

Adult 2 med sum1

Scientific name	Trade name	Drug classes	Indications	contraindication	Adverse effects	Nursing considerations
epinephrine	adrenaline	Alpha-adrenergic agonist ,Beta1- and beta2-adrenergic agonist, Bronchodilator,Sympatho mimetic ,Vasopressor	• IV: treatment and prophylaxis of cardiac arrest; acute hypersensitivity (anaphylactoid) reactions,in acute asthmatic attacks to relieve bronchospasm	Diabetes mellitus,Hypertension,Hyperthyroidism ,Ischaemic heart disease	Arrhythmias, hypertension resulting in intracranial hemorrhage, palpitations, tachycardia	*Monitor P, BP; R, normal urine output;, blood and urine glucose, ECG * Rotate subcutaneous injection sites to prevent necrosis *Keep a rapidly acting alpha-adrenergic blocker (phentolamine) readily available in case of excessive hypertensive reaction.
atropine sulfate	atropine	Anticholinergic, (Diagnostic agent (ophthalmic preparations) ,Parasympatholytic	Restoration of cardiac rate and arterial pressure during anesthesia when vagal stimulation produced • Relief of bradycardia	bronchial asthma; COPD	mydriasis, , <i>Palpitations, bradycardia</i> (low doses), <i>tachycardia</i> (higher doses), <i>Dry mouth</i>	*monitor P, BP; R, ECG . * Ensure adequate hydration * Have patient void before taking medication if urinary retention is a problem.
norepinephrine	Levophed	Alpha-adrenergic agonist Beta1-adrenergic agonist Sympathomimetic Vasopressor	Restoration of BP in controlling certain acute hypotensive * Adjunct in the treatment of cardiac arrest	with hypovolemia	hypertension , <i>tachydysrhythmias</i>	* Monitor Weight; skin color, T, turgor; P, BP; R, urine output; serum electrolytes, ECG, Hypovolemia * Administer IV infusions into a large vein, preferably the antecubital fossa, to prevent extravasation *Provide phentolamine on standby in case extravasation occurs
Dopamine	Dopamine	Alpha-adrenergic agonist Beta1-selective adrenergic agonist Dopaminergic drug Sympathomimetic	*Poor perfusion of vital organs * Low cardiac output *Hypotension	tachyarrhythmia, ventricular fibrillation, hypovolemia	<i>tachycardia, anginal, pain, palpitations, vasoconstriction</i> , hypertension, * <i>gangrene with prolonged use</i>	*Monitor Body weight; skin color, P, BP, pulse pressure; urine output; serum electrolytes, ECG, hypovolemia *Prepare solution for IV infusion as follows: Add 200–400 mg dopamine to 250–500 mL of 0.9% sodium chloride solution. *Do not mix with other drugs; do not add to 5% sodium bicarbonate or other alkaline IV solutions Use phentolamine after extravasations

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Dobutamine	Dobutamine	Beta1-selective adrenergic agonist Sympathomimetic	for inotropic support in the short-term treatment of adults with cardiac decompositions due to depressed contractility,	hypovolemia	Myocardial Ischemia, Cardiac arrhythmias, Hypotension	*Monitor urine flow, cardiac output, , ECG, and BP closely during infusion. *Do not mix drug with alkaline solutions *Dilute vials to at least 50 mL with 5% dextrose injection, 0.9% sodium chloride injection.
isosorbide dinitrate	:isordil(sublingual tablets, oral tablets)	<i>antianginals nitrates</i>	management of angina pectoris Adjunct treatment of CHF	*Hypersensitivity	dizziness, headache, hypotension, tachycardia	*Assess location, duration, intensity, and precipitating factors of patient's anginal pain. **Monitor blood pressure and pulse before and after administration PO: Administer dose 1 hr before or 2 hr after meals with a full glass of water for faster absorption. SL: Tablet should be held under tongue until dissolved. Avoid eating, drinking, or smoking until tablet is dissolved.
AMIODARONE	Cordarone	<i>antiarrhythmics</i>	*Management and prophylaxis of life-threatening ventricular arrhythmias unresponsive to less toxic agents *As part of the Advanced Cardiac Life Support (ACLS) guidelines for the management of ventricular fibrillation/pulseless ventricular tachycardia.	*2nd- and 3rd-degree AV block *Bradycardia	,bradycardia ,hypotension. , LIVER FUNCTION ABNORMALITIES	*ECG should be monitored continuously during IV therapy *Monitor blood pressure frequently *Monitor AST, ALT, and alkaline phosphatase at regular intervals throughout *dilute 150 mg of amiodarone in D5W.
lidocaine	Xylocaine	Antiarrhythmic Local anesthetic	Management of acute ventricular arrhythmias	allergy to lidocaine	<i>Cardiac arrhythmias, cardiac arrest,</i>	* monitor P, BP, continuous ECG. *Keep life-support equipment and vasopressors readily available *Establish safety precautions if CNS changes occur

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					seizures <i>hypotension</i>	
Adeno card	Adenocar d , adenosine	<u>antiarrhythmics</u>	Conversion of paroxysmal supraventricular tachycardia (PSVT)	Hypersensitivity	<i>facial</i> Flushing, Shortness of breath, <i>transient arrhythmias</i> :-Brief periods of asystole, bradycardia Headache , Chest Pain	*Monitor heart rate frequently and ECG continuously during therapy *Monitor BP during therapy. *Administer over 1–2 seconds via peripheral IV as proximal as possible to trunk. Follow each dose with 20 mL rapid saline flush to ensure injection reaches systemic circulation. *Give 6 mg by rapid IV bolus; if no results, repeat 1–2 min later as 12-mg rapid bolus. This dose may be repeated (single dose not to exceed 12 mg)
phenytoin	Dilant in	<i>antiarrhythmics</i> <i>anticonvulsants</i>	*Treatment/prevention of tonic-clonic seizures *As an antiarrhythmic	Hypersensitivity	ataxia, hypotension(increased with IV phenytoin), gingival hyperplasia	*Assess location, duration, frequency, and characteristics of seizure activity *Monitor ECG continuously during treatment of arrhythmias *Administer at a rate not to exceed 50 mg over 1 min . Rapid administration may result in severe hypotension *Do not admix with other solutions or medications, especially dextrose, because precipitation will occur.
mannitol	mannitol	Osmotic diuretic	<ul style="list-style-type: none"> Prevention and treatment of the oliguric (قليل البول) phase of renal failure Reduction of intracranial pressure (ضغط) (داخل القحف) and treatment of cerebral edema Promotion of the urinary excretion of toxic substances 	((انقطاع البول)) due to severe renal disease	<i>Dizziness</i> , Hypotension, thrombophlebitis Fluid and electrolyte imbalances,hypo natremia	*monitor BP, urinary output patterns; Serum electrolytes, renal function tests *Mannitol may crystallize at low temperatures. If crystals are observed, warm solution to dissolve . , then cool to body temperature before administering. *Monitor serum electrolytes periodically with prolonged therapy
VERAPAM IL	Isoptin	<i>antianginals</i> , <i>antiarrhythmics</i> <i>antihypertensives</i> , , <i>calcium channel blockers</i>	Management of hypertension, angina pectoris	Blood pressure <90 mmHg	drowsiness ARRHYTHMIA S, hypotension	*Monitor blood pressure and pulse .ECG periodically during therapy. *Assess location, duration, intensity, and precipitating factors of patient's anginal pain * Administer verapamil with meals or milk to minimize gastric irritation.
hydrocortis one	Hydrocort one,	<i>antiasthmatics</i> , <i>anti-inflammatories</i>	<ul style="list-style-type: none"> *Asthma *Replacement therapy in adrenal insufficiency 	*Active untreated infections	*fluid retention (long-term high doses)*moon face),* increased	*Assess patient for signs of adrenal insufficiency * Monitor intake and output ratios and daily weights * Monitor serum electrolytes and glucose. May cause hyperglycemia,

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		<i>(steroidal) corticosteroids</i>			susceptibility to infection	* administer in the morning
streptokinase	Streptase	<i>thrombolytics plasminogen activators</i> *Management of massive pulmonary emboli	Acute management of coronary thrombosis (MI) in ST elevation and time from onset symptom less orequal12hr *Management of massive pulmonary emboli	*Active internal bleeding *Severe uncontrolled hypertension *Known bleeding tendencies	INTRACRANIAL HEMORRAGE * GI BLEEDING , allergic reactions including ANAPHYLAXIS	*Assess patient carefully for bleeding *Hematocrit, hemoglobin, platelet count, , prothrombin time, , and activated partial thromboplastin time may be evaluated before and frequently throughout therapy * Aminocaproic acid (Amicar) may be used as an antidote * Avoid invasive procedures, such as IM injections or arterial punctures, with this therapy. If such procedures must be performed, apply pressure to all arterial and venous puncture sites for at least 30 min. *Inquire about recent streptococcal infection
alteplase	tissue plasminogen activator, t-PA	<i>thrombolytics plasminogen activators</i>	Acute management of coronary thrombosis (MI) in ST elevation and time from onset symptom less or equal 12 hr. * Management of acute ischemic stroke (recommended within 3 hr of onset of stroke)	*Active internal bleeding *Severe uncontrolled hypertension *Known bleeding tendencies	INTRACRANIAL HEMORRAGE * GI BLEEDING , allergic reactions including ANAPHYLAXIS	*Assess patient carefully for bleeding *Hematocrit, hemoglobin, platelet count, , prothrombin time, , and activated partial thromboplastin time may be evaluated before and frequently throughout therapy * Aminocaproic acid (Amicar) may be used as an antidote * Avoid invasive procedures, such as IM injections or arterial punctures, with this therapy. If such procedures must be performed, apply pressure to all arterial and venous puncture sites for at least 30 *Assess neurologic status. Determine time of onset of stroke symptoms. Altepla must be administered within 3 hr of onset.
ciprofloxacin	Cipro	<i>anti-infectives</i>	*Treatment of: Urinary tract and infections)	▪ Hypersensitivity.	SEIZURES, tendonitis((التهاب الأوتار, tendon rupture(. تمزق في وتر	*Assess patient for infection *Obtain specimens for culture and sensitivity before initiating therapy *Administer over 60 min into a large vein to minimize venous irritation.

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			Respiratory tract infections	▪ Pregnancy or Children <18 yr		*Instruct patient to notify health care professional immediately if rash or tendon pain or inflammation occur
fluvastatin	Lescol	<i>lipid-lowering agents</i>	*management of primary hypercholesterolemia *Reduction of lipids/cholesterol reduces the risk of MI and stroke	*Active liver disease	abdominal cramps, elevated liver enzymes	*Obtain a dietary history, especially with regard to fat consumption. *Administer <i>fluvastatin</i> , and <i>simvastatin</i> once daily in the evening * Liver function tests, including AST, should be monitored
midazolam	midazolam	Benzodiazepine ,CNS depressant	*Induction of general anesthesia *Continuous sedation of intubated and mechanically ventilated patients	depressed vital signs	CV collapse, hypotension ,Drug dependence with withdrawal syndrome when drug is discontinued	*Carefully monitor P, BP, and respirations carefully during administration * Keep resuscitative facilities readily available; have flumazenil available as antidote if overdose should occur. * Monitor level of consciousness before, during, and after administration
potassium gluconate	Sopa-K (or al)	<i>mineral and electrolyte replacements/supplements</i>	Treatment or prevention of potassium depletion	Hyperkalemia Severe renal impairment Severe tissue trauma	ARRHYTHMIA S, ECG changes, irritation at IV site.	*Assess patient for signs and symptoms of hypokalemia * Monitor serum potassium before and periodically throughout therapy and renal function, * PO: Administer with or after meals to decrease GI irritation. Iv Infusion: Do not administer; fatalities have occurred. Usually limited to 40 mEq/L via peripheral line (100 mEq/L via central line). Rate: Infuse slowly, at a rate up to 20 mEq/hr.
sodium bicarbonate	sodium bicarbonate	Antacid Electrolyte Systemic alkalinizer	*Treatment of metabolic acidosis Oral(antacid): *Prophylaxis of GI bleeding, stress ulcers	metabolic and respiratory alkalosis	<i>Systemic alkalosis</i>	*Monitor arterial blood gases * Monitor cardiac rhythm carefully during IV administration. *Avoid solutions containing calcium; precipitation may occur.

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calcium gluconate	Cal-G	Antacid ,Electrolyte	<ul style="list-style-type: none"> *Dietary supplement when calcium intake is inadequate • Treatment of calcium deficiency * Combats the effects of hyperkalemia 	patients with increased calcium level in blood	<i>Local irritation,</i> severe necrosis, sloughing and abscess formation Hypercalcemia	*monitor hypercalcemia; digitalis toxicity, renal impairment, * Avoid extravasation of IV injection * Avoid mixing calcium salts with Sodium Bicarbonate , phosphates, dobutamine
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