b>  toxic level may develop quickly</p>	<p>Treat bronchial asthma, chyne stokes, status asthmaticus respirations. It causes bronchial dilation due to smooth muscle relaxationl also increase catecholamine levels in smooth muscle and release of bronchoconstrictive</p>	<p>N/V, anorexia, GERD during sleep, sinus tach. Extrasystole, palpitation, ventricular arrhythmias, hyperglycemia, increase urination, increase heart rate—No caffeine, <b>Adverse/Toxicity</b> Tremor dizziness, hallucinations, restlessness, agitation,</p>	<p><b>Nurse</b> administer no faster than 25 mg/min because of potential cardiovascular collapse. Limit food and drinks containing caffeine because if increase drug level. Seizure may occur with drug level over 40 mcg/ml. assess for toxicity, note symptoms</p>	<p>Use cautiously in pt with cardiovascular problem, may also increase in liver disease CHF and acute viral . can cause seizure, and is not given in pt with seizure disorder unless bronchospasm is unresponsive to other treatmens</p>

## Study Guide for NLN RN Pharmacology Exam

	<p>substance from mast cells which contain histamine</p>	<p>headache insomnia, tachydysrhythmia chest pain. <b>Restlessness is a symptom of toxic reaction;</b> however, it could signal hypoxia, and the nurse should assess the client for this.</p>	<p>of (<b>restlessness, agitation, HA, and insomnia</b>) ask about <b>current medication. TEACH</b> notify if <b>palpitations nausea, vomiting weakness dizziness chest pain or convulsions occur.</b> Avoid contact with the allergen that tends to cause allergic response avoids contact with smoke and other resp irritant. Inform prescribe prior to <b>taking OTC</b></p>	
<p>Tolbutamide (Orinase) antidiabetic/hypoglycemic <b>Sulfonylureas</b> Duration of action 6-12 hours.</p>	<p>Common xanthines <b>Normal level is 10-20.</b> toxic level may develop quickly</p>	<p>GI distress, and neurologic symptoms such as dizziness, drowsiness or headach <b>Toxic/adverse</b> Alcohol may cause disulfiram like reaction (<b>flushing, palpation and nausea, flushing of skin</b>). hypoglycemia related to drug overdose, drug interactions altered drug metabolism, or inadequate food intake.</p>	<p><b>Nurse</b> Assess Vs, weight, condition of skin and nails serum and urine glucose levels glycosylated hemoglobin and electrolyte and arterial blood gas levels when appropriate <b>Teach</b> with cultural consideration. Signs and symptoms of hypoglycemia and notify prescriber if they occur. Wear medic alert bracelet or tag. Consult</p>	<p>In women allergic to sulfa or urea, Beta adrenergic blocking agents can suppress insulin release and delay response to hypoglycemia</p>

## Study Guide for NLN RN Pharmacology Exam

			dr if you are pregnant	
<p>Tobramycin sulfate (Nebcin)  <b>Aminoglycosides</b>                      action                      Poorly absorbed orally so is only use for bowel prep for surgery or to prevent absorption of ammonia in hepatic encephalopathy</p>	<p>Kills bacteria cell by affecting protein synthesis. Kill Gram negative infection. <b>Use for bowel prep for surgery.</b></p>	<p>HA, paresthesia, skin rash, fevers.  <b>Adverse/toxicity</b>                      Nephrotoxicity, ototoxicity, are two common toxicities associated with aminoglycosides.   <b>REFER to previous aminoglycosides</b></p>	<p>Do not other meds in the same IV  <b>LAB</b> Peak and Trough, serum creatinin, BUN to monitor renal function expect <b>BUN creatinin ration to be 20: or 15:1</b></p>	<p>Pre existing renal disease. With oral anticoagulant therapy, bleeding may increase because aminoglycosides decrease vit K synthesis in the intestine</p>
<p>Triazolam (Halcion)                      CNS agent.  <b>Benzodiazepine,</b>                      Anxiolytic, sedative hypnotic                      Has rapid onset</p>	<p>Use in short term management of insomnia, characterized by difficulty falling asleep, frequent wakeful periods, following long term use tolerance of adaptation may develop</p>	<p>Drowsiness, lightheadedness memory impairment, rebound insomnia, antegrade amnesia, paradoxical reactions, changes in EEG pattern</p>	<p><b>Nurse</b> given at bedtime                      Do not use in addictive prone pt. Monitor symptoms of overdose (slurred speech, somnolence, confusion, impaired coordination and coma. Do not stop taking abruptly</p>	
<p>Trihexyphenidyl hydrochloride (Artane)  <b>Anticholinergic.</b> Treat Parkinson disease.</p>	<p>Block or compete an central acetylcholine receptor sites in the ANS. Use to decrease involuntary movements and rigidity in parkinsonism. treat hyper salivation and</p>	<p>Decrease urine output                      Dry mouth, constipation, urinary retention or hesitancy  <b>Adverse/toxicity</b>                      Paralytic ileus                      Even slight dose may cause toxicity.</p>	<p>Monitor I&amp; O increase fluids, bulk and exercise, voids before taking doses of <b>anticholinergic</b> to reduce retention of urine, avoid driving or other hazardous activities. Drowsiness</p>	<p>In pt with narrow angle glaucoma, myasthenia gravis or GI obstruction</p>

## Study Guide for NLN RN Pharmacology Exam

	irregular movements		may occur. Avoid OTC such as cough medicine with alcohol. Separate <b>antacid use from anticholinergics by 2-4 hours.</b>	
Vincristine sulfate (Oncovin) ) Plant alkaloids mitotic inhibitor IS a vesicant; administer into the side arm portal of a freely flowing IV. <b>Give Hyaluronidase is the Antidote.</b> may apply heat to site to disperse drug and minimize sloughing	Use in breast, lung and cervical cancer multiple myeloma, sarcoma, lymphoma, Hodgkin's disease	Major toxicities occur in the hematopoietic, integumentary, neurologic and reproductive, system. Hypersensitivity may <b>Toxicity/side effect</b> Neurotoxicity, loss of sensation of the soles of feet and fingertips, depression of the Achilles reflex is the earliest sign of neuropathy paralytic ileus	<b>Assess for leucopenia, which occurs in significant number of clients .</b> Assess hand grasp and deep tendon reflexes, <b>depression of the achilles reflex is the earliest sign of neuropathy</b> <b>TEACH</b> Maintain a prophylactic regimen against constipation and paralytic ileus, report a change in bowel habits. Alopecia is the most common side effect and is reversible once treatment is completed	Obstructive jaundice, demyelinating neurological disease; preexisting neuromuscular disease. Bronchospasm may occur in pt previously treated with mitomycin;; hepatic metabolism of vincristine may be decrease when given with asparaginase (dose need to be separated by 12-24 hours
Vitamin B6 (Pyridoxine hydrochloride) <b>“sleeping giant”</b> Absorbed by GI tract	Prophylaxis and treatment of pyridoxine deficiency as seen with inadequate dietary intake, drug induced deficient It helps make red blood	<b>Deficiency</b> anemia, smooth tongue, abnormal brain wave irritability. Muscle twitching, convulsions weakness irritability, greasy dermatitis	Swallow whole. Give deep in IM if IM dose <b>Source</b> green leafy veg. meats, fish, poultry, shellfish, legumes, fruits, whole grains, <b>potatoes</b>	

## Study Guide for NLN RN Pharmacology Exam

	cells., helps converts tryptophan to niacin. Helps regulate blood glucose, loses nutrients when heated.	<b>Toxicity</b> Depression, fatigue, impaired memory, irritability, HA, numbness/ Paresthesia difficulty walking loss of reflex, flushing feeling of warmth, Par		
Vitamin C (Ascorbic acid) helps in collagen synthesis is protection of connective tissue, strengthen blood vessel walls, forms scar tissue, provide matrix for bone growth strengthens resistance to infection, helps in absorption of iron, help metabolize amino acid	Can increase absorption of IRON and conversion of folic acid Use as prophylaxis and treatment of scurvy and a dietary supplement.	<b>Deficiency</b> Scurvy Anemia, atherosclerotic plaques, pinpoint hemorrhages, frequent infection, bleeding gums, loosened teeth, muscle degeneration and pain hysteria depression, one fragility, joint pain, rough skin, blotchy bruises failure of wound to heal <b>Toxic</b> nausea, abdominal cramps, diarrhea, excessive urinating, headache, fatigue, insomnia, rashes	<b>Source</b> citrus fruits, cabbage type vegetables, dark green vegetables, cantaloupe, strawberries, peppers, lettuce, tomatoes, potatoes, papayas, mangoes	
Vitamin D2 (Ergocalciferol) can be manufactured in the body . precursor in the liver and migrate to the skin where it	Use in patient with hypoparathyroidism and to treat and prevent vitamin D deficiency. Needed for proper absorption of vitamin D, use to treat	Hypercalcemia related to overdose; signs include ataxia, fatigue, irritability, seizure, somnolence, tinnitus, hypertension, GI distress	Monitor BUN, creatinine, serum alkaline phosphate, urine calcium. Assess for any CNS problems. Do not drive	



## Study Guide for NLN RN Pharmacology Exam

<p>converted to a second precursor with the help of sunlight. It target</p>	<p>rickets, osteomalacia and hypothyroidism. Not an essential vitamin. It makes calcium and phosphorus and stimulates its absorption from the GI. <b>Deficiency</b> cause Ricketts (bones fail to calcify, bowed legs, osteomalacia, muscle spasm</p>	<p>or constipation, hpotonia in infants. <b>Adverse/toxicity</b> <b>Hypercalcemia</b> which may lead to dysrhythmia in pt taking dig, bone decalcification calcium deposit in soft tissue Forming stones</p>	<p>or use heavy equipment if fatigue, somnolence, vertigo or weakness develops. Avoid magnesium containing antacids. Dark skinned people need more sun</p>	
<p>Vitamin E (Alpha tocopherol) is antioxidant that prevents the formation of free radical that damage cell membrane and cellular structure. It protect RBC from lyse. Vit E readily destroyed by heat</p>	<p>Protect lung from air pollution that are strong oxidants. Protect thebody from heart disease.</p>	<p>Gradual decrease of muscle <b>Dificency RBC damage, anemia,</b> leg cramps, deterioration, weakness difficulty walking <b>Toxic</b> jaundice brain, damage</p>	<p>Source, vegetable oil, soybean oil, wheat germ oil, margarine, salad dressing animal fats (butter milk. green leafy veg, nuts seeds</p>	
<p>Vitamin K1 (Aqua-mephyton) Plays role in blood clotting. Responsible for 7 blood clotting protein. <b>Bacteria source in the intestine tract synthesize vit K that</b></p>	<p>Given as antidote for coumadin toxicity. It plays active role in extrinsic pathway ( a pathway that forms fibrin and acts within seconds) with Vit K production reduce</p>	<p>, <b>Deficia</b> causes hemorrhage. Deficiency may occur in conditions of fat malabsorption. Or due to some medication, <b>Toxicity</b> Red cell hemolysis, jaundice, brain damage</p>	<p><b>Nurse</b> drug may be started while pt is still on heparin and heparin tapering off slowly. Food high in vit K liver, cheese, egg ;yolk, leafy veg, broccoli, cabbage, spinach and kale, oils</p>	<p>In pt who have hemorrhaging or bleeding tendencies, malignant hypertension; of have past history of allergic reaction to coumadin</p>

## Study Guide for NLN RN Pharmacology Exam

<p><b>the body can absorbed,</b></p> <p><b>Warfarin sodium (Coumadin) anticoagulant. Given PO. Has narrow therapeutic range. Therapeutic effect will be seen in one week. PT level will maintain at 1.5 – 2.5 the times the control value. INR range from, 2.0- 3.0 Onset of action is slow. coumadin is titrated to keep INR 2-3. coumadin resemble vit K and interfere with synthesis of clotting factor that require vit K.</b></p>	<p>several clotting factors 11, vii, ix and x are also reduced thereby prolog clotting cascade</p>	<p>Teach duration of therapy may be several months to lifelong.</p> <p><b>S/E</b> Ecchymotic skin, GI &amp; skin problem. Hypotension, thrombocytopenia</p> <p><b>Adverse/toxic Bleeding is the major adverse effect.</b> Nausea, diarrhea, intestinal obstruction, anorexia, abd cramping, rash urticaria, purple toe syndrome(discoloration caused by decreased perfusion for release of microemboolic</p>	<p>peanut, corn, olive or soybean should be avoided or use sparingly during coumadin therapy</p> <p><b>LAB</b> PT INR. May be given in the evening and lab draws in the morning.</p> <p><b>Nurse</b> Monitor PT, INR Teach length of therapy, close follow up monitoring. if adverse effect or toxicity, withhold coumadin and give Phytonadione (Vit K)</p> <p><b>TEACH</b> teach about bleeding problem and how to respond. Use <b>soft toothbrush and electric raiser to minimize trauma that could lead to bleeding. Observe for bleeding gums, bruises, nosebleed, tarry stools, hematuria, hematemesis and petechiae, report these finding to the prescribe avoid food high in</b></p>	<p>Increase reaction may be seen in pt on garlic but there is increase risk with garlic, ginger ginkgo biloba, cayenne. Green tea, ginseng an goldenseal decrease effectiveness of coumadin</p>
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## Study Guide for NLN RN Pharmacology Exam

			<b>vitamin K</b>	
Zovirax Antiviral, Antiinfective	Treatment of recurrent and initial mucosal and cutaneous herpes simplex. Also use orally in varicella zoster (chicken pox). Does not eradicate latent herpes. It reduces viral shedding and formation of new lesions and speeds healin time.	HA, dizziness, seizure, nausea vomiting diarrhea acute renal failure thrombocytopenia purpura hemolytic uremia syndrome	Even after HSV infection is controlled, latent virus can be activated by stress, trauma, fever exposure to sunlight, sexual intercourse. Refrain from sex if S/S of herpes.	
Sucralfate (Carafate) Mucosal protective agent	Protects the site of ulcer from gastric acid by forming an adherent coating with albumin and fibrinogen; it absorbs pepsin decreasing its activity. It is use short term for duodenal ulcers with continued maintenance treatment at low doses; investigational use for gastric ulcer. Also use in esophageal ulcer related to radiation or chemotherapy,	Dizziness, headache, constipation, diarrhea, nausea, vomiting flatulence, dry mouth and rash, may cause spotting cramping dysmenorrheal, menstrual disorders and postmenopausal bleeding <b>Adverse/toxicity</b> Angioedema, resp difficulty, loaryngospasm, seizure	<b>NURSE Taken 1 hour before meal</b> and bedtime or 2 hours after meals. Take 2 hours after medication and not within 2 hours of antacid Assess for pregnancy <b>TEACH Avoid</b> gastric irritants such as caffeine, alcohol, smoking and spicy foods. Report immediately if there is any difficulty breathing or swallowing	In patient who are allergic to prostaglandins or who are pregnant. May cause miscarriage

## Study Guide for NLN RN Pharmacology Exam

<b>Drug classifications:</b>				
<p><b>Aminoglycoside</b> antibiotics Class of antibodies including gentamicin and tobramycin some of which are derived from microorganisms while others are produced synthetically. <b>It is to treat serious life threatening gram negative infection</b></p> <p><b>All aminoglycoside ends Mycin but not all drugs that ends in Mycin are aminoglycosides such as (Erythromycin and zetromycin) IM or IV</b></p> <p>Molnitor Peak and Traugh 30 min before dose</p>	<p>Oral route is not recommended. It is poorly absorbed. It is only use for bowel prep prior to surgery to eliminate bacteria or to prevent absorption of ammonia in hepatic encephalopathy</p> <p><b>Secondary infection may cause because of the damage to normal floral.</b></p> <p><b>Candidiasis</b> ( skin and mucous membrane caused by <i>Candida albicans</i></p> <p><b>Thrush, occurs on mucous memberanes of oropharynx bronchi, vagina and anus.</b></p> <p>White plaque; red, scaly, popular skin rash can occur in warm moist dark areas such as</p>	<p>Bleeding may occur with oral antibiotic because amino glycoside decrease vit K synthesis in the intestine . Other SE; headache, paesthesia, skin rash, fever.</p> <p><b>Adverse/Toxicity</b></p> <p>Two most common adverse effect. <b>Nephrotoxicity; and ototoxicity;</b></p> <p>Nephrotoxicity; hypotension, dehydration, preexisting renal disease and coadministration of other nephrotoxic drug</p> <p>Oto Class of antibodies including gentamicin and tobramycin some of which are derived from microorganisms while others are produced synthetically.</p> <p>Ototoxicity may not be reversible; dizziness,</p>	<p>BUN CREAT to monitor renal function Bun to Creat ratio 20-1 or 15-1</p> <p><b>If creatinin elevated within 3-4 days of treatment. It means renal damage has occurred</b></p> <p><b>OTHER ADVERSE Effect</b></p> <p>Pseudomembranous colitis; Secondary infection of bowel usually caused by <i>clostridium difficle</i></p> <p>May be seen 4-6 weeks; watery stool/day with blood/mucous, abdominal pain and fever. Discontinue ATB and vancomycin is given PO or Flagyl.</p>	<p>Preexisting renal disease, concurrent order ror renal toxic agent</p>

## Study Guide for NLN RN Pharmacology Exam

	in breast folds, axilla, groin	light headedness, tinnitus hearing loss Ototoxicity, Kidney toxicity(nephrotoxic), kidney toxicity		<b>Photosensitivity is common to both classes of antibiotics that it Aminoglycosides and Sulfonamides</b>
<p><b>Sulfonamides: Antiinfectives.</b> Bacteriostatic which action on bacteria results from interference with the functioning of enzyme systems necessary for normal metabolism, growth and multiplication</p> <p><b>CAUTION: do not use in patients with known allergies to sulfa drugs</b></p> <p><b>Antibiotic ends with Mycin, Micin, and others:</b></p>	<p>Treat gram negative bacteria. It inhibit folic acid synthesis to prevent cell growth. Treat UTI, Chlamydia causing blindness, pneumonia, brain abscess, ulcerative colitis, active Crohn's disease, rheumatoid arthritis, nocardosis.</p> <p>Given every 8 hours.</p>	<p>Rash common; most are urticaria and maculopapular. Nausea, vomiting diarrhea, abd pain, jaundice, stomatitis, HA, insomnia, drowsiness, depression, psychosis, photosensitivity, crystalluria.</p> <p><b>Adverse/Toxicity</b> peripheral neuritis/neuropathy, tinnitus, hearing loss, vertigo, ataxia, convulsion, hepatitis, pancreatitis anemia, agranulocytosis, thrombocytopenia, leucopenia, eosinophilia, hypothermia. Steve Johnson syndrome( an adverse reaction of skin that resembles appearance of partial</p>	<p><b>Nurse</b> take adequate amount to fluid 3-4000ml/day to promote urinary output at least 1500ml/d to prevent crystalluria/stone formation, if not possible, may give antacid or sodium bicarb to alkalinize urine. Alkaline ash diet may be helpful with include fruit vegetables and milk <b>except Plums, prunes cranberries.</b> May be taken after meals to prolong time in intestine,. Collect C&amp;S prior to beginning therapy provide hydration, give small frequent meals with high quality proteins; drugs that may be taken with food may decrease GI</p>	<p>In polyurea advance renal or hepatic dysfunction or with intestinal and urinary blockage, asthma. It increase risk for bleeding with oral anticoagulant and increase blood glucose with oral antidiabetic drugs</p> <p><b>LABS</b> Bun, Creat, urinalysis to monitor renal function, AST, ALT to monitor liver function, CBC to monitor blood dyscrasias and response to therapy</p>

## Study Guide for NLN RN Pharmacology Exam

<p>Thiazide diuretics: (Hydroduril, hydrochlorothiazide (Diuril) non-K sparing diuretic. Has hypotensive effect dilate the vessels and decrease peripheral resistance. <b>Name ends in ZIDE</b></p>	<p>Act on distal tube inhibit NA-Cl symport leading to a retention of water in the urine and water commonly follows penetrating solutes. Use for edema a hypertension BP above 140/90</p>	<p>thickness burns Dizziness, vertigo, HA, weakness, dehydration, orthostatic hypotension, nausea vomit, abd pain, diarrhea, constipation, frequent urination, dermatitis and rash <b>Electrolyte imbalance</b> <b>impaired glucose</b> <b>tolerance, jaundice,</b> <b>muscle cramps</b> <b>photosensitivity</b> <b>impotence and</b> <b>hyperuricemia</b> <b>Adverse/toxicity</b> <b>Renal failure,</b> aplastic anemia, agranulocytosis, thrombocytopenia, anaphylactic reaction</p>	<p>upset Take early in the day to avoid nocturia and early afternoon to prevent nighttime interruption. Take with food or mild to avoid GI upset. Thiazide is ineffective if creatinin clearance is &lt; 30ml/min <b>TEACH</b> will see effect of hypertensive within 1- 4 wks. Eat foods high in potassium, restrict sodium, do not use salt substitute if taking potassium supplement, change position slowly to avoid dizziness and orthostatic hypotension, weigh self daily report sudden weight gains or losses</p>	<p>No Metolazone for children. In clients with anuria <b>LABS</b> may lower potassium may increase urate glucose, cholesterol triglycerides, BUN and Creatinin</p>
<p>Tricyclic Antidepressants Initial mechanism of TCA takes 1-3 weeks to develop. Maximum response is achieved in</p>	<p>Block the reuptake of norepinephrine or serotonins or both, leaving more available in the CNS. It intensify the effect of nor epinephrine and</p>	<p>The most undesirable effect of TCA are orthostatic hypotension, sedation and anticholinergic effects. Urinary retention, overdose may cause</p>	<p><b>Nurse</b> Taken at nights, it causes sedation. Do not take with MAO it will cause hypertensive crisis from excessive adrenergic stimulation of the heart and blood</p>	<p>Use with caution in pt with Glaucoma, elderly, constipation, prostatic hyperplasia, as they are more sensitive to antichologenic effect Contraindications in</p>

## Study Guide for NLN RN Pharmacology Exam

<p>6-8 wks. Has long half life. <b>Tricyclics ends in INE</b></p> <p>Some meds Pamilor, anafranil, elavil, sinequan tofranil</p> <p>Pam, Anna, and Elavil Sin, To</p>	<p>serotonin which can elevate moodk increase activity and alertness, decrease preoccupation with morbidity, improve appetite and regulate sleep pattern. It is use to treat insomnia, attention deficit/hyperactivity and panic disorder</p>	<p>convulsion.</p> <p><b>Adverse/toxicity</b></p> <p>Most serious adverse effect is cardiac toxicity; in the absence of overdose or preexisting cardiac impairment, serious cardiotoxicity is rare. To avoid adverse cardiac effect, pt over 40 and those with heart disease should have baseline ECG and every 6 mths. <b>URINARY RETENTION IS URGENT</b></p>	<p>vessels, monitor orthostatic BP of pt in hospital</p> <p><b>TEACH</b>; move slowly when changing position, Advise early of the potential SE and that therapeutic response will take some weeks to be established, treatment may go up to 6-12 mths. If there is no change in 2-4 wks may think about changing the meds.</p>	<p>hypersensitivity, MI, Cardiovascular disease</p>
<p><b>Administration routes:</b></p>				
<p>Sublingual administration</p>				
<p>Eye drop administration</p>	<p>Cleans exudates from eye, tilt head toward side of affected eye, pull lower eyelid down, have pt look up instill drops in sac formed by lower lid (not onto the eye),</p>	<p>Apply gentle pressure for 30 sec to 1 min over inner cantus next to nose this prevents absorption through the tear duct and drainage of the medication. Close eyes gently massage the eyes</p>	<p><b>EYE OINTMENT</b></p> <p>Same as eye drop except it is express directly into the conjunctival sac from the inner canthus to the outer canthus, close eyes and gently massage</p>	<p>To distribute the medication</p>

## Study Guide for NLN RN Pharmacology Exam

		to distribute the meds.		
Intramuscular injections	Given in the vastus lateralis in children up to 3	Spread skin taught to bring muscle near surface of skin, with dartlike motion insert needle at 90 degrees	Aspirate to determine if needle enter a vessel. If there is blood return discard the needle and meds and start procedure over.	
Blood administration	Start blood transfusion slow 2 ml/min. Remain with pt for the first 15-30 min. if there is no sign of side effect, increase rate to the desired rate	Observe for acute reaction such as; allergic, febrile, septic, hemolytic, air embolism, circulatory overload by assessing VS, breath sounds, edema, flushing, urticaria, vomiting, headache back pain.	Observe for delayed reaction. Graft VS host (hemolytic, iron overload, hepatitis,	
Oral administration	Absorbed directly into the bloodstream.  Place tablet on floor of mouth, close mouth. Do not swallow, hold under tongue until dissolve.	<b>Use spray</b> on floor of mouth under tongue and close mouth. <b>Buccal</b> place tablet between gum and cheek near back of mouth, close mouth and keep in place until dissolve		
<b>Definitions:</b>				
Paradoxical reaction	A response to a drug that is the opposite to the	Usual response such as agitation produced in an individual patient by a	Drug. Medical treatment , usually a drug, has an opposite	Effect an effect normally expected
Sustained release/time	Pills or capsule	They can often be taken	Contain in a matrix of	so that the drug has first



## Study Guide for NLN RN Pharmacology Exam

released/extended release/controlled release/continuous re	formulated to dissolve slowly and release drug overtime.	less frequently, keep steadier levels of the drug in the bloodstream	insoluble substance (eg. Acrylics) the drug swells up to form Gel	to dissolve in matrix then exit through the outer surface
Osmotic agent (Mannitol and glucose) Use in oliguria and acute renal failure. Help to prevent renal failure and reduce increased intracranial or intraocular pressure	Filtration of large amount of substance which cannot be absorbed by the nephron ONSET 15 min PEAK 0.5-2 hours DURATION 3-10 hrs Half life 15 – 100 minutes.  Diuresis occur in 1-3 hrs	It inhibit sodium reabsorption in proximal tubule, descending limb  <b>ADVERSE REACTION</b> It expand plasma volume resulting in circulatory Overload and tachycardia. Electrolyte imbalance, cellular dehydration, extravasations at injection site, rebound ICP 8-12 hrs after diuresis and angina like CP, blurred vision, thirst, urine retention, symptoms	(eg. Mannitol) there is increase excretion of water and sodium  <b>Nurse use</b> IV filter set, Monitor I&O. Therapy is based on urine flow rate. Reassure pt that excessive thirst, blurred vision, rhinitis should subside when mannitol is discontinued	It acts by increasing the osmolality of plasma, glomerular filtrate, and tubular fluid. This decrease the reabsorption of fluid and electrolytes, which increase excretion of water, chloride and sodium and slightly increase the excretion of Potassium
<b>Epistaxis</b> (due to rupture of blood vessels within richly perfuse nasal mucosa spontaneous or initiated by trauma	Nose bleed. Can be anterior or posterior. Posterior is more serious.	blood can come up through the eye, can also flow down the stomach causing nausea, vomiting	<b>Treat</b> cauterization with silver nitrate, calcium alginate mesh, nasal cavity packed with sterile dressing ribbon gauze, absorbent dressing or saline sprayed into the nose,	Ice pack to forehead or back of the neck, pinch septal of nose for 5 minutes <b>Do not pack nose with tissue or gauze</b>
<b>Agranulocytosis/</b>	Acute decrease in the	Drugs and chemicals or	Lymphadenopathy,	radiation

## Study Guide for NLN RN Pharmacology Exam

<p>Neutropnea/agranulocytopenia  <b>(treat</b> with broad spectrum pcn, or cephalosporin(piperacillin tazobactam, cetazidime, ticarcillin, gentgamicin, bone marrow transplant</p>	<p>no. of granulocytes/lukopenia (WBC) in peripheral blood is impaired resulting from bone marrow depression by</p>	<p>replacement by a neoplasm(oral lesion, ulcer necrotic, gingivitis, buccal mucosa</p>	<p>Imphadenitis are prevalent.  <b>It is induce by drug such</b> As sulfonamides, chemotherapy,</p>	<p>Leading to respiratory infection ulceration of mouth colon, high fever, UTI. <b>But may be asymptomatic</b></p>
<p><b>Half-life</b>---The time it takes for a substance to lose half of its pharmacologic or physiologic activity or how long the drug takes to be metabolized and excreted by the body</p>				
<p>Chelating agents  A form of detoxification, chelating therapy involves an injection or oral administration of ethylene diamine Tetra acetic acide. A synthetic amino acid attaches to toxic substance such as lead, cadmium, aluminum and</p>	<p>Use in children with led level between 45&amp;70 micron/dl  Ethylenediaminetetraacetic acid (EDTA) bind to lead in blood and excreted by the bowel and kidney. EDTA may be toxic to kidney. Monitor urine output.  <b>Give this by IV.</b></p>	<p>Dose depends on weight of child, severity of the poison.   Agent is give every 4 hours for 5 days. A second course ma be needed if there is a rebound in the blood level.  Give oral and IV fluid to enhance excretion</p>	<p>OTHER AGENTS  British antiLewisite (BAL) does not give with iron supplement and avoid in pt with plant allergy. <b>Give this by IM</b>  Succimer (Chemer) <b>Chemet Give PO</b> Do not give in pt with encephalopathy</p>	

## Study Guide for NLN RN Pharmacology Exam

<p>other metal in the blood to facilitate their removal from the body. May be use to treat hardening of the arteries, heart attack, stroke, arthritis and gangrene because of its ability to remove excess calcium from the body.</p>				
<p><b>Specific Diseases:</b></p>				
<p>Liver Disease</p>	<p><b>Hep A</b> cause by RNA virus of enterovirus family. Trnsmit through fecal-oral through ingestion of food or liquids contaminated with the virus. Spread to person by person and through contact, overcrowding, <b>incubate 3-5 wks occurrence in</b> children and young adult. May have no symptoms. Prodromal S/S fatigue, anorexia, malaise, HA, low grade fever, nausea vomit. Contagious during this</p>	<p><b>Hep B.</b> HBcAG found only found in liver cell.. Transmitted through blood percutaneous, permucosal routes. Oral, breast feeding, sexual acativity semen, blood saliva, vaginal secretion. It is the main cause of Cirrhosis. symptom is insisious and prolonged that HAV. May be asymptomatic. 1 wk -2 mths of <b>Prodromal</b> symptom; fatigue anorexia, transient fever, abd discomfort N/V, HA. Hepatic S/S, myalgia,</p>	<p><b>Hep D</b> virus is a defective RNA and replicate only with Hep B. it requires HBsAg to replicate. Occur with HBV. Cannot outlast a Hep B infection, may be acute or chronic Mode of transmission same as Hep B. occurrence is mainly among IV drug users. Multiple blood transfuse pt. occur in Middle east, south Africa and Mediterranean S/S similar to HBV but more severe. With superinfection of chronic</p>	<p><b>Hep E</b> Transmit through fecal-oral route. It inconsistently shed in feces and it difficult to detect. Incubation same as Hep A (3-5 wks). Occur in india, Africa, asia, central America, but may found in young adult and more severe in pregnant women</p>

## Study Guide for NLN RN Pharmacology Exam

	<p>period usually 2 wks before the onset of jaundice. Symptom milder in children than adult.</p>	<p>photophobia, arthritis, angioedema photophobia rash vasculitis, jaundice in <b>Icteric phase</b>  <b>Hep C</b> occur through blood or blood product, IV drug users, sexual intercourse. <b>Incubation period 1wk to several months</b> S/S similar to HBV but often less severe. Symptoms occur 6-7 wks after transfusion. Some Pt may develop chronic liver disease and some may progress to Cirrhosis.</p>	<p>HBV, carriers cause sudden worsening of condition and rapid progression of cirrhosis</p>	
<p>HIV treatment  <b>Antiviral protease inhibitor.</b> Use prophylactally. Use in combination to decrease viralload and increase CD4. rapidly absorbe from GI tract. <b>Ends in AVIR</b></p>	<p>Inhibit cell protein synthesis that interfere with viral replication; block protease activity in HIV. Treat aids and aids related complx to decrease viral load M</p>	<p>HA, fatigue, nausea, vomiting, diarrhea, abd discomfort, anemia, taste perversion, asthenia, circumoral paresthesia with ritonavir,  <b>Adverse/toxicity</b>  <b>Hepatotoxicity</b>, reduce dose in liver dysfunction.  <b>TEACH</b>          Use neutorpenic precautions, eat small frequent meals with</p>	<p><b>Nurse monitor</b>  <b>Hepatotoxicity</b> AST, ALT, bilirubin;  <b>observe for nausea, vomiting jaundice upper right abd quad enlarge ement and tenderness</b>  <b>Nephrotoxicity;</b> creatinin, BUN, creatinine clearance, urinalysis, keep accuratre I&amp; O monitor for SE of neutropenic,</p>	<p>Not for pregnant or lactating woman</p>

## Study Guide for NLN RN Pharmacology Exam

<p><b>Reverse transcriptase inhibitors: Stop replication/growth. Reduces viral load.</b> One major advantage is that they do not adversely affect development of blood cells. Use in combination because resistant strains rapidly evolve if used as single agent therapy. <b>Ends in INE</b></p>	<p>Use for all symptomatic HIVpt with a CD4 count less than 500mm<sup>3</sup>. AZT is used to prevent maternal transmission of HIV STOP if severe rash or other hypersensitivity reaction occurs.. assess for opportunistic infection (cancer, neurological disease)</p>	<p>complete or complementary proteins</p>	<p>observe occult signs of infection. (lower back, flank or suprapubic pain, normal temp or low grade fever related to UTI), Provide neutropenic care as appropriate</p>	<p>Common meds: abacavir(ziagen) stavudine (Zerit, zidovudine (AZT)</p>
<p>Diabetes treatment in children</p> <p>Hypoglycemic reaction took place most time before meals or when insulin effect is peaking First teaching is to tell parent to let child wear</p>	<p>Have same meal as normal child time intake of food. Eat at the same time each day. Children can start learn to assume responsibility for self management as <b>soon as age 4-5. At age 9 they can start giving</b></p>	<p>Exercise: do not restrict exercise. Have extra snack before and after exercise. Exercise very regularly as it decreases the need for insulin</p>	<p>Carry a source of glucose at all times ( hard candy, sugar cubes glucose tablets, insta glucose, the rapid releasing sugar is followed by complex CHO and protein such as slice bread or cracker</p>	<p>After glucagons, vomiting may occur. Place child on the side to prevent aspiration. Preferred way of treating ketoacidosis is by insulin IV of low dosing. Note. Run a mixture of insulin</p>

## Study Guide for NLN RN Pharmacology Exam

<p>bracelet or tag. Teaching to give injection . Nurse use NS give parent injection and the parent do the same with the nurse. Inject at 90 degree</p>	<p><b>their own insulin with supervision .</b> Teach only the essentials on the first few visits and intense later. Keep session for children to 14-20 min and adult may go up to 45-60</p>		<p>spread with peanut butter</p>	<p>through the tubing before starting the drip because the insulin can chemically bind to plastic. Replace fluid over 24-48 hrs</p>
<p>Intravenous insulin administration</p>	<p>Can only be done with regular insulin in management of DKA, HHNK.</p>	<p>Premature discontinuation can cause prolongation of DKA. Make sure you institute insulin injection before you stop the infusion if not, there might be prolonged hyperglycemia</p>		
<p>Crack abuse effect on newborns</p>	<p>It crosses the placenta and enter the fetus. Infant may appear normal or develop neurological problem. child may develop depression or excitability, they may be lethargy, have poor suck ;hypotonia, weak cry and difficulty in arousing, hypotonicity, rigidity, irritabilisty, inability to console and</p>	<p>Some infant showed late symptoms 2-8 wks. There may be growth retardation, small head decrease birth length, head growth is one of the best indicaton</p>		

## Study Guide for NLN RN Pharmacology Exam

	intolerance to change.			
High dose Ibuprofen therapy. Non steroidal anti-inflammatory .  Therapeutic effect takes up to one month	Treat mild to moderate pain absorbe in GI. Metabolize in liver	Other reaction affects the CNS, renal system, eyes. Nephrotoxicity,; dysuria, hematuria, oleguria, azotemia, blurred vision.	Increase toxicity of dig, anticoagulant, lithium <b>Nurse report blurred vision ringing and roaring in ear which may indicate toxicity</b> REPORT change in urine pattern increase weight, edema, increase pain in joints,, fever, blood in urine indicating <b>Nephrotoxicity</b>	
Oxytocin (Pitocin) Labor and delivery. Only this drug is approve by food and administration in this class. Administer by one route at a time. May be given after a client had experience incomplete abortion to help expel the fetus. Onset is immediate. Half life 3-5 min	To improve uterine contraction at term ie only when cetvix is dialted and presentation of fetus has occurred. to induce or stimulate labor, reduce postpartum bleeding, incomplete abortion, challenge test to assess fetal distress in high risk pregnancy. Use to stimulate the letdown reflex. relieve pain from breast engorgement.	<b>Adverse/Toxicity</b> <b>subarachnoid bleed, seizure, coma, water intoxication, hypertension, arrhythmias, titanic uterine contractions, abruption placenta, impair uterine blood flow, increase uterine motility, anaphylaxis, anoxia, asphyxia, bradycardia</b>	<b>Nurse</b> monitor uterine contraction pattern, fetal heart rate, and BP. Postpartum; monitor locjia and BP. Increase dose <b>only</b> after assessing contraction FHR, maternal BP and HR. Do not increase after desired contraction pattern is achieved (contraction frequency of 2-3 min lasting 60 sec). Report sudden HA	

# Study Guide for NLN RN Pharmacology Exam

## Abbreviations:

Ac -----Before meals  
Bid----- Two times daily  
Qd----- Every day  
Tid-----Three times daily  
P -----After  
IM-----Intra muscular  
IV----- Intra venous  
Qid-----Every other day  
Po-----By mouth

## Calculations:

IV drip rates  
half life  
Drops per minute  
Milliliters per dose  
Mg/kg/day  
Units per hour  
Milliliters per minute  
Gm to mg-----1000mg = 1 gm  
Milliliters to liter -----1000ml = 1 liter