

Nursing Pharmacology

Drug classes, prototypes, warnings, indications, administration & more

PHARMACOLOGY & THE NURSING PROCESS

Assessment

- Gather data necessary to evaluate therapeutic effects
- Gather data necessary 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 interactions, adverse reactions, and health problems

Planning

- 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 minimize adverse reactions

Evaluation

- 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 pharmaceutical 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 INTERACTIONS

Additive: Two drugs with similar therapeutic effect = combined potency

Antagonistic: Two drugs taken together = decreased effectiveness of both

Potentialistic: 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 toxicity

Adverse Reactions

Caused by Patient Sensitivity

Allergic/anaphylactic reaction
Idiosyncratic response

Caused by Dose

Secondary/side effects
Hypersensitivity
Idiosyncratic effects
Overdose

ROUTES OF ADMINISTRATION

Oral: Capsule, tablet, liquid; absorbed in GI tract

Intravenous (IV): Injection into bloodstream via vein

Intramuscular (IM): Injection into muscle; can use large doses; 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 creams; 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

Excretion: 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

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

CONSIDERATIONS ACROSS THE LIFESPAN

Pregnant/Breastfeeding Women

- Renal excretion rate and hepatic metabolism are accelerated = consider higher dosages
- Intestinal excretion 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 breastfeeding to ensure minimal drug concentration in breast milk for next feeding

Pediatric Patients

- Assume increased drug sensitivity due to immature organ system
- Infants have irregular 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 of toxicity
- Neonates absorb IM drugs slower than adults; infants absorb IM drugs faster
- Infants have reduced protein-binding ability = high free concentrations of drugs
- Liver and kidneys not fully developed until after 1 year of life; assume reduced ability for hepatic 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 dosing adjustment:
Body surface area of child x Adult dose = approx. dose for child
1.73 m²
- Patient education should include instructions for how to account for spitting or spilling of medication, avoiding multiple dosing

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 therapeutic response
- Hepatic metabolism rate likely slowed = longer therapeutic response
- Renal excretion slowed = accumulation of drug, increased risk of adverse effects
- Determine creatinine clearance prior to drug administration to assess renal function
- 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



SCHEDULES OF CONTROLLED SUBSTANCES

Schedule Class	Characteristics	Examples
Schedule 1: C-I	High abuse potential; not legal; no acceptable medical use; no prescriptions available	Heroin, LSD, cocaine, marijuana, methaqualone
Schedule 2: C-II	High abuse potential and severe dependence liability; current, accepted medical use; prescription drug signed, not stamped prescription; 30-day supply; no refills	Opium, morphine, coca, methadone
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	Amphetamines, codeine, barbiturates, Valium, Xanax, anabolic steroids
Schedule 4: C-IV	Less abuse potential than C-III drugs; accepted medical use; limited physical and psychological dependence; written or verbal prescription; expires within 6 months; max. 5 refills on one script	Chloral hydrate, meperidine, paraldehyde, phenobarbital
Schedule 5: C-V	Limited abuse potential; accepted medical use; small amounts of narcotics used as antitussives (cough medicine) or antidiarrheals; may not need a prescription but must be recorded as a transaction	Promethazine with codeine (cough medicine), diphenoxylate (antidiarrheal)

Study Guide For Nursing Pharmacology

Amy Morrison Karch, Maryann Foley



Study Guide For Nursing Pharmacology:

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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Focus on Nursing Pharmacology + Study Guide + Interactive Tutorials + Medical-surgical ... Lippincott Williams & Wilkins,2009

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Study Guide to Accompany Introductory Clinical Pharmacology Sally S. Roach,Jeanne C Scherer, RN, BSN, MS,Roach,1999-11

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