

Medications

Chlorpromazine: low potency

Haloperidol: high potency

Fluphenazine: high potency

Thiothixene: high potency

Perphenazine: medium potency

Loxapine: medium potency

Trifluoperazine: high potency

Purpose

Block dopamine acetylcholine, histamine, and norepinephrine receptors in the brain and periphery

Inhibition of psychotic manifestations, believed to be a result of dopamine blockade in the brain

Therapeutic Uses

Acute chronic psychotic disorders

Schizophrenia spectrum disorders

Bipolar disorders (primarily the manic phase)

Tourette syndrome

Agitation

Prevention of nausea/vomiting through blocking of dopamine in the chemoreceptors trigger zone of the medulla

Complications, Extrapyramidal Side Effects (EPSs)

Complication	Nursing Action and Education

Complications, Extrapyramidal Side Effects (EPSs) (cont)

Acute Dystonia: Monitor for acute dystonia between a few hrs to 5 days after administration of the first dose. Treat with anticholinergic agents, such as benztropine or diphenhydramine. Use oral dose for less acute effects and IM or IV doses for serious effects. Expect improvement within 5min (IV dosing) to 20min (IM dosing)

Parkinsonism: Occurs within 1 month of initiation therapy. Treat with benztropine, diphenhydramine, or amantadine. Discontinue these medications to determine if they are still needed. If manifestations return, administer atypical antipsychotics as prescribed.

Complications, Extrapyramidal Side Effects (EPSs) (cont)

Akathisia: Within 2 months of the client is unable to stand still or sit, and is continually pacing and agitated

Tardive Dyskinesia (TD): TD are late EPS that can occur months to years after the start of therapy, and can improve following medication change or can be permanent. Administer the lowest dosage possible. Evaluate the client after 12 months of therapy and then every 3 months. Valbenazine can be prescribed to treat TD for adult clients

Other Adverse Effects

Complication	Nursing Action and Education

Other Adverse Effects

Complication	Nursing Action and Education



By **adrianao**
cheatography.com/adrianao/

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Other Adverse Effects (cont)

Neuroleptic Stop medication.
 Malignant Monitor vital signs.
 Syndrome: Life Apply cooling
 Threatening blankets, administer
 Medical antipyretics, increase
 Emergency. fluids, administer
 Sudden high grade diazepam, administer
 fever, blood dantrolene and
 pressure fluctu- bromocriptine to
 ations, dysrhy- induce muscle relaxa-
 thmias, muscle tion, ICU immediately,
 rigidity, diapho- with 2 weeks before
 resis, tachycardia, resuming therapy
 and change in
 LOC developing
 into coma

Anticholinergic Chewing sugarless
 Effects: dry mouth, gum, sipping water,
 blurred vision, avoid hazardous
 photophobia, activities, wearing
 urinary hesita- sunglasses outdoors,
 ncy/retention, eating high fiber,
 constipation, regular exercising, 2-
 tachycardia 3L of water daily,
 voiding before
 medications

Neuroendocrine Observe for manife-
 Effects: gyneco- stations and notify
 mastia (breast provider if these
 enlargement), occur
 galactorrhea, and
 mensural irregular-
 ities

Seizures: greatest Increase in anti-s-
 risk for developing eizure medication can
 seizures is existing be necessary
 seizure disorder

Other Adverse Effects (cont)

Skin Avoid excessive exposure to
 Effects: sunlight, use sunscreen.
 photos- Avoid direct contact with
 ensitivity medications
 resulting
 in severe
 sunburns,
 and
 contact
 dermatitis
 from
 handling
 medica-
 tions

Orthos- Monitor blood pressure and
 tatic heart rate for orthostatic
 Hypote- changes. If significant
 nsion decreases in BP or increases
 in HR is noted don't
 administer medication.
 Tolerance should develop in
 2-3months. If lightheadedness
 or dizziness occurs, sit or lie
 down. Change positions
 slowly

Sedation Effects should diminish within
 a few weeks. Take this
 medication at bedtime to avoid
 daytime sleepiness. Don't
 drive until sedation has
 subsided

Other Adverse Effects (cont)

Sexual Report to provider. Lower
 Dysfunction: dosage or chaging to high-
 altered libido, potency agents can
 difficulty minimize these effects
 achieving
 orgasm,
 erectile and
 ejaculatory
 dysfunction

Agranuloc- Indications of infections
 ytosis appear, obtain baseline
 WBC. Medication should
 be discontinued if
 infection. Observe for
 infection.

Severe Obtain baseline ECG and
 Dysrhythmias potassium level prior to
 treatment and periodically
 throughout treatment.
 Avoid concurrent used
 with other medications that
 prolong QT interval

Liver Impair- Assess baseline liver
 ments function and monitor liver
 function. Observe for
 anorexia, nausea,
 vomiting, fatigue,
 abdominal pain, jaundice



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Contraindications/ Precautions

Contraindicated in clients in a coma, and clients who have Parkinson's disease, liver damage, prolactin dependent cancer of the breast, and severe hypotension

Contraindicated in older clients who have dementia

Use cautiously in clients who have glaucoma, paralytic ileus, prostate enlargement, heart disorders, liver or kidney disease, and seizure disorders.

Interactions

Interaction	Nursing Action and Education
Anticholinergic agents	Avoid over the counter medications containing anticholinergic agents, such as sleep aids and antihistamines
CNS Depressants: alcohol, opioids, and antihistamines have additive CNS depressant effects	Avoid alcohol and other medications that cause CNS depression, Avoid hazardous activities such as driving
Levodopa: by activating dopamine receptors, levodopa counteracts the effects of antipsychotic agents	Avoid concurrent use of levodopa and other direct dopamine receptors agonists

Nursing Administration

These medications are reserved for clients who are using them successfully and can tolerate the adverse effects, or violent/particularly aggressive

Use the abnormal involuntary movement scale (AIMS) to screen for the presence of EPS

Assess the client to differentiate between EPS and worsening of psychotic disorder

Administer anticholinergics, beta blockers, and benzodiazepines to control early EPSs. If adverse effects are intolerable, the client can be switched to a low potency or atypical antipsychotic agent.

Consider depot preparation administration IM once every 2-4 weeks for clients who have difficulty maintaining medication regimen. Inform the client that lower doses can be used with depot preparations, which will decrease the risk of adverse effects

Antipsychotic medications don't cause addiction

Some therapeutic effects can be noticeable within a few days, but significant improvements can take 2-4weeks, and possibly several months for full effects

