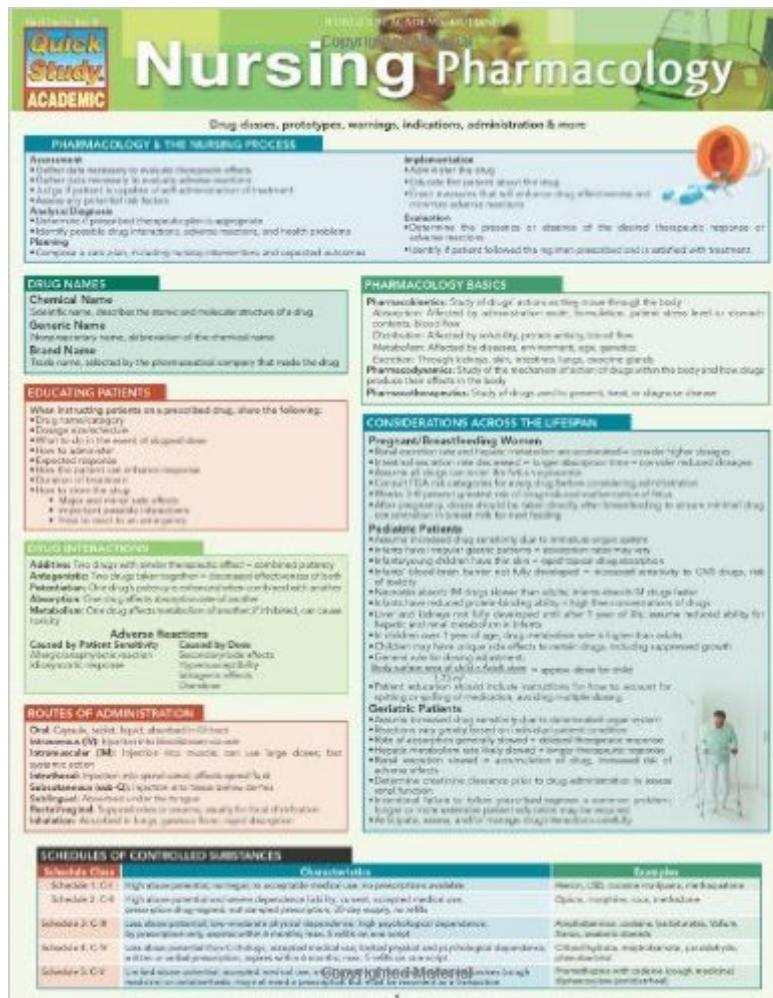


The book was found

Nursing Pharmacology (Quick Study: Academic)



QUICK STUDY
ACADEMIC

Nursing Pharmacology

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

PHARMACOLOGY & THE NURSING PROCESS

Assessment

- Patient data necessary to evaluate therapeutic effects
- Other data necessary to evaluate adverse reactions
- All get a patient to explain of self-administration of treatment
- Assess patient's health needs

Analysis/ Diagnosis

- Determine if prescribed therapeutic plan is appropriate
- Identify possible drug interactions, adverse reactions, and health problems

Planning

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

Implementation

- Know patient about the drug
- Educate the patient about the drug
- Assess 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
Non-proprietary name, description of the chemical name

Brand Name
Trade name, selected by the pharmaceutical company that made the drug

EDUCATING PATIENTS

What's Instructing patients on a prescribed drug, share the following:

- Drug is therapeutic
- Drugs are selected to meet the patient's needs
- How to administer
- Expected response
- How to take the drug
- How to store the drug
- Major and minor side effects
- How to react to the drug
- How to react to an emergency

DRUG INTERACTIONS

Additives: Two drugs with similar therapeutic effect = combined potency
Antagonists: Two drugs taken together = decreased effectiveness of both
Potentiation: One drug's potency is enhanced when combined with another
Allosterism: One drug affects a second drug's active site
Monotherapy: One drug affects resolution of another? Hybrid, can cause toxicity

Adverse Reactions

Caused by Patient Sensitivity
Allergoantagonistic reactions
Allergy-like response
Metabolism
Disease

ROUTES OF ADMINISTRATION

Oral: Capsule, tablet, liquid, absorbed in GI tract
Intravenous (IV): Inject into bloodstream/vein
Intramuscular (IM): Inject into muscle can use large doses; fast onset
Intradermal: Injection into epidermal, affects spread % of skin
Subcutaneous (SC): Inject into tissue beneath skin
Sublingual: Absorbed into the tongue
Rectal/Vaginal: Suppositories or enemas, mainly for local medication
Inhalation: Absorbed in lungs, passes from nasal/diaphragm

PHARMACOLOGY BASICS

Pharmacokinetics: Study of drug actions they make through the body
Absorption: After drug is administered, how quickly, patient's blood level is reached
Distribution: Altered by solubility, protein binding, time of day
Metabolism: Altered by enzymes, environment, age, genetics
Excretion: Through kidneys, liver, intestines, lungs, exocrine glands
Pharmacodynamics: Study of the mechanism of drugs within the body and how drugs produce their effects in the body
Pharmacotherapeutics: Study of drugs within patient, how to diagnose disease

CONSIDERATIONS ACROSS THE LIFESPAN

Pregnant/Breastfeeding Women

- Fetal metabolism rate and fetal: maternal rate are considerably lower; higher doses
- If oral and IV absorption rate is decreased = longer absorption time = consider reduced doses
- Administer all drugs taken orally. Do not use parenteral
- IV: If oral absorption is decreased, consider using a drug that has a longer half-life
- Administer 20 percent greater oral dose than parenteral dose to avoid overexposure of fetus
- After pregnancy, doses should be taken directly after breastfeeding to ensure minimal drug concentration is present with first feeding

Pediatric Patients

- Children are at higher risk for toxicity due to immature organ systems
- Infants have irregular gastric patterns = absorption rates may vary
- Infants' blood-brain barrier not fully developed = increased sensitivity to CNS drugs, not fully developed
- Infants absorb 80 drugs slower than adults, infants absorb 50% drug faster
- Infants have reduced protein-binding ability = high free concentrations of drugs
- Liver and kidneys not fully developed until after 2 years of life, reduced ability for drug metabolism
- Infants have reduced renal function until after 2 years of life, reduced ability to excrete drugs
- Infants have 3 times of older drug metabolism rate = higher than adults
- Children may have unique side effects to certain drugs, including suppressed growth
- Growth hormone and IGF-1 levels = appear slow to child
- Infants have reduced body fat = appears slow to child
- Patient education should include instructions for how to account for specific growth of medications, avoid drug-to-drug interactions

Geriatric Patients

- Geriatric increase risk sensitivity due to decreased renal function
- Increased risk of falls and fractures due to decreased renal function
- Infants are more greatly affected by renal function decrease
- Rate of excretion generally slowed = increased therapeutic response
- Drug absorption is decreased = longer time to peak concentration
- Renal excretion slowed = accumulation of drug, increased risk of adverse effects
- Determine creatinine clearance prior to drug administration to assess drug metabolism
- Increased risk for falls, falls-related injuries, a common problem: longer or more extensive patient education may be necessary
- Adverse effects, assist, and manage drug interactions carefully

SCHEDULES OF CONTROLLED SUBSTANCES

Schedule Class	Characteristics	Example
Schedule I: C-II	High abuse potential; no acceptable medical use; no prescriptions available	Marijuana, LSD, cocaine, morphine, methamphetamine
Schedule 2: C-III	High abuse potential; some dependence liability; accepted medical use; less severe drug effects; abuse may, or will	Opioids, morphine, codeine, methadone
Schedule 3: C-IV	Low abuse potential; low-risk potential for physical dependence; high psychological dependence; less accepted medical use; abuse may, or will	Anesthetics, sedatives, barbiturates, Valium, Xanax, amphetamines
Schedule 4: C-V	Low abuse potential; accepted medical use; no risk of physical and psychological dependence; no risk of abuse; no risk of diversion	Cannabis, mescaline, psilocybin, psilocybin mushrooms

Controlled Materials

Controlled substances are controlled substances through state and federal laws. Many of these substances are controlled substances.



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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