

Adult 1 med summary

Scientific name	Trade name	CLASSIFICATION(S)	INDICATIONS	Contraindication	SIDE EFFECTS	NURSING IMPLICATIONS
Salicylic acid	aspirin	<i>antipyretics, nonopioid analgesics ,anti platelet aggregation</i>	*Inflammatory disorders including:Rheumatoid arthritis *Mild to moderate pain *Fever	Bleeding disorders	GI BLEEDING, epigastric distress, heartburn, abdominal pain hepatotoxicity	1-Administer after meals or with food 2-Monitor hepatic function 3-Advise patient to report; unusual bleeding ; bruising; black tarry stools
ACETAMINOPHEN	Panadol, paracetamol	antipyretics, nonopioid analgesics	<ul style="list-style-type: none"> ▪ Mild pain ▪ Fever. 	Hepatic disease	HEPATIC FAILURE, HEPATOTOXICITY(overdose). GU: renal failure	1-Chronic excessive use of >4 g/day may lead to hepatotoxicity 2-acetylcysteine (Mucomyst) is the antidote 3- Assess fever and pain
diclofenac sodium	Voltaren	nonopioid analgesics, nonsteroidal anti-inflammatory	* Management of inflammatory disorders including: Rheumatoid arthritis *Relief of mild to moderate pain	*Hypersensitivity to diclofenac *Active GI bleeding/ulcer disease	GI BLEEDING prolonged bleeding time allergic reactions	1- Assess pain 2- Administer after meals, with food 3-Patients who have asthma are at increased risk for developing hypersensitivity reactions.
METOCLOPRAMIDE	Primperan , Plasil	antiemetics	*Treatment and prevention of postoperative nausea and vomiting *Prevention of emesis(القيء)	*Hypersensitivity *Possible GI obstruction or hemorrhage	extrapyramidal reactions, restlessness, tardive dyskinesia	Assess patient for nausea and , vomiting 2-Administer doses 30 min before meals and at bedtime over 1–2 min 3-Assess patient for extrapyramidal side effects
ranitidine	Ranitidine, Zantac	HISTAMINE H₂ ANTAGONISTS	*treatment of active duodenal ulcers *Prevention and treatment of stress-induced upper GI bleeding	Hypersensitivity	hypotension,ARRHYTHMIAS pain at IM site.	1-Dilute each 50 mg in 20 ml of 0.9% NaCl over at least 5 min 2-Administer with meals or immediately afterward and at bedtime to prolong effect. 3- Assess patient for epigastric bleeding

Adult 1 med summary

		, antiulcer agents				
MORPHINE	Morphine	: opioid analgesics ,opioid agonists	<ul style="list-style-type: none"> ▪ Severe pain ▪ Pulmonary edema 	*Hypersensitivity	RESPIRATORY DEPRESSION, hypotension, bradycardia constipation nausea, vomiting	1-Assess type, location, and intensity of pain 2-Assess level of consciousness, blood pressure, pulse, and respirations 3-Dilute with at least 5 ml of sterile water over 4–5 min, naloxone (Narcan) is the antidote if needed.
MEPERIDINE	Demerol, pethidine	<i>analgesics opioid analgesics (agonists)</i>	<p>*Moderate or severe pain</p> <p>*Analgesic during labor</p> <p>Preoperative sedation.</p>	*Hypersensitivity	SEIZURES, respiratory depression, hypotension, bradycardia constipation, nausea, vomiting	1-Assess type, location, and intensity of pain 2-Assess level of consciousness, blood pressure, pulse, and respirations 3-Monitor patients for seizures 4- Dilute to a concentration of 10 mg/ml, Administer slowly, naloxone (Narcan) is the antidote if needed.
ATENOLOL	Atenolol, Tenormin	<i>antianginals, antihypertensives , beta blockers (selective</i>	<p>*Management of hypertension</p> <p>*Management of angina pectoris</p> <ul style="list-style-type: none"> ▪ Prevention of MI. 	<p>*Cardiogenic shock</p> <p>*Bradycardia or heart block</p>	Bronchospasm BRADYCARDIA hypotension	1-Monitor blood pressure, ECG, and pulse frequently 2-assess blood glucose levels med May cause increase in it 3- Monitor patients of overdose (bradycardia)
captopril	Capoten	<i>antihypertensives ,ACE inhibitors</i>	<p>*management of hypertension</p> <p>*Management of CHF</p>	*Hypersensitivity	cough, hypotension, hyperkalemia	1- Monitor blood pressure frequently 2-Consult health care professional if cough becomes bothersome 3-Administer 1 hr before or 2 hr after meals
furosemide	Lasix	<i>diuretics ,loop diuretics</i>	<p>*Management of: Edema secondary to CHF</p> <p>*sever renal impairment</p> <p>*pulmonary edema</p>	<p>*Hypersensitivity</p> <p>*Pre-existing uncorrected electrolyte imbalance, hepatic coma, or anuria</p>	Hypotension, dehydration, hypokalemia, hypomagnesemia, hyponatremia, hypovolemia, hearing loss, tinnitus	1-Assess fluid status throughout therapy. Monitor daily weight, intake and output ratios, amount and location of edema, lung sounds, electrolytes 2-Monitor blood pressure and pulse before and during administration 3-Assess patient for tinnitus and hearing loss

Adult 1 med summary

			*Treatment of hypertension problem unresponsive with other diuretics			
spironolactone	, Aldactone	<i>diuretics , potassium-sparing diuretics</i>	*Counteract (د) potassium loss caused by other diuretics *Commonly used with other agents (thiazides) to treat edema or hypertension	*Hypersensitivity *Hyperkalemia.	hyperkalemia, hyponatremia dizziness	1-Monitor intake and output ratios, blood pressure and daily weight throughout therapy 2-evaluated Serum potassium levels before and routinely during therapy 3-Administer in AM to avoid interrupting sleep pattern
regular insulin	Humulin R, Novolin R, Iletin II Regular	<i>antidiabetics, hormones . pancreatic hormone</i>	*Treatment of insulin-dependent diabetes mellitus (IDDM, type 1) *Management of non-insulin-dependent diabetes mellitus (NIDDM, type 2) unresponsive to treatment with diet and/or oral hypoglycemic	*Allergy or hypersensitivity to a particular type of insulin	HYPOGLYCEMIA , <u>lipodystrophy</u> , lipohypertrophy	1-Assess patient for signs and symptoms of hypoglycemia treatment consists of IV glucose, glucagons 2- Regular insulin is the <i>only</i> insulin that can be administered IV. Do not use if cloudy, discolored 3-Assess patient for signs and symptoms of hypoglycemia 4- monitored Glycosylated hemoglobin
NPH/regular insulin mixtures	: Humulin 50/50, Humulin 70/30, Novolin 70/30	<i>antidiabetics, hormones . pancreatic hormone</i>	*Treatment of insulin-dependent diabetes mellitus (IDDM, type 1) *Management of non-insulin-dependent diabetes mellitus (NIDDM, type 2) unresponsive to treatment with diet and/or oral hypoglycemic	*Allergy or hypersensitivity to a particular type of insulin	HYPOGLYCEMIA , <u>lipodystrophy</u> , lipohypertrophy	1-Assess patient for signs and symptoms of hypoglycemia treatment consists of IV glucose, glucagons 2- When mixing insulins, draw regular insulin into syringe first to avoid contamination of regular insulin vial 3-Assess patient for signs and symptoms of hypoglycemia 4- monitored, blood sugar, Glycosylated hemoglobin
METFORMIN	Glucophage, Novo-Metformin	antidiabetics ,biguanides	Adjunctive management type 2 diabetes mellitus	*Underlying renal dysfunction	Hypoglycemia, LACTIC ACIDOSIS., decreased vitamin B ₁₂ levels	1-Observe patient for signs and symptoms of hypoglycemic reactions 2- monitored blood sugar, Glycosylated hemoglobin 3-Advise patient to carry a form of sugar at all times 4-Monitor vitamin B ₁₂
HEPARI	Heparin	anticoagulants ,antithrombotics	*Venous thromboembolism	*Uncontrolled bleeding	bleeding, anemia, pain at injection site.	1-Assess patient for signs of bleeding 2- Observe injection sites for hematomas, ecchymosis 3- monitored Activated partial thromboplastin time (aPTT) and hematocrit

Adult 1 med summary

(IV)			<ul style="list-style-type: none"> *Pulmonary emboli *Atrial fibrillation with embolization 	<ul style="list-style-type: none"> *Severe thrombocytopenia *Open wounds (full dose) 		<p>4- Protamine sulfate is the antidote if needed</p> <p>5-Caution patient to avoid IM injections and activities leading to injury</p>
WARFARIN (ORAL)	Coumadin, Warfarin	anticoagulants	<ul style="list-style-type: none"> *Venous thrombosis *Pulmonary embolism *Atrial fibrillation with embolization *Management of myocardial infarction 	<ul style="list-style-type: none"> *Uncontrolled bleeding *Open wounds *Active ulcer disease *Uncontrolled hypertension 	bleeding	<p>1-Assess patient for signs of bleeding</p> <p>2-Monitor PT frequently</p> <p>3-Administration of whole blood or plasma and the antidote is vitamin K. If overdose occurs</p> <p>4-Caution patient to avoid IM injections and activities leading to injury</p> <p>NOTE:-it requires 3–5 days to reach effective levels. It is usually begun while patient is still on heparin.</p>
ALBUTEROL	Salbutamol, Ventolin	bronchodilators, adrenergics	<ul style="list-style-type: none"> ▪ Used as a bronchodilator in asthma or COPD Inhaln: Used as a quick-relief agent for acute bronchospasm 	*Hypersensitivity	<p>nervousness, restlessness, chest pain, palpitations, hypokalemia, tremor.</p>	<p>1-Assess lung sounds, pulse, amount, color, and character of sputum produced</p> <p>2-. For nebulization. The 5 mg/ml solution must be diluted with 2.5 ml of 0.9% NaCl for inhalation</p> <p>3- For nebulizer, compressed air or oxygen flow should be 6–10 L/min</p>
DIGOXIN	Lanoxin	antiarrhythmic s, inotropics digitalis glycosides	<ul style="list-style-type: none"> *Treatment of CHF *Tachyarrhythmias (Atrial fibrillation and atrial flutter) 	*Uncontrolled ventricular arrhythmias	<p><u>ARRHYTHMIAS, bradycardia, anorexia, nausea, vomiting, diarrhea, blurred vision, yellow vision</u></p>	<p>1-Monitor apical pulse for 1 full min before administering. Withhold dose and notify physician if pulse rate is <60 bpm in an adult</p> <p>2-notify physician or health care professional promptly of any significant changes in rate, rhythm, or quality of pulse.</p> <p>3-Monitor ECG throughout IV administration and periodically during therapy. Notify physician or health care professional if bradycardia or new arrhythmias occur</p> <p>4-Observe patient for signs and symptoms of toxicity. The first signs of toxicity usually include abdominal pain, anorexia, nausea, vomiting, visual disturbances,</p>

Adult 1 med summary

						bradycardia, and other arrhythmias, if occurs use immune Fab (Digibind) as antidote 5-IV doses may be given undiluted or each 1 ml may be diluted in 4 ml of sterile water, 0.9% NaCl, over a minimum of 5 min
penicillin	picillin	anti-infectives Beta-lactam antibiotic	<ul style="list-style-type: none"> Treatment of a wide variety of infections caused by susceptible (penicillin-sensitive) pathogens, including: 	Previous hypersensitivity to penicillins	diarrhea, epigastric distress, nausea, vomiting pain at IM site, phlebitis at IV site. allergic reactions including ANAPHYLAXIS and, superinfection	<p>1-Assess patient for infection (vital signs; appearance of wound, sputum, urine, and stool; WBC) at beginning of and throughout therapy</p> <p>2-Obtain specimens for culture and sensitivity before initiating therapy. First dose may be given before receiving results.</p> <p>3-Pt should remain under observation for at least 30 minutes after drug injection (until the risk of anaphylactic reaction has passed)</p> <p>4-Keep epinephrine, an antihistamine, and resuscitation equipment close by in case of an anaphylactic reaction.</p>
ceftriaxone	Rocephin	anti-infectives third-generation cephalosporins	<p>*Perioperative prophylaxis</p> <p>*Treatment of: (Skin and skin structure infections, Bone and joint infections, Urinary infections, Intra-abdominal</p>	<p>*Hypersensitivity to cephalosporins</p> <p>*Serious hypersensitivity to penicillins</p>	allergic reactions including ANAPHYLAXIS and, superinfection pain at IM site, phlebitis at IV site.	<p>1-Assess patient for infection</p> <p>2-Before initiating therapy, obtain a history to determine previous use of and reactions to penicillins or cephalosporins</p> <p>3-Obtain specimens for culture and sensitivity before initiating therapy. First dose may be given before receiving results</p> <p>4- Observe patient for signs and symptoms of anaphylaxis</p> <ul style="list-style-type: none"> 5. diluted in 50–100 ml of D5W, or 0.9% NaCl. Solution may appear light yellow to amber over 20–30 min.
METRONIDAZOLE	Flagyl	anti-infectives, antiprotozoals,	Treatment of the following anaerobic infections	*Hypersensitivity	SEIZURES, dizziness, headache	1-Assess patient for infection at beginning of and throughout therapy.

Adult 1 med summary

		antiulcer agents	*Perioperative prophylactic agent in colorectal surgery Amebicide	*First trimester of pregnancy	abdominal pain, nausea, diarrhea, dry mouth, unpleasant taste	2-Obtain specimens for culture and sensitivity before initiating therapy. First dose may be given before receiving results. 3-Monitor neurologic status during and after IV infusions. Inform physician if convulsions occur. 4-Administer oral dose with food or milk to minimize GI irritation 5- Administer IV doses as a slow infusion, each single dose over 1 hr
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