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Nursing Pharmacology (Quick Study: Academic)

Quick Study ACADEMIC

Nursing Pharmacology

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

PHARMACOLOGY & THE NURSING PROCESS

Assessment

- Gather data necessary to evaluate therapeutic effects
- Gather data needed to evaluate adverse reactions
- Assess if patient is capable of self-administration of health care
- Assess any potential risk factors

Analysis/Diagnosis

- Determine if potential therapeutic goals are appropriate
- Identify possible drug interactions, adverse reactions, and health problems

Planning

- Complete a care plan, including nursing interventions and expected outcomes

Implementation

- Advise the patient about the drug
- Educate the patient about the drug
- Assess outcomes that will evaluate drug effectiveness and minimize adverse reactions

Evaluation

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

DRUG NAMES

Chemical Name
Scientific name, describes the associated molecular structure of a drug

Generic Name
Name necessary 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 instructions
- What to do in the event of a missed dose
- How to administer
- 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 in an emergency

DRUG INTERACTIONS

Additive Two drugs with similar therapeutic effect = combined potency

Antagonistic Two drugs taken together = decreased effectiveness of both

Pharmacokinetic One drug's entry or enhanced entry can be affected by another

Absorptive One drug affects absorption of another

Metabolic One drug affects metabolism of another (inhibited, can cause toxicity)

Adverse Reactions

Caused by Patient Sensitivity
Idiosyncrasy/toxic reaction
Allergic response

Caused by Dose
Secondary/toxic effects
Toxicity/overdose
Management effects
Chelation

ROUTES OF ADMINISTRATION

Oral Capsule, tablet, liquid absorbed in GI tract

Intravenous (IV) Injections into bloodstream

Intramuscular (IM) Injections into muscle, can use large doses; fast response action

Intrathecal Injections into spinal canal; affects spinal fluid

Subcutaneous (Sub-Q) Injections into tissue below dermis

Sublingual Absorbed under the tongue

Rectal/anal Suppositories or enemas; ready for local distribution

Inhalation Absorbed in large quantity from nasal passages

PHARMACOLOGY BASICS

Pharmacokinetics Study of drug's actions as they move through the body

Absorption Affected by administration route, formulation, patient's site level or stomach contents, blood flow

Distribution Affected by solubility, protein binding, blood flow

Metabolism Affected by disease, 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 similar to general, local, or diagnostic classes

CONSIDERATIONS ACROSS THE LIFESPAN

Pregnant/Breastfeeding Women

- Fetal excretion rate and hepatic metabolism are accelerated = consider higher dosages
- In newborns, excretion rate decreased = longer absorption time = consider reduced dosages
- Assume all drugs can cross the placenta
- Consult FDA risk categories for a new drug before considering administration
- Discuss if it poses a greater risk of congenital malformation of fetus
- After pregnancy, discuss if drug should be taken shortly after breastfeeding to ensure minimal drug exposure to breast milk for next feeding

Pediatric Patients

- Absorb increased drug sensitivity due to immature organ system
- Infants have immature gastric systems = absorption rates may vary
- In young children have thin skin = rapid topical drug absorption
- Infants' blood brain barrier not fully developed = increased permeability to CNS drugs, risk of toxicity
- Neonates absorb 80% drugs slower than adults; infants absorb 50% drug faster
- Infants have reduced protein-binding ability = high free-concentration 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 (BSA) calculation** = approx. dose for child
- Patient education should include instructions for how to adjust for spilling or soiling of medication, avoiding multiple dosing

Geriatric Patients

- Absorb increased drug sensitivity due to decreased organ system
- Reaction very 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
- Monitor of status for below-expected response to common problems
- Larger or more extensive patient education may be needed
- No formula, assess, and/or manage drug interactions carefully

SCHEDULES OF CONTROLLED SUBSTANCES

Schedule Class	Characteristics	Examples
Schedule I (C-I)	High abuse potential; no medical use; no prescriptions available	Heroin, LSD, cocaine, marijuana, methamphetamine
Schedule II (C-II)	High abuse potential; some dependence liability; no over-the-counter use	Opioids, amphetamines, barbiturates
Schedule III (C-III)	Less abuse potential; low-moderate physical dependence; high psychological dependence; by prescription only; abuse within 6 months; no over-the-counter use	Alcohol, benzodiazepines, barbiturates, opioids, amphetamines, stimulants
Schedule IV (C-IV)	Less abuse potential than C-III; accepted medical use; limited physical and psychological dependence; with or without prescription; requires a prescription; no over-the-counter use	Clonidine, hydrocodone, propofol, etomidate
Schedule V (C-V)	Low abuse potential; accepted medical use; no dependence liability; with or without prescription; may or may not require a prescription	Paracetamol with codeine, cough medicine, diphenhydramine



Synopsis

Having proficient knowledge of medical drugs and their effects on the human body is an especially important part of a nurse's duties • therefore, nursing students or those already practicing will find much to learn from when using our newest 3-panel guide. Color-coded sections feature comprehensive information on different types of drugs, their uses, how they're administered and any possible side effects. It's a fluff-free reference tool guaranteed to become a nurse's best friend.

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Customer Reviews

Pharmacology is one of those subjects I will always be studying throughout my career as a RN. This guide covers all the basics of pharma - drug classes, prototypes, warnings, indications, administration routes, common drug interactions, and patient education. This does not replace the drug reference handbooks or my pharmacology books I use in class and clinicals. But, it does provide an excellent review and handy guide for quick reference before a test or nursing skills workshops.

I bought many of these cards (in different subjects) from and they were a GREAT help in nursing school and now as a Nurse I find I refer to them all the time. Recommend highly!

Excellent resource for any nursing student. Love everything about it. Will be a big help with giving

drugs and a really great review!

I ordered several of the Quickstudy guides for nursing school. I love the layout of these and having a significant amount of information easily accessible! I think these will come in handy during school.

i like it, very short and sweet and will keep coming back to it, of course this does not replace 2 semesters worth of pharmacology, but its a quick and simple guide to the most common drugs that I've encountered.

If you don't feel like carrying a big pharmacology book to your clinical rotations, and you don't have an iPhone to get free apps. Well this quick study pharm comes handy. I have an android phone, so I don't get the Nursing Central app for free. However, once you know your drugs classifications, just use this as a reference. Trust and believe me you'll be able to understand why your client is getting it, the side effects and even do your client teaching...

I just took my NCLEX and am very glad I used this to prep. It groups meds by classification, and has interactions and nursing considerations. Highly recommend using this. You can do it!

Super helpful quick reference. Great for veteran nurses and students!! Found this item to be very very helpful. Defiantly recommend.

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