**N4750 Medication Sheet**

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| **Medication, Dose, Route, Frequency** | **Classification and Action** | **Rationale for Administration****(Explain why the patient is receiving the medication)** | **Most Common Side Effects/Adverse Reactions** | **Nursing Implications** | **Contraindications** |
| 1. **Enoxaparin (Lovenox)**

[30 mg=0.3 ml, SC, solution, daily]1. **Vancomycin**

[1 gm= 200 ml, IVPB, Q12H]1. **Tigecycline (Tygacil)**

[50 mg, IVPB, Q12H]1. **Ondansetron (Zofran)**

[4 mg= 2 ml, IV push, Q8H]1. **Promethazine (Phenergan**)

[12.5 mg= 0.5 ml, IV slow push, solution, Q6H, PRN, N/V1. **Morphine**

[5 mg/ml (30 ml)Basal Rate: 0 mg/hrDose (mg): 1.5, Lock outInterval: 10 min, 150 1 hrLimit (mg): 9.5 mg, 30 mlSolution, PCA, PCA 30] | 1. Anticoagulant
2. Antibiotic
3. Broad-spectrum antiinfective
4. Antiemetic
5. Antiemetic, antihistamine
6. Analgesic, opioid agonist
 | 1. Indicated for: abdominal surgery postop deep vein thrombosis prophylaxis; acute ST segment elevation MI; deep venous thrombosis
2. Indicated for: Treatment of serious or severe infections caused by susceptible strains of methicillin-resistant (beta-lactam–resistant) staphylococci; treatment of staphylococcal, streptococcal, enterococcal, or diphtheroid endocarditis.
3. Indicated for: Treatment of infections caused by susceptible strains of specific microorganisms in the following conditions caused by β-lactamase–producing organisms: bacterial septicemia; acute and chronic infections of the lower respiratory tract, skin and skin structures, bone and joint, endometrium, urinary tract; and peritonitis.
4. Indicated for: Zofran is used to prevent nausea and vomiting that may be caused by surgery or by medicine to treat cancer
5. Indicated for: motion sickness, nonproductive cough, sedation, rhinitis, allergy symptoms, nausea and vomiting.
6. Indicated for: pain, chronic; pain, moderate to severe and not responsive to non-narcotic analgesics
 | 1. Adverse reactions: may cause edema, diarrhea, nausea, hematoma, confusion, pain, etc.
2. Adverse effects: hypotension, headache, hearing loss, Drug rash with eosinophilia and systemic symptoms, exfoliative dermatitis, pruritus, rash, Stevens-Johnson syndrome, TEN, urticaria, vasculitis (postmarketing), nausea, abdominal pain.

1. Adverse reactions: Report promptly: fever, rash, sore throat, unusual bleeding or bruising, seizures. Promptly report diarrhea or bloody stools that occur during treatment or up to several months after an antibiotic has been discontinued; may indicate CDAD and require treatment. ▪ May require alternate birth control.
2. Adverse effects: blurred vision or temporary vision loss (lasting from only a few minutes to several hours), slow heart rate, trouble breathing, anxiety, agitation, shivering, feeling like you might pass out, and urinating less than usual or not at all, diarrhea or constipation; weakness or tired feeling; fever;

headache; ordizziness, drowsiness.1. Adverse effects: central nervous: dizziness, drowsiness, confusion; ears, eyes, nose, and throat: blurred vision, dilated pupils, dry mouth; genitourinary: urinary retention
2. Adverse effects: decreased blood pressure, respiratory depression, urinary retention, constipation.
 | 1. Teaching: report s/s of bleeding, pulmonary edema, skin necrosis, atrial fib. Patients should lie down during injection. Avoid concurrent anticoagulants. (including NSAIDS and ASPIRIN) without healthcare professional approval.
2. Perform serial monitoring of renal function. Monitor auditory function. Monitor leukocyte count in patients who are on prolonged therapy or who are receiving concomitant drugs that may cause neutropenia. Monitor vancomycin trough concentrations prior to next dose at steady-state concentrations (approximately after the fourth dose) and maintain above 10 mg/L. Ensure that minimum trough concentrations are higher (at least 15 to 20 mg/L) in patients with complicated infections.
3. Nsg implications: Periodic evaluation of renal, hepatic, and hematopoietic systems and serum potassium is recommended in prolonged therapy. Observe for electrolyte imbalance and cardiac irregularities. Observe for hypokalemia.
4. Nsg implications: teach patients that this medication causes drowsiness, so do not do anything that requires you to be mentally alert while taking this drug; never drink alcohol while taking this drug.
5. Nsg implications: should be used cautiously in pediatric patients, who may have severe paradoxical reactions, and in the elderly, who often develop agitation, mental confusion, hypotension, and even psychotic-type reactions in response to these drugs.
6. Teaching: tell pt to report s/s of respiratory depression, severe constipation, or anaphylaxis. Instruct pt to rise slowly from a sitting/supine position, as drug may cause orthostatic hypotension and syncope.
 | 1. Contraindicated in: pts with hypersensitivity to heparin, pork products, or in pts with active major bleeding
2. Use with caution in patients with preexisting hearing loss, patients receiving ototoxic or nephrotoxic drugs, and patients receiving drugs that cause neutropenia, nephrotoxicity, and/or neurotoxicity. Contra: Hypersensitivity to vancomycin; hypersensitivity to corn or corn products (Galaxy containers only).
3. Contraindications: Known hypersensitivity to penicillins, cephalosporins, or β-lactamase inhibitors (not absolute); see Precautions. ▪ Not recommended in infants and children under 16 years of age for the treatment of septicemia or infections where the suspected or proven pathogen is Haemophilus influenzae type B.
4. Contraindicated: in patients who are allergic to ondansetron or to similar medications such as dolasetron, etc; patients with liver disease; Patients who have PKU; heart disease; family history of Long QT syndrome; an electrolyte imbalance
5. Contraindicated in those with Phenothiazine allergies.
6. Contraindicated in: cardiac arrhythmias, CNS depression, head injuries, hypercarbia, etc.
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