

Medication Name

Glipizide (Glucotrol)

Therapeutic Use

Type 2 diabetes mellitus

Adverse Drug Reactions

Hypoglycemia

Nausea, diarrhea

Nursing Interventions

Monitor for signs of hypoglycemia (diaphoresis, tachycardia, fatigue, excessive hunger, tremors).

If the client is conscious, give glucose orally in either pill form, 2–3 tsp of sugar, glass of orange juice, honey, or corn syrup dissolved in water.

If the client is not conscious, give intravenous glucose; give parenteral glucagon if IV not available

Check the client's blood glucose every 15–20 minutes.

Continue treatment until the blood glucose has returned to the expected reference range and the client is no longer symptomatic.

Monitor for persistent nausea, vomiting, or diarrhea.

Monitor CBC levels

Drug Administration

Give orally 30 min before selected meal.

Make sure clients swallow the sustained-release form whole and do not crush or chew it.

Patient Education

Wear a medical alert bracelet.

Watch for and report symptoms of hypoglycemia.

Test blood glucose to confirm.

Consume a snack of carbohydrates.

Retest in 15 to 20 min and repeat if still low

Carry a carbohydrate snack at all times.

Contraindications

Pregnancy, lactation (insulin is recommended during pregnancy)

Diabetic ketoacidosis

Precautions

Renal or hepatic dysfunction

Adrenal or pituitary insufficiency

Interactions

Alcohol poses a risk for a disulfiram (Antabuse)-like reaction (nausea, palpitations, flushing) and increases hypoglycemic effects.

Sulfonamide antibiotics, NSAIDs, oral anticoagulants, salicylates, monoamine oxidase inhibitors, and cimetidine (Tagamet) increase hypoglycemic effects.

Thiazides counteract hypoglycemic effects

Beta blockers mask manifestations of hypoglycemia



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