

PHARMACOLGY HOMEWORK

Overdose Management

Add in important nursing notes for each of these medications and overdose management as well as administration route.

Medication	Overdose Management (Routes)	Nursing Notes (*Homework)
Acetaminophen (PO/PR)	Acetylcysteine Route: PO, IV	<p>Acetaminophen: Max daily dose: 4000mg Acute toxicity (overdose) Monitor for S+S of hepatotoxicity (↑LFTs, bilirubin, hypoglycemia, renal damage)</p> <p>Acetylcysteine: IV infusion: monitor for fluid overload and signs of hyponatremia such as changes in mental status Monitor for S+S of aspiration, bronchospasm, excess secretions</p>
Digitalis (PO/IV)	Digoxin Immune Fab (Ovine, Digibind) Route: IV	<p>Digoxin: Take apical pulse for 60sec. If < 60 BPM hold digoxin dose and contact prescriber. <i>Monitor serum digoxin</i> (it has a narrow therapeutic index), potassium, magnesium, calcium. Monitor for S+S toxicity: anorexia, nausea, vomiting, diarrhea, visual disturbances, cardiac arrhythmias</p> <p>Digoxin Immune Fab: Skin allergy testing prior to administration for history of allergy or previous therapy of this drug Monitor cardiac status + rhythm, neurological status Toxicity reversal within an hour (adults), minutes (children) of antidote administration Monitor serum potassium, critical within first few hours; serum digoxin levels, ECG for 2-3 weeks post administration</p>

Heparin (IV/SC)	Protamine sulfate (IV)	<p>Heparin: Monitor for spontaneous bleeding, thrombocytopenia Monitor aPTT levels</p> <p>Protamine Sulfate: Sudden drop in BP Monitor BP+ P q15-30 min Monitor aPTT</p>
Opioid (depends on drug)	Naloxone (IV-adults, children; IV/SC/IM-neonate)	<p>Opioids: Monitor for respiratory depression, sedation, dizziness, GI upset, itchiness, urinary retention, dependence</p> <p>Naloxone: Repeat dose q2-3 min up to 10 mg (up to 0.01 mg/kg for neonates) Monitor client closely Onset 2 min; short half life (30-60 min)</p>
Penicillin (dependent on type of penicillin)	Epinephrine (IV, SC, intracardiac)	<p>Penicillin: Monitor for life-threatening anaphylactic reaction (difficulty breathing, swelling of face and throat, hives, GI upset, low BP, dizziness)</p> <p>Allergy = Epinephrine There is NO contraindication to administering epinephrine. Client may experience, restlessness, fear, anxiety, tremor, headache, weakness, dizziness, syncope palpitations, cardiac arrhythmias, pulmonary edema, GI upset</p> <p>Overdose = (Oral ingestion) Gastric decontamination Induction of emesis Possible active charcoal</p>
Warfarin (PO, IV)	Vitamin K (IV/SC/PO)	<p>Warfarin: Bleeding Many drug interactions including: acetaminophen, ASA, amiodarone, NSAIDS etc. Drug-Food interactions: cranberry juice green leafy vegetables Drug-herbal interactions: Boldo, capsicum, coenzyme Q10, echinacea, feverfew, fish oil garlic, ginger, ginkgo, ginseng, green tea, seaweed, St. John's wort Monitor INR</p> <p>Vitamin K:</p>

		Monitor for anaphylaxis Monitor INR
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Define the following terms:

- Half-life:
 - The amount of time it takes for the plasma concentration to reduce by 50%.
- Therapeutic range (therapeutic index):
 - Is the concentration of drug at which an individual will experience the desired clinical effect with minimum side effects
- Peak level:
 - The highest level of drug present in the body.
- Trough level:
 - The lowest level of drug present in the body.