#### PHARMACOLOGY & THE NURSING PROCESS

- Gather data necessary to evaluate therapoutic effects.
- Cathor data recessary to evaluate adverse reactions
   Judge if patient is capable of self-administration of treatment.
- Assess any potential risk factors Analysis/Diagnosis

- Determine if prescribed therapeutic plan is appropriate.
- Identify possible drug immedians, edverse reactions, and health problems

Compose a care plan, including nursing interventions and expected outcomes.

#### **Implementation**

- Administer the drug.
- . Educate the patient about the drug-
- . Enact measures that will enhance drug effectiveness and enintenize adverse reactions.

#### Wanted Street

- . Determine the presence or absence of the desired therapeutic response or adverse reactions
- · Identify if patient followed the regimen prescribed and is satisfied with treatment

#### DRUG NAMES

#### Chemical Name

Scientific name, describes the atomic and molecular structure of a drug

#### Generic Name

Nonproprietary name, abbreviation of the chemical name

#### Brand Name

Trade name, selected by the pharmacoutical company that made the drug

#### **EDUCATING PATIENTS**

When instructing patients on a prescribed drug, share the following:

- Drug name/category
- Dosage size/schedule
- What to do in the event of skipped dose
- How to administer. Expected response
- How the patient can enhance response. Duration of treatment.
- \*How to store the drug
- · Major and minor side effects.
  - Important possible interactions.
  - How to react to an emergency

#### DRUG INTERACTION

Additive: Two drugs with similar therapeutic effect - combined potency

Antagonistic: Two drugs taken together = decreased effectiveness of both Potentiation: One drug's potency is enhanced when combined with another

Absorption: One drug affects absorption rate of another

Metabolism: One drug affects metabolism of another, if inhibited, can cause **BORRETTY** 

#### Adverse Reactions

Caused by Patient Sensitivity

Altergic/anaphylactic reaction lidiosymcratic response

Caused by Dose

Secondary/side effects

Hypersusceptibility futrogenic effects

Overdone

#### ROUTES OF ADMINISTRATION

Orak Capsule, tablet, liquid; absorbed in Gil tract

Intravenous DVs Injection into bloodstream via vein

Intramuscular DMs: Injection into muscle: can use large doors: fast systemic action.

Intrathecal: Injection into spinal canal; affects spinal fluid

Subcutaneous (sub-Q): Injection into tissue below dermis

Sublingual: Absorbed under the tongue

Rectal/vaginal: Suppositories or preams; usually for local distribution.

Inhalation: Absorbed in lungs; gaseous form; rapid absorption

#### PHARMACOLOGY BASICS

Pharmacokinetics: Study of drugs' actions as they move through the body

Absorption: Affected by administration route, formulation, patient stress level or stomach contents, blood flow

Distribution: Affected by solubility, protein activity, blood flow

Metabolism: Affected by diseases, environment, age, genetics Exception: Through kidneys, skin, intestines, lungs, exocrine glands

Pharmacodynamics: Study of the mechanism of action of drugs within the body and how drugs produce their effects in the body

Pharmacetherapeutics: Study of drugs used to prevent, treat, or diagnose disease

#### CONSIDERATIONS ACROSS THE LIFESPAN.

#### Pregnant/Breastfeeding Women

- c metabolism are accelerated w consider higher dosages. · intestinal excetion rate decreased = longer absorption time = consider reduced dosages
- Assume all drugs can enter the fetus via placenta.
- Consult FDA risk categories for every drug before considering administration
   Weeks 3-8 present greatest risk of drug-induced malformation of fetus

- After pregnancy, doses should be taken directly after breestfeeding to ensure minimal drug concentration in breast milk for next feeding.

#### Pediatric Patients

- Assume increased drug sensitivity due to immeture organ system.
- Infants have imegular gastric patterns absorption rates may vary
- Infants/young children have thin skin = rapid topical drug absorption.
- \*Infants' blood-brain barrier not fully developed increased sensitivity to CNS drugs, risk
- Neonates absorb IM drugs slower than adults: infants absorb IM drugs faster
- Infants have reduced protein-binding ability = high free concentrations of drugs
- User and kidneys not fully developed until after 1 year of life; assume reduced ability for hepotic and renal metabolism in infants
- In children over 1 year of age, drug metabolism rate is higher than adults.
- Children may have unique side effects to certain drugs, including suppressed growth

General rule for dooing adjustment:
 Body surface area of shild x Ashift dots: = approx. dose for child

Patient education should include instructions for how to account for spitting or spilling of medication, avoiding multiple desing

#### Geriatric Patients

- Assume increased drug sensitivity due to deteriorated organ system
   Reactions vary greatly based on individual patient condition

- Rate of absorption generally slowed = delayed therapoutic response
   Hepatic metabolism rate likely slowed = longer therapoutic response
   Hepatic metabolism as accumulation of drug, increased risk of authorizer afflication
- Determine creatinine dearance prior to drug administration to assess. nemal functions
- Intentional failure to follow prescribed regimen a common problem;
- longer or more extensive patient education may be required Anticipate, assess, and/or manage drug interactions carefully



Schedule Class	Characteristics	
Schedule 1: C-II	High abuse potential; not legal; no acceptable medical use; no prescriptions available	
Schedule 2: C-8	High abuse potential and severe dependence liability, current, accepted medical use; prescription drug-signed, not stamped prescription; 30-day supply, no refills.	1
Schedule 3: C-III	Less abuse potential; low-moderate physical dependence; high psychological dependence; by prescription only, expires within 6 months; max. 5 refills on one script.	3
Schedule 4: C-IV	Less abuse potential than C-81 drugs; accepted medical use; limited physical and psychological dependence; written or verbal prescription, expires within 6 months; max. 5 refills on one script	0
Schedule Sr C-V	Limited abuse potential; accepted medical use: small amounts of narcotics used as antitusives icough medicine) or antidianheals; may not need a prescription but must be recorded as a transaction	1

Heroin, LSO, cocaine, marijuana, methaqualone Opium, morphine, coca, methadone	
Amphetamines, codeine, barbiturates, Valium, Kanax, anabolis, steroids	

Chloral hydrate, meptrobamate, paraldehyde, phenobarbital. Promethatine with codeline (cough medicine) oligiberronylate (articliambeal)

# **Study Guide For Nursing Pharmacology**

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Study Guide for Nursing Pharmacology Norma L. Pinnell, Norma Nolan Pinnell, Myrna Brenner Wacker, 1996 Step by step chapter by chapter this Study Guide corresponds to the outstanding Nursing Pharmacology text by Norma L Pinnell MSN RN A wide variety of exercises provide easy and effective ways for you to build a solid understanding of every aspect of this complex area of practice Reviews of Key Terms let you define the new terminology introduced in each chapter Matching Exercises give you an opportunity to pair terms with their appropriate definitions drugs with the desired therapeutic effect and more Critical Thinking Activities provide brief thought provoking clinical challenges and ask you to come up with the most effective nursing interventions Case studies describe particular clinical situations in detail followed by questions to stimulate your critical thinking skills and give you practice in developing nursing diagnoses interventions and expected outcomes A variety of questions test your knowledge of the drug prototypes and their pharmacological characteristics

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outline of the corresponding textbook chapter offering you the opportunity to test your knowledge and skill in drug dosage calculation **Study Guide for Focus on Nursing Pharmacology** Amy Morrison Karch, Maryann Foley, 2009 This study guide is designed to accompany the Fifth Edition of Focus on Nursing Pharmacology It includes NCLEX style questions matching questions true false questions short answer questions and other exercises to reinforce the content of the text

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