

Epinephrine Trade: Adrenalin

Category Class	Pharm: adrenergic Ther: anti asthmatic, bronchodilator, vasopressor
Action	Affects both beta1 (cardiac) & beta2 (pulmonary) receptor sites. Produces bronchodilator. Also has alpha adrenergic agonist properties which result in vasoconstriction.
Indications	Severe allergic reactions, hypotension assoc. w/ septic shock, adjunct in localization/prolongation of anesthesia, Cardiac arrest (VF, pulseless VT, systole, PEA), asthma
Adverse effects	restlessness, tremor, angina, arrhythmia, hypertension, tachycardia, necrotizing fasciitis, PARADOXICAL BRONCHOSPASM (EXCESSIVE USE OF INHALERS)
Contraindications/Precautions	CI: hypersensitivity; Caution: CV disease, HTN, hypertyroidism, DM, cerebral arteriosclerosis, glaucoma, Parkinson's, OB/lactation, geriatric (more susceptible to adverse reactions; may require decrease dose)
Interactions	Additive adrenergic side effects w/ other adrenergic drugs; Decreased therapeutic effects w/ adrenergic antagonists (some antiHTNs); Anesthetics can increase risk for dysrhythmias; MAOIs may cause life-threatening hypertensive crisis; Antihistamine & thyroid preps can ^ effects of adrenergics
Dosage	Anaphylaxis: SubQ 0.3-0.5 mg repeated q10-15 min if required; Cardiac arrest: IV 1 mg q3-5 min if required

Epinephrine Trade: Adrenalin (cont)

Nursing Interventions	Obtain past & present medication hx; <i>Accurate dosing, use, pump settings</i> ABG levels & ECG findings; Liver & renal function tests; Monitor IV infusion site; Assess RR, pulse, & BP before, during and after admin;
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Adenosine Trade: Adenocard

Category Class

Action

Indications

Contraindications

Adverse Effects

Interactions

Dosage

Nursing Interventions

Amiodarone Trade: Paceron

Category Class III antiarrhythmics

Class

Action Prolongs action potential duration and effective refractory period, noncompetitive α - and β -adrenergic inhibition; increases PR and QT intervals, decreases sinus rate, decreases peripheral vascular resistance

Indications Hemodynamically unstable Vtach, SVT, Vfibr not controlled by 1st-line agents

Adverse Effects visual disturbances, photosensitivity, BBW: hepatotoxicity, pulmonary toxicity, proarrhythmic effects



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Amiodarone Trade: Paceron (cont)

Contra- CI: Pregnancy/BF, infants, severe sinus node dysfunction,
indica- hypersensitivity to this product/iodine/benzyl alcohol,
tions/ cardiogenic shock **BLACK BOX WARNING:** 2nd-3rd
Precau- degree AV block, bradycardia; Precautions: Goiter,
tions Hashimoto's thyroiditis, electrolyte imbalances, HF, severe
respiratory disease, children, torsades de pointes **BLACK
BOX WARNING:** Cardiac arrhythmias, pneumonitis,
pulmonary fibrosis, severe hepatic disease

Intera- digoxin: increased blood levels, increased toxicity;
ctions Warfarin: increased bleeding, dabigatran

Dosage IV: 150 mg over 10 min; PO: usual maintenance 200-600
mg/day

Nursing monitor PT, INR if using warfarin; Monitor ECG, BP
Interv- continuously; Monitor for adverse effects
entions

Atropine

Category Pharm: anticholinergic Ther: antiarrhythmics
Class

Action Blocks acetylcholine at parasympathetic neuroeffector
sites; increases cardiac output, heart rate by blocking
vagal stimulation in heart; dries secretions by blocking
vagus

Indica- Bradycardia, bradydysrhythmia, reversal of anticholines-
tions terase agents, decreasing secretions before surgery,
antispasmodic with GU and biliary surgery, bronchodi-
lator, AV heart block, rapid-sequence intubation

Adverse tachycardia, dysrhythmias, constipation, sedation,
Effects urinary retention

Atropine (cont)

Contra- angle-closure glaucoma; caution: severe renal/hepatic
indica- dysfunction, hiatal hernia assoc. w/ reflux esophagitis,
tions/ intestinal atony, GI/GU obstruction, severe ulcerative
Precau- colitis
tions

Intera- additive anti-cholinergic effects w/ other drugs that
ctions possess same side effects (amantadine, antihistamines,
tricyclic antidepressants); increased effects of digoxin
when combined

Dosage IV 0.5- 1 mg q3-5 min (max 3 mg)

Nursing Monitor I&O ratio; Monitor ECG; Monitor for bowel
Interv- sounds; Monitor respiratory status & cardiac status;
entions Beers: Avoid in older adults

Dopamine

Category Ther: Agonist, vasopressor, inotropic agent Pharm: Ca-
Class techolamine

Action Causes increased cardiac output; acts on β_1 - and α -
receptors, causing vasoconstriction in blood vessels;
when low doses are administered, causes renal and
mesenteric vasodilatation; β_1 stimulation produces
inotropic effects with increased cardiac output

Indica- Shock; to increase perfusion; hypotension, cardiogenic/-
tions septic shock

Contra- CI: Hypersensitivity, Vfib, tachydysrhythmias, pheoch-
indicatio- chromocytoma, hypovolemia; Precautions: OB/Lactation,
ns/Pre- geriatric, arterial embolism, PVD, sulfite hypersensitivity,
cautions acute MI; **BLACK BOX WARNING:** Extravasation



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Dopamine (cont)

Adverse Effects	Palpitations, tachycardia, HTN, ectopic beats, angina, wide QRS complex, Necrosis, tissue sloughing w/extravasation, gangrene, headache, diarrhea
Interactions	α -Adrenergic & β -adrenergic blockers: decreased action of Dopamine; Anesthetics (general): increased dysrhythmias; Antidepressants (tricyclic): increased pressor response; MAOIs: increased HTN (severe), do not use within 2 wk; Oxytocics: increased BP; Phenytoin: bradycardia, hypotension
Dosage	IV 1-50 mcg/kg/min
Nursing Interventions	• Monitor ECG for dysrhythmias; also monitor PCWP, CVP, CO ₂ , urinary output; Assess for HF; Assess for oxygenation or perfusion deficit; Monitor BP & HR q5min during inf; if BP drops 30 mmHg, stop inf & call prescriber; BBW: Check for extravasation: if this occurs, admin phentolamine mixed w/0.9% NaCl

Magnesium Sulfate HIGH ALERT

Category/Class	Func. class: Electrolyte; anticonvulsant, laxative, saline; antacid
Action	Increases osmotic pressure, draws fluid into colon, neutralizes HCl
Indications	Constipation, bowel prep, anticonvulsant, preterm labor, preeclampsia/eclampsia; tx of torsades, adjunct tx for bronchodilation in moderate-severe acute asthma

Magnesium Sulfate HIGH ALERT (cont)

Contraindications/Precautions	CI: Hypersensitivity, abdominal pain, N/V, obstruction, acute surgical abdomen, rectal bleeding, heart block, myocardial damage; Precautions: Pregnancy, renal disease/cardiac disease
Adverse Effects	respiratory depression/paralysis, bradycardia, hypotension, hypothermia, arrhythmias, diarrhea, prolonged bleeding times, cramps
Interactions	Antihypertensives (CCB): increased hypotension; Antiinfectives (fluoroquinolones, tetracyclines): decreased absorption; Neuromuscular blockers: increased effects; Digoxin: decreased effect of digoxin; Nitrofurantoin: decreased absorption
Dosage	Seizures/HTN: IM/IV 1 g q6h for 4 doses prn; Torsades: IV (infants & children) 25-50 mg/kg/dose q4-6h prn; Bronchodilation: IV (adults) 2 g single dose, (children) IV 25 mg/kg/dose; Eclampsia/Preeclampsia: IV/IM 4-5 g infusion, concurrently w/up to 5 g in each buttock, then 4-5 g IM q4h or IV inf 4 g followed by 1-2 g/h continuous infusion
Nursing Interventions	Monitor HR, BP, RR, & ECG freq throughout IV admin; Monitor neuro status, initiate seizure precautions; Assess patellar reflex before each IV dose: if absent, do not admin; Monitor I&O ratios; Monitor newborn for hypotension, hyporeflexia, & respiratory depression; Monitor serum mag levels & renal functions periodically



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Sodium Bicarbonate

Category Class	Pharm: alkalinizing agent; Ther: anti ulcer agent
Action	acts as an alkalinizing agent by releasing bicarbonate ions; oral admin, releases bicarbonate which neutralizes gastric acid
Indications	management of metabolic acidosis, alkalinize urine & promote excretion of certain drugs in OD; antacid; stabilization of acid-base status in cardiac arrest; tx of life-threatening hyperkalemia
Contraindications/Precautions	CI: Respiratory/metabolic alkalosis, hypochloremia, hypocalcemia; Precautions: Pregnancy, HF, cirrhosis, toxemia, renal disease, HTN, hypokalemia, lactation, hypernatremia, Cushing's syndrome, children
Adverse Effects	metabolic alkalosis, edema, tetany, gastric distention
Interactions	Amphetamines, anorexiant, sympathomimetics: increased blood levels; decreased effects of ketocozazole; urinary alkalization may decrease salicylate or barbiturate blood levels; increase risk of crystalluria from quinolones; may negate protective effects of enteric-coated products (do not admin w/in 1-2 hr)
Dosage	Systemic Alkalinization/Cardiac Arrest: urgent- IV 1 mEq/kg, may repeat 0.5 mEq/kg q10 min; less urgent- 2-5 mEq/kg as 4-8h infusion; Alkalinization of Urine: PO (Adults) 48 mEq (4g) initially, then 12-24 mEq q4h, IV 2-5 mEq/kg as 4-8h infusion; Antacid tabs 325 mg- 2 g 1-4x/day

Sodium Bicarbonate (cont)

Nursing Interventions	Assess fluid balance, fluid overload, for s/s of acidosis, alkalosis, hypernatremia, or hypokalemia; observe IV site closely for extravasation; Assess for epigastric pain, bloody stools/emesis/gastric aspirate; monitor ABGS, urine pH, renal function, gastric acid secretion test, electrolyte levels, serum osmolarity; advise pt to avoid milk products (milk-alkali syndrome)
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Etomidate HIGH ALERT

Category Class	Pharm: nonbarbiturates; Ther: general anesthetics
Action	Hypnotic CNS depressant w/out analgesic activity
Indications	induction of general anesthesia; supplemental anesthesia w/other agents (nitrous oxide) for short procedures
Contraindications/Precautions	CI: Hypersensitivity, prolonged infusion not recommended (surpasses cortisol production), Pregnancy, L&D; Precautions: severe stress (may require supplemental corticosteroids), geriatric, lactation, children < 10yr
Adverse Effects	apnea, laryngospasm, transient skeletal muscle movements, hypo/hypertension, arrhythmias, hypo/hyperventilation
Interactions	Increase CNS depression w/other CNS depressants including antihistamine, antidepressants, sedative/hypnotics, antipsychotics, and opioids (decrease dose of others); verapamil may increase anesthetic effect, which may increase risk of respiratory depression & apnea
Dosage	IV 0.2-0.6 mg/kg (usual 0.3 mg/kg) for induction



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Etomidate HIGH ALERT (cont)

Nursing Interventions Assess respiratory status, HR, & BP continuously; Maintain patent airway & adequate ventilation; Assess level of sedation & LOC throughout & following admin; May cause inj site pain; Monitor for toxicity OD; HIGH ALERT: should only used by individuals experienced with endotracheal intubation; have airway equip readily available

Succinylcholine Trade: Anectine, Quelicin

Category Class Func. class: Neuromuscular blocker (depolarizing—ultra short)

Action Inhibits transmission of nerve impulses by binding with cholinergic receptor sites, antagonizing action of acetylcholine; causes release of histamine

Indications Facilitation of endotracheal intubation, skeletal muscle relaxation during orthopedic manipulations

Contraindications/Precautions CI: Hypersensitivity to succinylcholine or parabens, malignant hyperthermia; Precautions: Pregnancy, lactation, geriatric or debilitated patients, severe burns, fractures, electrolyte imbalances, neuromuscular disease, glaucoma, renal/hepatic/cardiac/respiratory disease, hyperkalemia; BBW: Myopathy, rhabdomyolysis, children <2 yr

Adverse Effects Apnea, hyperkalemia, rhabdomyolysis, anaphylaxis, malignant hyperthermia, arrhythmias, bradycardia, hypotension, bronchospasm

Succinylcholine Trade: Anectine, Quelicin (cont)

Interactions Intensity &/or duration of paralysis may be prolonged by pretreatment w/ general anesthetics, aminoglycosides, polymyxinB, colistin, clindamycin, lidocaine, quinidine, procainamide, beta blockers, lithium, cyclophosphamide, phenelzine, potassium-losing diuretics, & magnesium salts; Increase risk of adverse CV reactions w/ opioid analgesics or digoxin

Dosage Short procedures: IV 0.6 mg/kg up to 150 mg total dose, maintenance 0.3-0.6 mg/kg q5-10 min prn; Prolonged procedures: IV 2.5 mg/min infusion; IM dose up to 3-4 mg/kg (do not exceed 150 mg)

Nursing Interventions Assess respiratory status continuously; Monitor neuromuscular response; Monitor ECG, HR, & BP; Assess for hx of malignant hyperthermia before admin and monitor for signs throughout; Have airway equip readily available; monitor for hyperkalemia; HIGH ALERT: admin w/out ventilatory support results in serious harm and death, use caution and verify correct med and dosage

Propofol Trade: Diprivan

Category Class Ther: general anesthetics Func: hypnotic

Action Produces dose-dependent CNS depression by activation of GABA receptor; short-acting hypnotic; produces amnesia

Indications Induction or maintenance of anesthesia as part of balanced anesthetic technique; sedation in mechanically ventilated patients



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Propofol Trade: Diprivan (cont)

Contra-indications/-Precautions	Hypersensitivity to product or soybean oil, egg, benzyl alcohol, OB/Lactation; Precautions: CV disease, lipid disorders, increased ICP, cerebrovascular disorder, hypovolemia, pediatrics, geriatrics
Adverse Effects	apnea, bradycardia, hypo (more common)/hypertension, green urine, burning pain or stinging at IV site, PROPOFOL INFUSION SYNDROME
Interactions	Additive CNS & respiratory depression w/ alcohol, anti-stamine, opioid analgesics, & sedative/hypnotics; Theophylline may antagonize CNS effect of propofol; Cardiorespiratory instability w/ acetazolamide; serious bradycardia w/ fentanyl use in children; increase risk hypertriglyceridemia w/ intravenous fat emulsion
Dosage	ICU sedation Adult: IV 5 mcg/kg/min over 5 min; may increase by 5-10 mcg/kg/min over 5-10 min until desired response
Nursing Interventions	Assess respiratory status, pulse, & BP continuously; airway maintenance equip readily available; assess level of sedation & LOC throughout & following admin; ICU sedation: wake-up & assess CNS function daily, abrupt d/c may cause rapid awakening w/ anxiety and mechanical ventilation resistance; assess for propofol infusion syndrome

Naloxone Trade: Narcan

Category Class	Ther: antidote; Pharm: opioid antagonist
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Naloxone Trade: Narcan (cont)

Action	Competively blocks effects of opioids, including CNS & respiratory depression, without producing any agonist (opioid-like) effects
Indications	Reversal of CNS & respiratory depression because of suspected opioid OD
Contra-indications/-Precautions	CI: Hypersensitivity ; Precautions: CV disease, pt physically dependent on opioids, OB/lactation, pediatrics
Adverse Effects	Ventricular arrhythmias, hypo/hypertension, N/V
Interactions	Can precipitate withdrawal in pts physically dependent on opioids; larger doses may be required to reverse effects of buprenorphine, butorphanol, or nalbuphine; antagonizes post-op opioid analgesics
Dosage	Opioid OD tx: IV 0.4-2 mg, repeat 2-8 min prn; Post-op anesthesia reversal: IV 0.1-0.2 mg, repeat at 2-3 min intervals
Nur	Monitor respiratory status, pulse, ECG, BP, & LOC frequently for 3-4h after the expected peak of blood concentrations; pt receiving opioids > 1wk have increased sensitivity to effects, dilute & admin in slow increments; Assess pain level in post-op respiratory depression; Assess s/s of withdrawal

Diltiazem Trade: Cardizem

Category Class	Pharm: CCB; Ther: antianginal, Class IV antiarrhythmics, antihypertensive
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Diltiazem Trade: Cardizem (cont)

Action Inhibits transport of calcium into myocardial & vascular smooth muscle cells resulting in inhibition of excitation-contraction coupling and subsequent contraction; produces relaxation of coronary vascular smooth muscle, dilates coronary arteries, slows SA/AV node conduction times, dilates peripheral arteries

Indications HTN; angina pectoris & vasospastic (Prinzmetal's) angina; Supraventricular tachyarrhythmias and rapid ventricular rates in atrial flutter or fibrillation

Contraindications/Precautions CI: Sick sinus syndrome, 2nd- or 3rd-degree heart block, Systolic BP < 90, recent MI or pulmonary congestion; Precautions: OB/Lactation/Pedi, HF, severe renal/hepatic disease, ventricular dysfunction, geriatric

Adverse Effects peripheral edema, arrhythmias, HF, SJS, tachycardia/bradycardia, hypotension, dyspnea

Interactions Increase hypotension may occur w/ fentanyl, other antihypertensives, nitrates, alcohol ingestion, or quinidine; Antihypertensive effects may decrease w/ NSAIDs; Beta Blockers may result in bradycardia & AV block; Increase digoxin levels; Statins increase risk for statin toxicity; azole antifungals, clarithromycin, erythromycin, HIV drugs may decrease metabolism resulting in elevated levels & effects of CCBs; cyclosporine increase risk of toxicity to either drug

Diltiazem Trade: Cardizem (cont)

Dosage PO initial dose 30 mg qid; range of 120-360 mg divided in 3-4 doses; ER: 120-320 mg/day; IV 0.25mg/kg, may repeat in 15 min w/dose of 0.35 mg/kg. May follow w/ continuous infusion at 10 mg/h (range 5-15 mg/h) for up to 24h.

Nursing Interventions Monitor BP & pulse before, throughout, & after; Monitor ECG periodically w/ prolonged therapy; Monitor I&O ratios & daily weights; Assess signs of HF; Assess for SJS; Assess location, duration, intensity, & precipitating factors of angina; Report bradycardia or prolonged hypotension immediately, emergency equip & medication readily available; Monitor serum potassium, renal/hepatic functions periodically

Aspirin

Category Class Ther: antipyretic, nonopioid analgesic; Pharm: salicylates

Action Produce analgesia by Blocks pain impulses by blocking COX-1 in CNS; reduce inflammation by inhibiting prostaglandin synthesis; antipyretic action results from vasodilatation of peripheral vessels; decreases platelet aggregation

Indications Inflammatory disorders including rheumatoid arthritis & osteoarthritis; mild-moderate pain; fever; prophylaxis of TIAs & MI

Contraindications/Precautions CI: Hypersensitivity to salicylates or NSAIDs, bleeding disorders or thrombocytopenia, pediatrics; Precautions: hx of GI bleed or ulcer disease, chronic alcohol abuse, severe renal/hepatic disease, OB/Lactation, geriatrics



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Aspirin (cont)

Adverse Effects	GI Bleed, dyspepsia, epigastric distress, anaphylaxis, laryngeal edema, tinnitus
Interactions	Increase risk bleeding w/ heparin, warfarin, thrombolytic agents; Ibuprofen may negate the cardio protective antiplatelet effects; Combined use w/ steroids or non aspirin NSAIDS increases GI irritation
Dosage	MI prophylaxis: PO 81-325 mg/day; Pain/Fever: 325-1000 mg q4-6hr; Inflammation: PO 2.4 g/day initially, increase to maintenance dose of 3.6-5.4 g/day divided doses; TIA prophylaxis: PO 50-325 mg/day
Nursing Interventions	Pt w/ asthma, allergies, nasal polyps, or allergic to tartrazine have increased risk hypersensitivity; Assess pain type, location, intensity; Assess fever and signs; Monitor hepatic function, serum salicylate levels, hematocrit, and bleeding times

Nitroglycerin

Category Class	Ther: Coronary vasodilator, antianginal; Pharm: Nitrate
Action	Decreases preload and afterload; Increases coronary blood flow by dilating coronary arteries & improving collateral flow to ischemic regions; produces vasodilation (venous > arterial); reduced myocardial O2 consumption
Indications	Chronic stable angina pectoris, prophylaxis of angina pain, HF associated with acute MI, controlled hypotension in surgical procedures

Nitroglycerin (cont)

Contraindications/Precautions	CI: hypersensitivity, increased ICP, cerebral hemorrhage, closed-angle glaucoma, cardiac tamponade, hypovolemia, constrictive pericarditis, severe anemia; Precautions: head trauma, cerebral hemorrhage, glaucoma, cardiomyopathy, severe liver impairment, malabsorption or hyper motility, cardioversion, OB/Lactation/Pedi
Adverse Effects	dizziness, headache, hypotension, tachycardia
Interactions	Alcohol: increased hypotension, CV collapse; Aspirin: increased nitrate level; Heparin: decreased effects (with IV nitroglycerin); Avanafil, sildenafil, tadalafil, vardenafil: increased fatal hypotension, do not use together; Antihypertensives, β -adrenergic blockers, CCBs, diuretics: increased hypotension
Dosage	Adult: SL dissolve tab under tongue when pain begins; may repeat q5min until relief; do not exceed 3 tab/15 min; use 1 tab prophylactically 5-10 min before activities; TOP 1-2 inches q8hr; increase to 4 in q4hr prn; IV 5 mcg/min, then increase 5 mcg/min q3-5min; if no response after 20 mcg/min, increase 10-20 mcg/min until desired response; transdermal apply patch daily; remove patch at bedtime to avoid tolerance
Nursing Interventions	Assess location, duration, intensity, & precipitation factors of angina; Monitor BP & pulse before/after; Continuous ECG & BP monitoring for IV use



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Morphine HIGH ALERT

Category Class	Ther: opioid analgesic Pharm: opioid agonist
Action	Binds to opiate receptors in CNS, alters perception of & response to painful stimuli while producing generalized CNS depression
Indications	Moderate to severe pain Unlabeled uses: Agitation, bone/dental pain, dyspnea in end-stage cancer or pulmonary disease, sedation induction, rapid-sequence intubation
Contraindications/Precautions	CONTRAINDICATIONS Hypersensitivity, addiction (opioid/alcohol), hemorrhage, bronchial asthma, increased ICP, paralytic ileus; BBW: Respiratory depression; Precautions: OB/Lactation, children, geriatric, acute MI, severe cardio/pulmonary/renal/hepatic disease, abrupt d/c, seizures; BBW: Accidental exposure, epidural/intrathecal/IM/SubQ administration, opioid-naive patients, substance abuse
Adverse Effects	Respiratory depression/arrest, bradycardia, hypotension, tolerance, dependence
Interactions	Alcohol: increased effects with other CNS depressants; Rifampin: decreased analgesic action; Antipsychotics, opiates, sedative-hypnotics, skeletal muscle relaxants: increased effects with other CNS depressants; MAOIs: unpredictable reaction may occur; avoid use; Chamomile, kava, St. John's wort, valerian: increased CNS depression
Dosage	PO regular-release Adult ≥50 kg: Initially, 10-30 mg q3-4hr prn; Adult <50 kg/geriatric patient: May require lower doses and/or extended dosing intervals, doses should be titrated carefully; IV/IM/subcut Adult ≥50 kg: 2.5-15 mg q2-6hr as needed, titrate or a loading dose of 0.05-0.1 mg/kg IV, followed by 0.8-10 mg/hr IV, titrate Adult <50 kg/geriatric patient: May require lower doses and/or extended dosing intervals 0.1 mg/kg q3-4hr, titrate

Morphine HIGH ALERT (cont)

Nursing Interventions	Assess pain: location, type, character, intensity, give dose before pain becomes extreme; Monitor I&O, CNS changes; BBW: Abrupt discontinuation: gradually taper to prevent withdrawal symptoms, Accidental exposure: if Duramorph or Infamorph gets on skin, remove contaminated clothing and rinse affected area with water; Assess respiratory dysfunction: depression, character, rate, rhythm; notify prescriber if respirations are <12/min
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