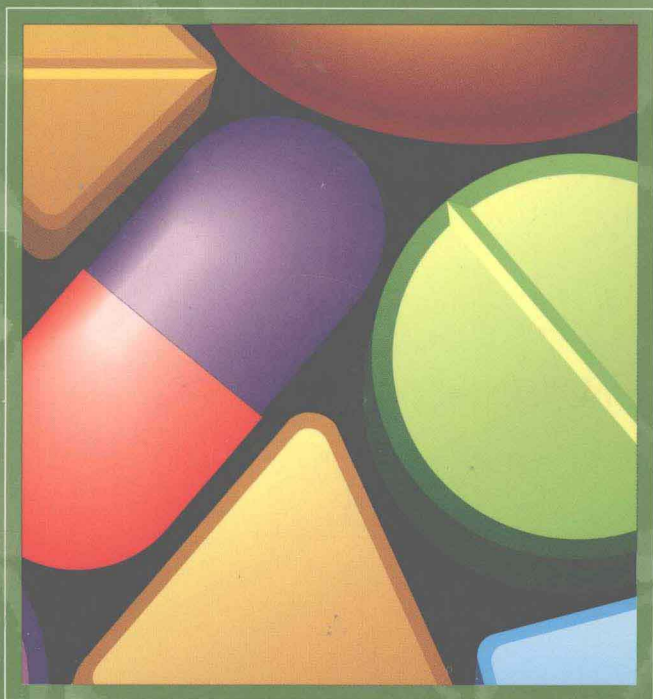


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2001 **LIPPINCOTT'S** **Nursing** **Drug Guide**



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2001

Lippincott's Nursing Drug Guide

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ISSN: 1081-857X

ISBN: 0-7817-2556-9

2001 Quick Access Photo Guide to Pills and Capsules—Adapted from Facts and Comparisons, St. Louis, MO

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The authors, editors and publisher have exerted every effort to ensure that drug selection and dosage set forth in this text are in accordance with current recommendations and practice at the time of publication. However, in view of ongoing research, changes in government regulations, and the constant flow of information relating to drug therapy and drug reactions, the reader is urged to check the package insert for each drug for any change in indications and dosage and for added warnings and precautions. This is particularly important when the recommended agent is a new or infrequently employed drug.

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Preface

The number of clinically important drugs increases every year, as does the nurse's responsibility for drug therapy. No nurse can memorize all the drug information needed to provide safe and efficacious drug therapy. The *2001 Lippincott's Nursing Drug Guide* provides the drug information nurses need in a concise, ready-access format and presents nursing considerations related to drug therapy in the format of the nursing process, a framework for applying basic pharmacologic information to patient care. It is intended for the student nurse who is just learning how to apply pharmacologic data in the clinical situation, as well as for the busy practicing professional nurse who needs a quick, easy-to-use guide to the clinical use of drugs. This book provides broad coverage of the drugs commonly encountered by nurses and of drugs whose use commonly involves significant nursing intervention. Commonly used medical abbreviations are found throughout the book and are defined in the list of Commonly Used Medical Abbreviations located on the inside front cover and the facing page.

Part I

The first section of this book provides a concise review of the nursing process and its application to pharmacologic situations, including a concise example of how to use the drug guide to apply the nursing process. A review of selected drug classifications provides a convenient, complete summary of the drug information pertinent to drugs in each class. The Compendium of Adverse Effects includes guidelines for nursing interventions as related to adverse drug effects.

Part 2

Drug information is presented in monograph form, with the monographs arranged alphabetically by generic name. Each page of the book contains guide words at the top, much like a dictionary, to facilitate easy access to any drug. The right hand edge of the book contains letter guides, again to facilitate finding a drug as quickly as possible.

Complete Drug Monographs

Each drug monograph is complete in itself—that is, it includes all of the clinically important information that a nurse needs to know to give the drug safely and effectively. Every monograph begins with the drug's generic (nonproprietary) name; an alphabetical list of the most common brand names, including common brand names found only in Canada (noted by the designation CAN); a notation indicating if the drug is available as an OTC drug; the drug's pregnancy category classification, and schedule if it is a controlled substance.

- Commonly accepted pronunciation (after *USAN and the USP Dictionary of Drug Names*, 1997) is provided to help the nurse feel more comfortable discussing the drug with other members of the health care team.
- The clinically important drug classes of each drug are indicated to put the drug in appropriate context.
- The therapeutically useful actions of the drug are described, including, where known, the mechanism(s) by which these therapeutic effects are produced; no attempt is made to list *all* of the drug's known actions here.
- Clinical indications for the drug are listed, including important non-FDA approved, or "unlabeled," indications as well as orphan drug uses where appropriate.
- Contraindications to drug use and cautions that should be considered when using the drug are listed.
- The pharmacokinetic profile of the drug is given in table form to allow easy access to such information as half-life, peak levels, distribution, and so on, offering a quick reference on how the drug is handled by the body.

- Dosage information is listed next, including adult, pediatric, and geriatric, and dosages for different indications when these differ. A listing of the available forms of each drug serves as a guide for prescribing or suggesting alternate routes of administration. Details of drug administration that must not be overlooked for the safe administration of the drug (eg, “Dilute before infusing” or “Infuse *slowly* over 30 minutes”) are included in the dosage section, but other aspects of drug administration (eg, directions for reconstituting a powder for injection) are presented under “Implementation” in the next section of the monograph. If there is a treatment for the overdose of this drug, that information is indicated in a separate section.
- The **IV Facts** section gives concise, important information that is needed for drugs given IV—dilution, flow rate, compatibilities—making it unnecessary to have a separate IV handbook.
- Commonly encountered adverse effects are listed by body system, with the most commonly encountered adverse effects appearing in *italics* to make it easier to assess the patient for adverse effects and to teach the patient about what to expect. Potentially life-threatening adverse effects are in **bold** for easy access. Adverse effects that have been reported, but appear less commonly or rarely, are also listed to make the drug information as complete as possible.
- Clinically important interactions are listed separately for easy access: drug-drug, drug-food, drug-laboratory test, drug-alternative therapy—for interferences to consider when using the drug and any nursing action that is necessary because of this interaction.

Clinically Focused Nursing Considerations

The remainder of each monograph is concerned with nursing considerations, which are presented, as stated above, in the format of the nursing process. The steps of the nursing process are given slightly different names by different authorities; this handbook includes: assessment (history and physical exam), implementation, and drug-specific teaching points for each of the drugs presented.

- 1) **Assessment:** Outlines the information that should be collected before administering the drug. This section is further divided into two subsections:
 - *History:* Includes a list of those underlying conditions that constitute contraindications and cautions for use of the drug.
 - *Physical Assessment:* Provides data, by organ system, that should be collected before beginning drug therapy, both to allow detection of conditions that are contraindications/cautions to the use of the drug and to provide baseline data for detecting adverse reactions to the drug and monitoring for therapeutic response.
- 2) **Implementation:** Lists, in chronologic order, those nursing activities that should be undertaken in the course of caring for a patient who is receiving the drug. This includes interventions related to drug preparation and administration, the provision of comfort and safety measures, drug levels to monitor, as appropriate.
- 3) **Drug-Specific Teaching Points:** Includes specific information that is needed for teaching the patient who is receiving this drug. Proven “what to say” advice can be transferred directly to patient teaching printouts and used as a written reminder. (A sample teaching printout is provided at the end of the book for easy copying.)

Evaluation is usually the last step of the nursing process. In all drug therapy, the patient should be evaluated for the desired effect of the drug as listed in the *Indications* section; the occurrence of adverse effects, as listed in the *Adverse Effects* section; and learning following patient teaching, as described in the *Drug-Specific Teaching Points* section. These points are essential. In some cases, evaluation includes monitoring specific therapeutic serum drug levels; these cases are specifically mentioned in the *Implementation* section. The *Anatomy of a Monograph* on pages 8 and 9 gives an example of how the drug monograph can be used to

establish a nursing care plan, to develop a patient teaching printout, and to incorporate the nursing process into drug therapy.

Appendices

The appendices contain information that is useful to nursing practice but may not lend itself to the monograph format—a detailed combination drug reference, biologicals, topical drugs, vitamins, laxatives, ophthalmic preparations, adjuncts to general anesthesia, peripheral vasodilators, general anesthetics, topical corticosteroids, alternative and complementary therapies, less commonly used or orphan drugs—as well as pregnancy categories (for U. S. drugs), schedule of controlled substances (for U. S. and Canadian drugs), formulas for dosage calculations, pediatric nomograms, list of nursing diagnoses, guide for injections, recommended immunization schedules for adults and children, equianalgesic dosages for narcotics, common cancer chemotherapy combinations, regimen for endocarditis prophylaxis, guides to drug compatibility and drug compatibility in syringes, the patient teaching guide, important dietary sources for patient teaching, a listing of drugs that cannot be cut, crushed, or chewed, logarithm for the treatment of hypertension, immunization guide for travelers, and a list of drugs withdrawn or discontinued since the last edition. A suggested bibliography follows the appendices.

Index

An extensive index provides a ready reference to drug information. The **generic** name of each drug is highlighted in bold. If the generic name of a drug is not known, the drug may be found quickly by using *whatever* name is known. *Brand names* are listed in italics, commonly used chemical names and any commonly used “jargon” name (such as IDU for idoxuridine) are in plain print. In addition, the index lists drugs by clinically important classes—pharmacologic and therapeutic. If you know a patient is taking an antianginal drug and don’t remember the name, reviewing the list of drugs under **Antianginals** may well help recall the name. Chlorpromazine, for example, is listed by its generic name, by all of its brand names, and by classes as an Antipsychotic (a therapeutic classification), as a Phenothiazine (the pharmacologic class), and as a Dopaminergic Blocking Drug (a classification by postulated mechanism of action). The comprehensive index helps to avoid cross-referencing from within the text, which is time consuming and often confusing.

2001 Quick Access Photo Guide

Full color photo guide presents nearly 400 pills and capsules, representing the most commonly prescribed generic and trade drugs in the community.

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- Greatly expanded Alternative and Complementary Therapies section
- Expanded “Less Commonly Used and Orphan Drugs” section
- All new “Advice for Travelers” appendix with guidelines for prophylactic therapy before traveling
- All new list of “Drugs That Cannot Be Cut, Crushed, or Chewed”
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The free mini CD-ROM contains the 200 most commonly prescribed drugs and a template for the development of patient teaching printouts. This CD-ROM is compatible with virtually all computer systems and can be used to prepare your own study aids, to develop nursing care plans, to prepare your own patient teaching printouts, and to customize patient and staff teaching tools.

Added Benefit

With this guide comes access to free quarterly drug updates delivered to you throughout the year via the lww.com/drugguide web site. Get the hottest drug information available, including the latest FDA drug approvals and advances in clinical pharmacology.

This sixth edition incorporates many of the suggestions and requests that have been made by the users of earlier editions of this book. It is hoped that the overall organization and concise, straightforward presentation of the material in the *2001 Lippincott's Nursing Drug Guide* will make it a readily used and clinically useful reference for the nurse who needs easily accessible information to facilitate the provision of drug therapy within the framework of the nursing process. It is further hoped that the thoroughness of the additional sections of the book will make it an invaluable resource that will replace the need for several additional references.

Amy M. Karch, RN, MS

Acknowledgments

I would like to thank the many people who have made this book possible. My students and colleagues, past and present, who have helped me learn how to make pharmacology usable in different areas of nursing practice and who have so generously shared their experience to make this book even more clinically useful; the users of the past editions of this book who have taken the time to make suggestions and provide valuable comments; my editor at Lippincott Williams & Wilkins, Margaret Zuccarini, who believed in this project and provided encouragement and humor when it was needed most; Helen Kogut, editorial assistant extraordinaire, who mastered all of the minute details and kept communication flowing and everything organized; Erika Kors, a wonderful editor who renewed my faith in the process and kept me updated with laughs and weather reports; Michael Carcel and Doug Smock for their production and design expertise; Helen Ewan, who always had the right answers; my best friend and husband, Dr. Fred Karch, who shares so much knowledge about pharmacology, computers and medicine and keeps me posted about new drugs and developments; Cider, the world's most patient golden retriever; Pat Palmer who keeps me laughing and reality based; and Tim, Jyoti, Mark, Janelle, Cortney and Kathryn who are so supportive and who have grown up expecting late dinners, short tempers, and piles of paper everywhere, and have always provided new challenges, smiles, happiness, and sunshine.

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Part **1**

Nursing Process Guidelines Related to Drug Administration

The delivery of medical care today is in a constant state of change and sometimes in crisis. The population is aging, resulting in more chronic disease and more complex care issues. The population is transient, resulting in unstable support systems, fewer at-home care providers and helpers. At the same time, medicine is undergoing a technological boom (eg, CAT scans, NMRI, experimental drugs). Patients are being discharged earlier from the acute care facility or not being admitted at all for procedures that used to be treated in the hospital with follow-up support and monitoring. Patients are becoming more responsible for their own care and for following complicated medical regimens at home.

Nursing is a unique and complex science and a nurturing and caring art. In the traditional sense, nurses have always been seen as ministering to and soothing the sick. In the current state of medical changes, nursing also has become more technical and scientific. Nurses have had to assume increasing responsibilities involved not only with nurturing and caring, but with assessing, diagnosing, and intervening with patients to treat, prevent, and educate to help people cope with various health states.

The nurse deals with the whole person—the physical, emotional, intellectual, and spiritual aspects—considering the ways that a person responds to treatment, disease, and the change in lifestyle that may be required by both. The nurse is the key health care provider in a position to assess the patient—physical, social, and emotional aspects—to administer therapy and medications, teach the patient how best to cope with the therapy to ensure the most effectiveness, and evaluate the effectiveness of therapy. This requires a broad base of knowledge in the basic sciences (anatomy, physiology,

nutrition, chemistry, pharmacology), the social sciences (sociology, psychology) and education (learning approaches, evaluation).

Although all nursing theorists do not completely agree on the process that defines the practice of nursing, most include certain key elements in the nursing process. These elements are the basic components of the decision-making or problem-solving process: assessment (gathering of information), diagnosis (defining that information to arrive at some conclusions), intervention (eg, administration, education, comfort measures), and evaluation (determining the effects of the interventions that were performed). The use of this process each time a situation arises ensures a method of coping with the overwhelming scientific and technical information confounding the situation and the unique emotional, social, and physical aspects that each patient brings to the situation. Using the nursing process format in each instance of drug therapy will ensure that the patient receives the best, most efficient, scientifically based holistic care.

Assessment

The first step of the nursing process is the systematic, organized collection of data about the patient. Because the nurse is responsible for holistic care, these data must include information about physical, intellectual, emotional, social, and environmental factors. They will provide the nurse with information needed to plan discharge, plan educational programs, arrange for appropriate consultations, and monitor physical response to treatment or to disease. In actual clinical practice, this process never ends. The patient is not in a steady state but is dynamic, adjusting to physical, emotional, and environmental influences. Each nurse develops a unique approach to the organization of the assessment, an approach that is functional