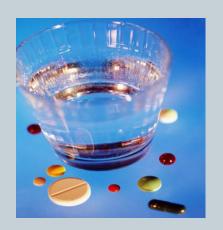
# **PHARMACOLOGY**

## In Nursing Practice







Laurie Brown, RN, MSN, MPA-HA, CCRN

#### **TERMS**

- > Drug
- > Pharmacology
- Clinical Pharmacology
- > Therapeutics/Pharmacotherapeutics

#### IDEAL DRUG PROPERTIES

## Three most important:

- > Effectiveness
- > Safety
- > Selectivity



#### IDEAL DRUG PROPERTIES

## Other important properties:

- > Reversible action
- > Ease of Administration
- > Predictability
- > Freedom from drug interactions
- >Low cost
- > Generic Name ease

## THERAPEUTIC OBJECTIVE

> Maximum Benefit

>Minimum Harm



#### INTENSITY OF DRUG RESPONSES

- **Administration**
- **Pharmacokinetics**
- > Pharmacodynamics
- ► Individual variations



#### **PHARMACOKINETICS**

- ➤ Body's impact on the drug. How much of the dose gets to the site of action.
  - > Absorption
  - > Distribution
  - > Metabolism
  - > Excretion



#### **PHARMACODYNAMICS**



- >At site of action
- > Influenced by patient's functional state

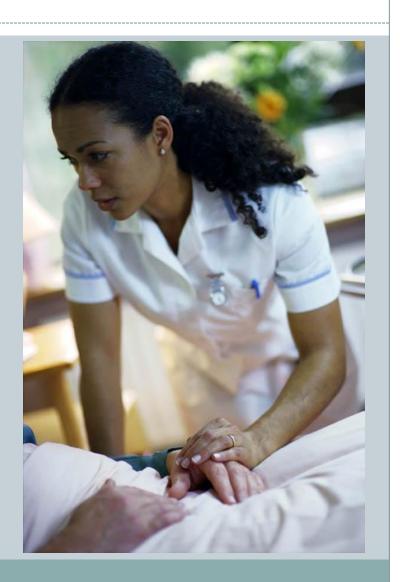
#### INDIVIDUAL VARIATION

- ➤ Sources of Individual Variation Include
  - > Age
  - **≻**Gender
  - > Weight
  - Genetic Factors



#### **ADMINISTRATION**

- ➤ Right Patient
- > Right Medication
- Right Dosage
- ➤ Right Route
- ➤ Right Time
- Right Documentation



#### NURSING RESPONSIBILITIES

- The nurse must know:
  - >Appropriate medications
  - Contraindications
  - Consequences of interactions

➤ The nurse is the patient's advocate

#### PREADMINISTRATION ASSESSMENT

- ► Collect baseline data
  - ► Blood Pressure
  - ► Blood Sugar
- ► Identify High-Risk Patients
  - Allergies
  - > Pregnancy



#### **DOSAGE & ADMINISTRATION**

- > More than one indication
- ➤ More than one route
- ➤ Read Order Carefully
- Verify Identity of the patient
- Verify Calculations
- >Understand the reason for the drug's use

#### **CAPACITY FOR SELF-CARE**

- Visual acuity
- Manual dexterity
- > Intellectual ability
- > Memory
- > Finances
- Cultural attitudes

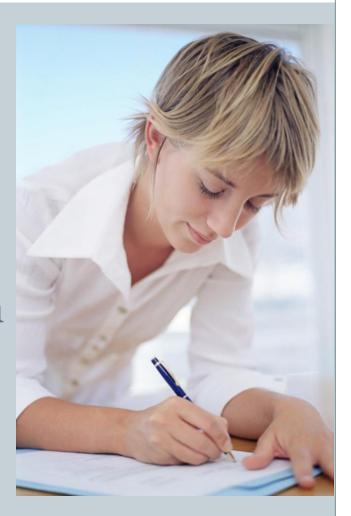


#### **EVALUATE THERAPEUTIC EFFECTS**

- Assess and record patient response to drug
- Promote patient's adherence to medication regime
- Utilize non-drug measures to enhance drug's effect

#### ANALYZE DRUG THERAPY

- > Appropriateness
  - >PRN decisions
  - > Review MD order
- >Adverse Effects
  - >S/S to watch for & when
  - >Interventions that help



#### ANALYZE DRUG THERAPY



- Reduce drug interactions
  - >Knowledge
- **Toxicity** 
  - >Know S/S of toxicity

#### PATIENT EDUCATION

- Drug name/size schedule
- ➤ Route –how to take
- Major drug & food related interactions
- >S/S adverse effects
  - >What to do
- Who and when to call with problems



## **Drug Regulation**

- Federal Pure Food and Drug Act of 1906
- Food Drug and Cosmetic Act 1938
- 1962 Amendment to the Food Drug/Cosmetic Act
- Controlled substance Act 1970
- 1992 Accelerated approval laws (cancer and AIDS)



## New Drug Development

- Controlled Trials
- Clinical Testing
- Exercising discretion regarding new drugs
- Benefits vs. Risks



## **Drug Names**

- Chemical Name
- Generic Name
- Trade Name



N-acetyl-para-aminophenol Acetaminophen Tylenol



## Over The Counter Drugs

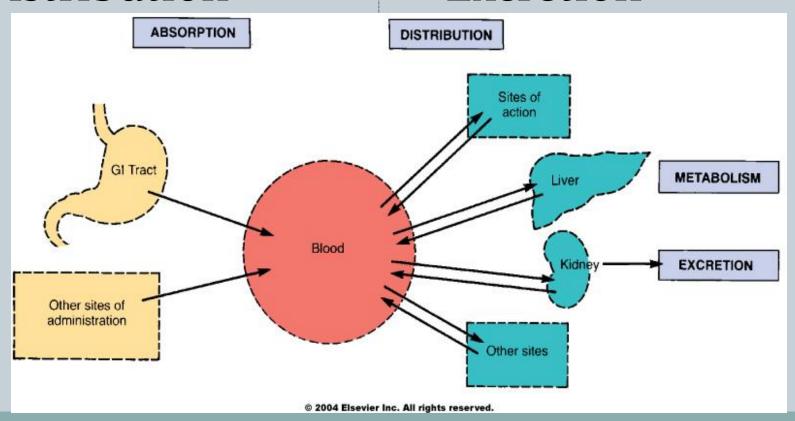
- The average home medicine cabinet contains 24 OTC preparations
- Americans spend 20 billion dollars annually on OTC preparations



#### **PHARMACOKINETICS**

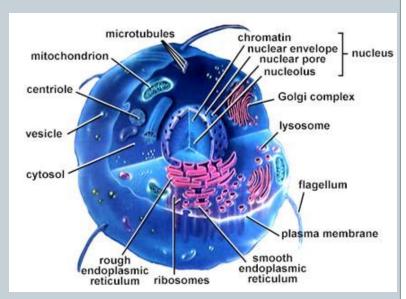
- **Absorption**
- **≻**Distribution

- **≻**Metabolism
- **Excretion**



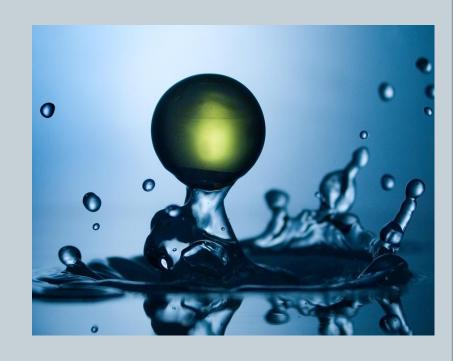
#### CROSSING THE MEMBRANE

- Drug movement occurs in all four steps of pharmacokinetics
  - > Channels and Pores
  - >Transport Systems
  - > Direct Penetration



#### FACTORS AFFECTING ABSORPTION

- ➤ Rate of dissolution
- >Surface area
- ➤ Blood flow
- Lipid solubility
- >pH partitioning



#### ROUTES OF ADMINISTRATION

- >Enteral
  - >Via gastrointestinal tract
- > Parenteral
  - >Outside the GI tract
    - Inhalation, transdermal, transmucosal, injection, etc.



## Routes of Administration

- Intravenous
- Intramuscular
- Subcutaneous
- Oral
- Rectal



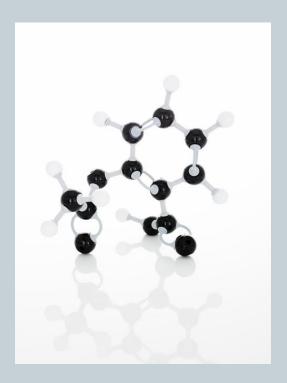
#### DISTRIBUTION

- ➤ Blood flow to tissue
- Leaving the vascular system
  - > Blood brain barrier
  - > Placental drug transfer
- >Entering the cells



#### **DRUG METABOLISM**

- **Biotransformation** 
  - > Enzymatic alteration of drug structure
- Liver
  - >Primary site

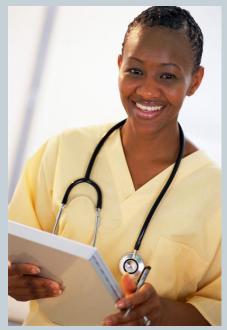


#### THERAPEUTIC EFFECTS OF METABOLISM

- Accelerated renal excretion (most important)
  - Decreasing lipid solubility
- >Inactivates drugs
- >Increases therapeutic action
- Activates prodrugs
- Increases or decreases toxicity

### SPECIAL CONSIDERATIONS

- >Individual Factors
  - >Age, Body Mass, Gender, Genetics, Environment, Fluids
- >First-pass effect
- >Nutritional status
- Competition between drugs



#### **EXCRETION OF DRUGS**

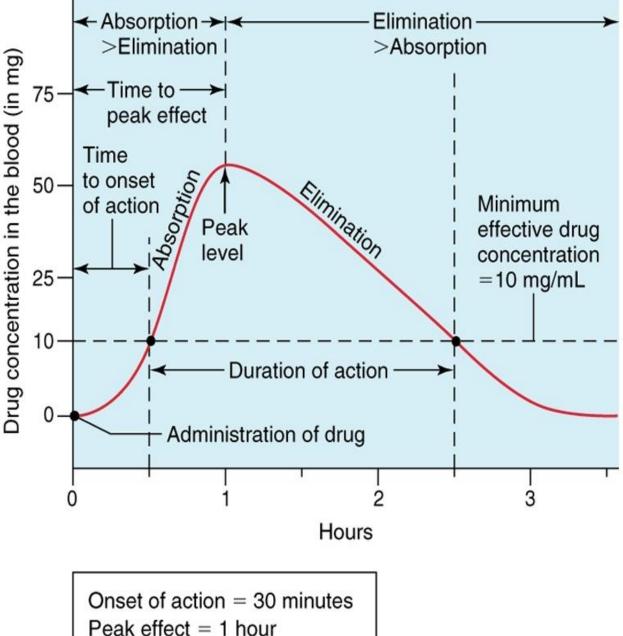
- Drug excretion is defined as the removal of drugs from the body
  - OUrine
  - **o**Bile
  - oSweat
  - oSaliva
  - •Breast milk
  - Expired air



#### PLASMA DRUG LEVELS

- Levels in blood correlate with therapeutic and toxic responses
  - > Toxic
  - > Not therapeutic
- ► Therapeutic Range
  - > Peak Level
  - >Trough Level
- ➤ Drug Half-Life





Peak effect = 1 hour Duration of action = 2.0 hours

#### **PHARMACODYNAMICS**

- > How drugs effect the body
  - > Biochemical and physiologic effects
  - Dose-response relationship
- Receptor Activation
  - > Blocking
  - > Enhance Receptor Activation
  - > Agonist vs. Antagonist

# DRUG-DRUG INTERACTIONS

- **Consequences** 
  - > Intensification or reduction of effects
- > Pharmacodynamic interactions
- Clinical Significance
- > Minimizing Adverse Interactions

### CONSEQUENCES

## Three possible outcomes

- 1. Intensification of effects (potentiative)
- 2. Reduction of effects (inhibitory)
- 3. New response

# Pharmacodynamic Interactions

- > At the same receptor
- > At separate sites
- Combined toxicity

#### CLINICAL SIGNIFICANCE

- Average hospitalized patient takes 6-10 drugs
- Drugs with narrow therapeutic range
- Unusual symptoms
- > Minimize adverse reactions

#### DRUG-FOOD INTERACTIONS

- > Similar effect as drug interactions
- >Timing of drug administration
  - >At bedtime
  - >In morning
  - >With meals or not

#### DRUG-FOOD EXAMPLES

- ➤ Grapefruit juice effect
- >MAOI's
  - >Tryamine rich foods





#### **ADVERSE REACTIONS**

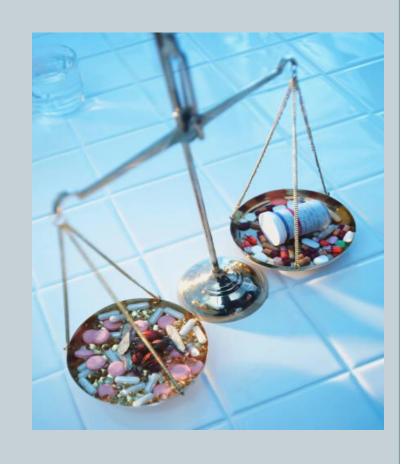
### >Mild

- Drowsiness
- > Nausea
- Vomiting
- > Itching, rash
- **Severe** 
  - Neutropenia
  - Respiratory depression



### ADVERSE REACTIONS

- >Side effect
- **Toxicity**
- >Allergic reaction
- > Physical dependence
- Carcinogenic effect
- >Teratogenic effect



#### **IDENTIFYING REACTIONS**

- ➤ Did symptoms appear shortly after the drug was first used?
- Did symptoms abate when the drug was discontinued?
- > Did symptoms reappear when the drug was reinstituted?
- > Is the illness itself sufficient to explain the event?
- Are other drugs in the regimen sufficient to explain the event?

#### MINIMIZE ERRORS

- Definition of a medication error and who makes them
- >Types of medication errors
- Causes of medication errors
- Ways to reduce medication errors
- > Reporting



- Categorize medications
- Medications in the same classification often have similarities in the generic names
- > Relate to a disease or disease process

#### Anticoagulants

- Prevent clot formation
- ➤ Contraindications: <u>bleeding</u> and pregnancy/lactation
- Precautions: <u>bleeding</u>
- > Interactions:
  - Drugs that cause <u>bleeding</u>
- Nursing Implications
  - > Watch for signs of <u>bleeding</u>
- Commonly Used
  - heparin and warfarin (Coumadin)



#### > Antidiabetic

- Lowers blood glucose
- Contraindications: <u>hypoglycemia</u> and pregnancy
- > Precautions:
  - > Factors that may alter requirements (cause <u>hypoglycemia</u>)
- > Interactions:
  - > Drugs that may increase of decrease effects
- Nursing Implications
  - > Watch for signs of <u>hypoglycemia</u>
- Commonly Used
  - Metformin and gipizide (Glucotrol)

#### > Antihypertensives

- Lowers blood pressure
- Contraindications: hypersensitivity (lowers <u>BP</u>)
- > Precautions:
- Pregnancy/lactation and sudden stop may increase BP
- > Interactions:
  - > Drugs that negate therapeutic effectiveness
- Nursing Implications
  - > Monitor BP



- > Commonly used:
  - > ACE inhibitors
    - > captopril
    - lisinopril
  - > Beta Blockers
    - > propranolol
    - > metropolol
  - > Calcium Channel Blockers
    - > Verapamil
  - > Thiazide Diuetics
    - > hydrochlorothiazide



#### Diuretics

- > Treat edema and antihypertension
- Contraindications: hypersensitivity (dehydration)
- > Precautions: renal or hepatic disease, pregnancy
- > Interactions:
  - Potassium wasting and potassium sparing
- Nursing Implications
  - > Monitor weight, assess for electrolyte imbalance,
- Commonly Used
  - > furosemide (Lasix)

