Antipsychotics: First-Generation (Conventional) Cheat Sheet

by adrianao via cheatography.com/168237/cs/35343/

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)

Compli-cation	Nursing Action and Education

Complications, Extrapyramidal Side Effects (EPSs) (cont)

Acute Dystonia: the client experiences severe spasms of tongue, neck, face, or back. If the laryngeal muscle are affected, respir-ations can decrease. This is a crisis situation, which requires rapid treatment	Monitor for acute dystonia between a few hrs to 5 days after administration of the first dose. Treat with antich-olinergic agents, such as benztropine or diphen-hydramine. 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: findings including bradykinesia, rigidity, shuffling gait, drooling, tremors	Occurs within 1 month of initiation therapy. Treat with benztropine, diphenhydramine, or amantadine. Discontinue these medications to determine f they are still needed. If manifestations return, administer atypical antipsychotics as prescribed.

Complications, Extrapyramidal Side Effects (EPSs) (cont)

Akathisia: client is unable to stand still or sit, and is contin-ually pacing and agitated	Within 2 months of the initiation of treatment. Manage effects with betabl-ocker, benzodiazepine, or anticholinergic medications
Tardive Dyskinesia (TD): involu-ntarily movements of the tongue and face, lip smacking, which causes speech or eating distru-bances	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

Compli-cation	Nursing Action and Education

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

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Other Adverse Effects (cont)

Neuroleptic Malignant Syndrome: Life Threatening Medical Emergency. Sudden high grade fever, blood pressure fluctuations, dysrhythmias, muscle rigidity, diaphoresis, tachycardia, and change in LOC developing into coma	Stop medication. Monitor vital signs. Apply cooling blankets, administer antipyretics, increase fluids, administer diazepam, administer dantrolene and bromocriptine to induce muscle relaxation, ICU immediately, with 2 weeks before resuming therapy
Anticholinergic Effects: dry mouth, blurred vision, photophobia, urinary hesitancy/retention, constipation, tachycardia	Chewing sugarless gum, sipping water, avoid hazardous activities, wearing sunglasses outdoors, eating high fiber, regular exercising, 2-3L of water daily, voiding before medications
Neuroendocrine Effects: gynecomastia (breast enlargement), galactorrhea, and mensural irregularities	Observe for manifestations and notify provider if these occur
Seizures: greatest risk for developing seizures is existing seizure disorder	Increase in anti-seizure medication can be necessary

Other Adverse Effects (cont)

Skin Effects: photosensitivity resulting in severe sunburns, and contact dermatitis from handling medications	Avoid excessive exposure to sunlight, use sunscreen. Avoid direct contact with medications
Orthostatic Hypotension	Monitor blood pressure and heart rate for orthostatic changes. If significant 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 subsidede

Other Adverse Effects (cont)

Sexual Dysfunction: altered libido, difficulty achieving orgasm, erectile and ejaculatory dysfunction	Report to provider. Lower dosage or chaging to high-potency agents can minimize these effects
Agranulocytosis	Indications of infections appear, obtain baseline WBC. Medication should be discontinued if infection. Observe for infection.
Severe Dysrhythmias	Obtain baseline ECG and potassium level prior to treatment and periodically throughout treatment. Avoid concurrent used with other medications that prolong QT interval
Liver Impairments	Assess baseline liver 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

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