

Adult 1 med summary

Scientific name	Trade name	CLASSIFICATION(S)	INDICATIONS	Contraindication	SIDE EFFECTS	NURSING IMPLICATIONS
Salicylic acid	aspirin	antipyretics, nonopioid analgesics, anti platelet aggregation	*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 (التقيؤ)	*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</i> <i>opioid analgesics (agonists)</i>	*Moderate or severe pain *Analgesic during labor Preoperative sedation.	*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>antihypertensives</i> , <i>beta blockers (selective)</i>	*Management of hypertension *Management of angina pectoris <ul style="list-style-type: none"> Prevention of MI. 	*Cardiogenic shock *Bradycardia or heart block	Bronchospasm BRADYCARDIA hypotension	1-Monitor blood pressure, ECG, and pulse frequently 2-assess blood glucose levels may cause increase in it 3- Monitor patients of overdose (bradycardia)
captopril	Capoten	<i>antihypertensives</i> , <i>ACE inhibitors</i>	*management of hypertension *Management of CHF	*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</i> , <i>loop diuretics</i>	*Management of: Edema secondary to CHF *severe renal impairment *pulmonary edema	*Hypersensitivity *Pre-existing uncorrected electrolyte imbalance, hepatic coma, or anuria	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 ((صد)) potassium loss caused by other diuretics *Commonly used with other agents (thiazides) to treat edema or hypertension	*Hypersensitivity *Hyperkalemia.	<u>hyperkalemia</u> , 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
HEPARIN	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)			*Pulmonary emboli *Atrial fibrillation with embolization	*Severe thrombocytopenia *Open wounds (full dose)		4- Protamine sulfate is the antidote if needed 5-Caution patient to avoid IM injections and activities leading to injury
WARFARIN (ORAL)	Coumadin, Warfarin	anticoagulants	*Venous thrombosis *Pulmonary embolism *Atrial fibrillation with embolization *Management of myocardial infarction	*Uncontrolled bleeding *Open wounds *Active ulcer disease *Uncontrolled hypertension	bleeding	1-Assess patient for signs of bleeding 2-Monitor PT frequently 3-Administration of whole blood or plasma and the antidote is vitamin K . If overdose occurs 4-Caution patient to avoid IM injections and activities leading to injury NOTE:-it requires 3–5 days to reach effective levels. It is usually begun while patient is still on heparin.
ALBUTEROL	Salbutamol, Ventolin	bronchodilators, adrenergics	▪ Used as a bronchodilator in asthma or COPD Inhaln: Used as a quick-relief agent for acute bronchospasm	*Hypersensitivity	nervousness, restlessness chest pain palpitations hypokalemia. tremor.	1-Assess lung sounds, pulse, amount, color, and character of sputum produced 2-. For nebulization. The 5 mg/ml solution must be diluted with 2.5 ml of 0.9% NaCl for inhalation 3- For nebulizer, compressed air or oxygen flow should be 6–10 L/min
DIGOXIN	Lanoxin	antiarrhythmic s, inotropics digitalis glycosides	*Treatment of CHF *Tachyarrhythmias (Atrial fibrillation and atrial flutter)	*Uncontrolled ventricular arrhythmias	ARRHYTHMIAS, <u>bradycardia</u> , <u>anorexia</u> , <u>nausea</u> , <u>vomiting</u> , diarrhea, blurred vision, yellow vision	1-Monitor apical pulse for 1 full min before administering. Withhold dose and notify physician if pulse rate is <60 bpm in an adult 2-notify physician or health care professional promptly of any significant changes in rate, rhythm, or quality of pulse. 3-Monitor ECG throughout IV administration and periodically during therapy. Notify physician or health care professional if bradycardia or new arrhythmias occur 4-Observe patient for signs and symptoms of toxicity. the first signs of toxicity usually include abdominal pain, anorexia, nausea, vomiting, visual disturbances,

Adult 1 med summary

						bradycardia, and other arrhythmias, if occur 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	1-Assess patient for infection (vital signs; appearance of wound, sputum, urine, and stool; WBC) at beginning of and throughout therapy 2-Obtain specimens for culture and sensitivity before initiating therapy. First dose may be given before receiving results. 3- Pt should remain under observation for at least 30 minutes after drug injection (until the risk of anaphylactic reaction has passed) 4-Keep epinephrine, an antihistamine, and resuscitation equipment close by in case of an anaphylactic reaction.
ceftriaxone	Rocephin	anti-infectives third-generation cephalosporins	*Perioperative prophylaxis *Treatment of: (Skin and skin structure infections, Bone and joint infections, Urinary infections, Intra-abdominal	*Hypersensitivity to cephalosporins *Serious hypersensitivity to penicillins	allergic reactions including ANAPHYLAXIS and, superinfection pain at IM site, phlebitis at IV site.	1-Assess patient for infection 2-Before initiating therapy, obtain a history to determine previous use of and reactions to penicillins or cephalosporins 3-Obtain specimens for culture and sensitivity before initiating therapy. First dose may be given before receiving results 4- Observe patient for signs and symptoms of anaphylaxis <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	<p>*Perioperative prophylactic agent in colorectal surgery</p> <p>Amebicide</p>	*First trimester of pregnancy	abdominal pain, nausea, diarrhea, dry mouth, unpleasant taste	<p>2-Obtain specimens for culture and sensitivity before initiating therapy. First dose may be given before receiving results.</p> <p>3-Monitor neurologic status during and after IV infusions. Inform physician if convulsions occur.</p> <p>4-Administer oral dose with food or milk to minimize GI irritation</p> <p>5- Administer IV doses as a slow infusion, each single dose over 1 hr</p>
--	--	------------------	---	-------------------------------	---	---