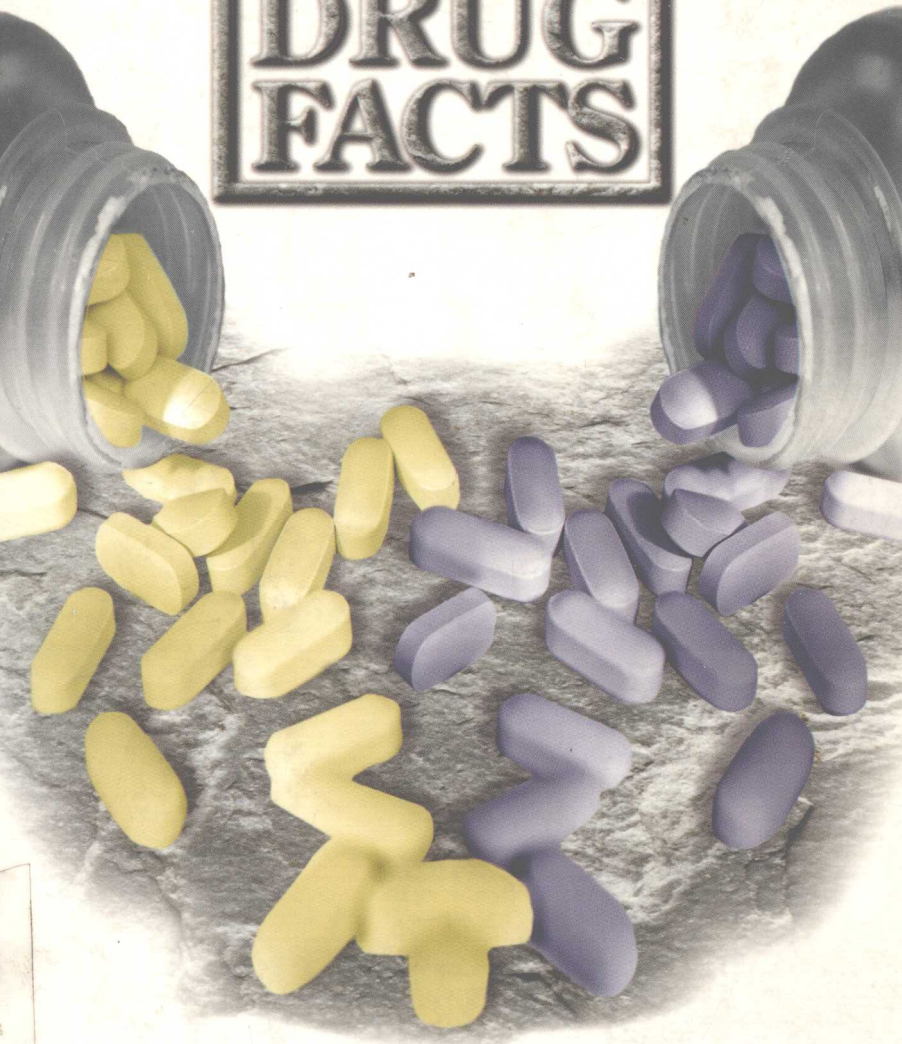


A^{to}Z DRUG FACTS



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A-Z Drug Facts™

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Introduction

A-Z Drug Facts was developed with the health care provider in mind. The book is designed to provide vital drug information in a format that is both easy to understand and readily accessible. *A-Z Drug Facts* contains more than 600 full drug monographs, plus abbreviated monographs for combination drugs, orphan drugs, and AIDS drugs in development. Each monograph covers pharmacology considerations and patient care considerations.

Monographs are organized alphabetically by generic drug name. Consistent sections and unique icons are used to create a visual roadmap to help navigate the information. The standard format used throughout the book makes the information clear and easy to find. The following outlines what you'll find in each category.

Monograph Organization

Pharmacology considerations: The top half of each monograph contains detailed drug information. The following sections are included:

Drug Name: Generic drug name and common synonyms are listed in each monograph header. A slash between drug names indicates a combination product.

Class: Facts and Comparisons' drug classification is used. A semicolon separates two equal therapeutic classes (eg, Cardiovascular; Antineoplastic) when a drug is indicated for very different uses (eg, corticosteroids for cancer or for poison ivy). A slash is used to separate a class and a subclass (eg, Antibiotic/Cephalosporin).

Phonetic Pronunciation: A guide is provided for generic drug names. Pronunciations for commonly used terms, such as acid, have not been given. The pronunciations are based on the USAN Council officially designated pronunciations. The syllable in capital letters receives the emphasis.

Trade Name: U.S. trade names are listed for each drug in italics. If none are available the statement "available as generic only" appears. Common Canadian trade names are provided whenever possible following the list of U.S. names. A maple leaf appears at the beginning of the Canadian list. If a trade name is available both in the U.S. and Canada it appears under the U.S. list only.

Action: A brief, simple description of the drug's action is provided.

Indications: All approved indications are included. For some antibiotics a general statement regarding susceptible microorganisms is listed instead of listing the entire microbial spectrum, which could be quite lengthy. Common unlabeled uses and orphan drug uses are included when appropriate.

Contraindications: All known contraindications are included. Hypersensitivity to a given drug is always a contraindication and, therefore, this fact is assumed and has not been repeated for every monograph. "Standard Considerations" appears when there are no specific contraindications other than hypersensitivity.

Route/Dosage: Route of administration and the pertinent dosages are provided. Standard abbreviations are used when possible (see Standard Abbreviations, page xv). Route and dosage are organized by age group, route and specific condition when appropriate.

Interactions: Potential drug interactions are listed alphabetically followed by any incompatibilities. "None well documented" appears when there is no specific information.

Lab Test Interferences: Potential lab test interferences are listed alphabetically. "None well documented" appears when there is no specific information.

Adverse Reactions: Common (1% or greater incidence) or life-threatening reactions are included. Adverse reactions are classified according to abbreviated body system (see Standard Abbreviations, page xv).

Precautions: Information regarding pregnancy (including FDA category), lactation, children, elderly, and special risk patients is included. For pregnancy Category X drugs, any applicable information regarding birth control use is also included.

Patient Care Considerations: The bottom half of each monograph contains information specific to nursing care. The following sections are included:

Administration/Storage: Information includes timing of administration, methods of administration, whether or not to crush, chew or swallow certain dose forms, reconstitution/dilution specifics, general storage guidelines, safe handling and disposal. Storage temperature ranges are given and generally are as follows:

Controlled Room Temperature	=	20° to 25°C (68° to 77°F)
Refrigeration	=	2° to 8°C (36° to 46°F)
Freezing	=	-20° to -10°C (-4° to 14°F)

Assessment/Interventions: Information includes actions to take before/ during/after drug administration, assessing for allergy, history, preconditions, dietary and social habits.

Overdosage: Information not available for all drugs. Specific signs and symptoms that might signal an overdose are included when appropriate.

Patient/Family Education: Information to share with patient and/or family is listed, including how/when to take medication, side effects to watch for, actions to take to counteract/minimize side effects, cautions on hazardous activities, and general safety precautions.

The following information is not stated because it is assumed that, for every drug, the health care provider will take these patient education actions:

1. Discuss name, action, and side effects of drug.
2. Instruct patient to take medication exactly as prescribed. Tell patient not to adjust dosage, skip dose, or discontinue medication without notifying the prescriber.
3. Advise patient that if a dose is missed, contact prescriber.
4. Instruct patient to complete full course of medication as prescribed unless otherwise directed by prescriber.
5. Instruct patient to keep medication out of reach of children.
6. Give patient written information if appropriate.

Combination Drugs

Combination drugs not included in the general monograph section are summarized in table format. Generic name, trade name, strength and average adult dose are listed.

Orphan Drugs

Drug or biological products for the diagnosis, treatment or prevention of rare diseases or conditions. A rare disease is one which affects <200,000 persons in the U.S. or one which affects >200,000 persons but for which there is no reasonable expectation that the cost of developing the drug and making it available will be recovered from sales of that drug in the U.S.

AIDS Drugs in Development

Investigational agents specific to AIDS that are in any phase of clinical trials, usually Phase II or later.

Appendices

The appendices include a variety of reference material designed to offer a quick guide to often needed information. They include the FDA Pregnancy Categories, General Management of Acute Overdosage, Management of Hypersensitivity Reactions, Calculations, International System of Units, and Normal Laboratory Values.

Color Locator

A four-color drug identification guide follows Appendix H. More than 900 prescription drugs are represented. Each photograph includes designated schedule, trade name, strength and identification imprint (if available). The photographs are organized by color and are listed in a separate Color Locator index.

Using the Index

The index includes generic and trade drug names (including Canadian trade names) followed by the number of their monograph page. Trade drug names appear in italics and Canadian trade names are indicated with a [C].

Standard Abbreviations

ABGs	arterial blood gases	HEMA	hematologic
AIDS	acquired immunodeficiency syndrome	HEPA	hepatic
ALT	alanine aminotransferase (previously SGPT)	Hgb	hemoglobin
APTT	activated partial thromboplastin time	HIV	human immunodeficiency virus
ARDS	adult respiratory distress syndrome	hr	hour
AST	aspartate aminotransferase (previously SGOT)	I&O	intake and output
AV	atrioventricular	IM	intramuscular
bid	twice daily	IND	investigational new drug
bpm	beats per minute	IOP	intraocular pressure
BP	blood pressure	IU	international units
BSA	body surface area	IV	intravenous
BUN	blood urea nitrogen	kg	kilogram
°C	degrees Celsius	L	liter
Cal	Calorie (kilocalorie)	LDH	lactate dehydrogenase
CBC	complete blood count	LDL	low-density lipoprotein
cc	cubic centimeter	LOC	level of consciousness
CDC	Centers for Disease Control and Prevention	m	meter
CHF	congestive heart failure	m ²	square meter
CN	cranial nerve	MAO	monoamine oxidase
CNS	central nervous system	mcg	microgram
COPD	chronic obstructive pulmonary disease	mEq	milliequivalent
CPK	creatine phosphokinase	META	metabolic
CSF	cerebrospinal fluid	mg	milligram
CT	computed tomography	MI	myocardial infarction
cu	cubic	min	minute
Cu	copper	ml	milliliter
CV	cardiovascular	mm	millimeter
CVP	central venous pressure	mm ³	cubic millimeter
D5W	5% Dextrose in Water	mm Hg	millimeters of mercury
D10W	10% Dextrose in Water	mo	month
DERM	dermatologic	mOsm	milliosmole
DIC	disseminated intravascular coagulation	MRI	magnetic resonance imaging
dl	deciliter (100 ml)	npo	nothing by mouth
DNA	deoxyribonucleic acid	NSAID	nonsteroidal anti-inflammatory drug
ECG	electrocardiogram	ng	nanogram
EDTA	ethylenediamine tetraacetic acid	NK	natural killer (cells)
EEG	electroencephalogram	otc	over-the-counter (nonprescription)
EENT	eye, ear, nose, throat	oz	ounce
ELISA	enzyme-linked immunosorbent assay	PABA	para-aminobenzoic acid
EMIT	enzyme-multiplied immunoassay test	PAC	premature atrial contraction
°F	degrees Fahrenheit	pH	negative log of hydrogen ion concentration
FDA	Food and Drug Administration	PMS	premenstrual syndrome
G-6-PD	glucose-6-phosphate dehydrogenase	pCO ₂	carbon dioxide pressure (tension)
GABA	gamma-aminobutyric acid	pO ₂	oxygen pressure (tension)
GI	gastrointestinal	PO	by mouth
gtt	drops	ppm	parts per million
GU	genitourinary	prn	as needed
Hct	hematocrit	PR	per rectum
HDL	high-density lipoprotein	pt	pint
		PT	prothrombin time
		PTT	partial thromboplastin time
		PVC	premature ventricular contraction
		q	every
		qd	every day
		q hr	every hour
		qid	four times daily

A-Z DRUG FACTS

qod	every other day	SPF	sun protection factor
q 2 hr	every 2 hours	STD	sexually transmitted disease
qt	quart	tid	three times daily
RBC	red blood cell count	Tbsp	tablespoon
RDA	Recommended Dietary Allowance	TPN	total parenteral nutrition
RDS	respiratory distress syndrome	TSH	thyroid-stimulating hormone
RNA	ribonucleic acid	tsp	teaspoon
SC	subcutaneous	U	unit
sec	second	UTI	urinary tract infection
SIADH	syndrome of inappropriate secretion of antidiuretic hormone	VHDL	very high density lipoprotein
SL	sublingual	VLDL	very low density lipoprotein
SLE	systemic lupus erythematosus	WBC	white blood cell count
		WHO	World Health Organization
		wk	week
		yr	year

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Abciximab


(ab-SICK-sih-mab)


ReoPro

Class: Antiplatelet


 **Action** Binds to glycoprotein IIb/IIIa receptors on surface of platelets thereby preventing platelet aggregation.

 **Indications** Adjunct to percutaneous transluminal coronary angioplasty (PTCA) to prevent ischemic complications in patients at high risk of abrupt closure of the treated vessel. Intended for use with aspirin and heparin.


 **Contraindications** Active internal bleeding; recent (6 weeks) GI/GU bleeding, major surgery or trauma; history of CVA in the past 2 years of CVA with significant residual neurological deficit; use of oral anticoagulants within 7 days unless prothrombin time < 1.2 times control; thrombocytopenia; severe uncontrolled hypertension; vasculitis; intracranial neoplasm, aneurysm or arteriovenous malformation; or the recent or current use of IV dextran.


 **Route/Dosage**
ADULTS: IV 0.25 mg/kg bolus 10-60 minutes before PTCA followed

by continuous infusion at 10 g/min for 12 hours.


 **Interactions** None well documented.

 **Lab Test Interferences** None well documented.


 **Adverse Reactions**
HEMA: Bleeding; thrombocytopenia; anemia; leukocytosis. CV: Hypotension; bradycardia; atrial fibrillation; pulmonary edema; AV block; supraventricular tachycardia. GI: Nausea, vomiting. CNS: Hypesthesia; confusion; dizziness. EENT: Abnormal vision. RESP: Pleural effusion; pneumonia. OTHER: Pain; peripheral edema.

 **Precautions**
Pregnancy: Category C. *Lactation:* Undetermined. *Children:* Safety and efficacy not established. *Readministration:* Abciximab may cause antibody development. Readministration may be associated with allergic reactions. *Bleeding:* Since risk of bleeding is increased, use cautiously, if at all, with thrombolytics, oral anticoagulants, non-steroidal anti-inflammatory drugs (NSAIDs), dipyridamole and ticlopidine. Institute bleeding precautions. *Thrombocytopenia:* Monitor platelet counts.

PATIENT CARE CONSIDERATIONS

 **Administration/Storage**

- ♦ Use only NS or D₅W for IV infusion. Add no other medication for the infusion.
- ♦ Do not use drug if vial contains visibly opaque particles.
- ♦ Withdraw medication through a 0.2 or 2.2 micron filter.
- ♦ Administer drug through a separate IV line with filter.
- ♦ Store vials at 2°-8°C (36°-46°F). Do not freeze. Do not shake. Discard any unused portion.

 **Assessment/Interventions**

- ♦ Obtain patient history.
- ♦ If symptoms of sensitivity occur any time during therapy, discontinue drug and initiate symptomatic and supportive therapy. Have epinephrine, dopamine, theophylline, antihistamines and corticosteroids available.
- ♦ If serious bleeding occurs that is not controlled with pressure, stop infusion of abciximab and heparin.
- ♦ Avoid non-compressible sites when