

metformin (Glucophage)						
Class/Use	MOA	Indications	Nursing Implementations	Adverse Reactions	Contra-indications	Benefits
antidiabetic/hypoglycemics	DECREASES hepatic glucose production (gluconeogenesis) and REDUCES insulin resistance	DM II management, alone or in combo. LOWERS serum glucose by inhibiting HEPATIC glucose production and increasing peripheral tissue to insulin.	Drug-to-drug interactions; ER should be taken with evening meal; Caution with RENAL, LIVER, or HEART disease; can cause B12 deficiency. Monitor for false-positive for urinary ketones; PT/Med education; med causes decreased b12 absorption; Garlic can increase hypoglycemic effects; hemodialysis can correct lactic acidosis and remove access metformin	LACTIC ACIDOSIS GI: N/v, diarrhea, metallic taste, anorexia. Other: headache, dizziness, agitation, fatigue CAUTION with patients who experience: anemia, diarrhea, vomiting, dehydration, fever, gastroparesis, GI obstruction, hyperthyroid, pituitary insufficiency, trauma, pregnancy, lactation, and elderly.	CKD due to toxic levels; HF, LF, history of lactic acidosis or infection; NO USE 2 days prior to and after IV contrast	No hypoglycemia; 10 years and older - OK; lowers triglyceride and total and low-density (LDL) levels and promotes weightloss; OFF-label: polycystic ovary syndrome

metformin (Glucophage) (copy)						
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### metformin (Glucophage) (copy) (cont)

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### DM Drug Types

Oral Hypoglycemics	Injectable Drugs
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|---------------------------|---|
| 1. Biguanides - metformin | 1. Rapid-acting insulin: lispro, aspart, glulisine          |
|                           | 2. Short-acting insulin: (Regular)                          |
|                           | 3. Intermediate insulin: (NPH)                              |
|                           | 4. Long-acting insulin: glargine                            |
|                           | 5. Incretin Agents: exenatide, liraglutide, and dulaglutide |



