

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)

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**Linda Lane Lilley, Shelly Rainforth
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