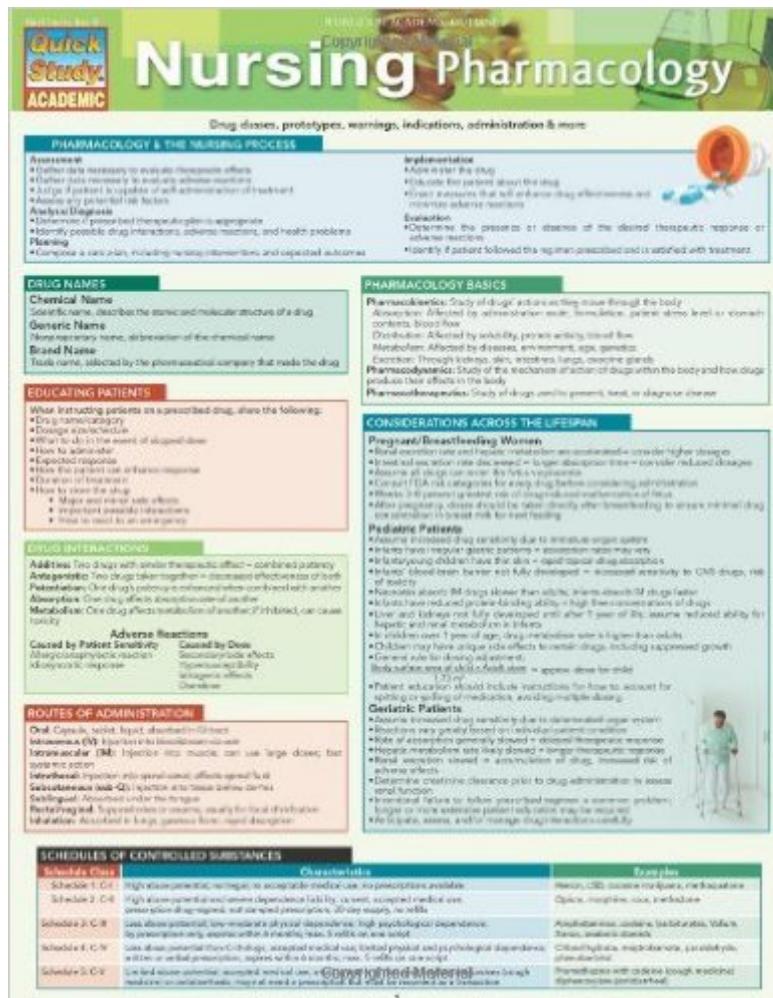


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# Nursing Pharmacology (Quick Study: Academic)



**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 report side effects
- 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  
**Potentiators** One drug's potency is enhanced when combined with another  
**Allosterics** One drug affects a second drug's action  
**Mutualism** One drug affects metabolism of another  
**Isomers** Isomers = different forms of the same drug

**Adverse Reactions**

**Caused by Patient Sensitivity**  
Allergies/antagonistic reactions - idiosyncratic response

**Caused by Drug**  
Secondary side effects - pharmacokinetic, pharmacodynamic, pharmacogenetic, pharmacokinetic

**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 administration, movement of drug across cell membranes, blood-brain barrier

**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, time, or diagnostic disease

**CONSIDERATIONS ACROSS THE LIFESPAN**

**Pregnant/Breastfeeding Women**

- Fetal metabolism rate and fetal, maternal are metabolically similar; higher doses
- Increased metabolism rate decreased = longer absorption time = consider reduced dosage
- Administer all drugs taken orally. Use fetal & neonatal
- Fetus = 10% of maternal weight = drug distribution is similar to maternal circulation
- Maternal = 10% greater rate = higher absorption rate = increased excretion of fetus
- After pregnancy, drugs should be taken orally after breast feeding to ensure minimal drug concentration is present with infant 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 faster 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 = drug excretion is slower
- 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 rate for children is different
- Drug半寿期 (T<sub>1/2</sub>) = appears slow in child

**Patient Education**

- Patient education should include instructions for how to account for specific drug timing of medications, avoid drug-drug interactions

**Geriatric Patients**

- Geriatric increase risk sensitivity due to decreased renal function
- Increased risk of falls and fractures due to decreased renal function
- Medications may greatly lowered on renal function
- Note of caution generally dosed = different therapeutic response
- Geriatric patients are more susceptible to drug-induced adverse effects
- Renal function should = administration of drug, measured rate of adverse effects
- Determine creatinine clearance prior to drug administration to assess drug elimination
- Geriatric patients are more susceptible to drug-induced adverse effects
- Geriatric patients are more susceptible to drug-induced adverse effects
- Geriatric patients are more susceptible to drug-induced adverse effects

**SCHEDULES OF CONTROLLED SUBSTANCES**

Schedule Class	Characteristics	Example
Schedule I	High abuse potential, no acceptable medical use, no prescriptions available	Marijuana, LSD, cocaine, morphine, methamphetamine
Schedule 2, C-II	High abuse potential, some dependence liability, accepted medical use, accepted for diagnostic purposes, abuse may, no sells	Opioids, morphine, codeine, methadone
Schedule 2, C-III	Low abuse potential, low-risk potential for physical dependence, high psychological dependence, its therapeutic use accepted and necessary, abuse may, no sells	Anesthetics, sedatives, barbiturates, Valium, Xanax, amphetamines
Schedule 2, C-IV	Low abuse potential, accepted medical use, accepted for diagnostic purposes, abuse may, no sells	Cannabis, cocaine, methamphetamine, paracetamol, amphetamines
Schedule 2, C-V	Low abuse potential, accepted medical use, accepted for diagnostic purposes, abuse may, no sells	Therapeutic use with cocaine through medical dispensing (controlled)

**Controlled Materials**



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## 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.

## Book Information

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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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