metformin (Glucophage)

Class/Use	MOA	Indications	Nursing Implementations	Adverse Reactions	Contra-indica-tions	Benefits
antidiabe-tic/hypog-lycemics	DECREASES hepatic glucose production (gluconeo-genesis) and REDUCES insulin resistance	DM II manage-ment, 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 corrrect lactic acidosis and remove access metfomin	LACTIC ACIDOSIS GI: N/v, diarrhea, metallic taste, anorexia. Other: headache, dizziness, agitation, fatigue CAUTION with patients who experience: anemia, diarrhea, vomiting, dehydr-ation, 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 hypogl-ycemia; 10 years and older - OK; lowers trigly-ceride and total and low-density (LDL) levels and promotes weightloss; OFF-label: polycystic ovary syndrom

metformin (Glucophage) (copy)

Class/Use	MOA	Indications	Nursing Implementations	Adverse Reactions	Contraindications	Benefits

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metformin (Glucophage) (copy) (cont)						
antidiabetic/hypoglycemics	DECREASES hepatic glucose production (gluconeogenesis) and REDUCES insulin resistance	DM II management, alone or in combo	Monitor for false-positive for urinary ketones; PT/Med education; med causes decreased b12 absorption; Garlic can increase hypOglycemic effects; hemodialysis can corrrect lactic acidosis and remove access metfomin	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 weight-loss; OFF-label: polycystic ovary syndrom

DM Drug Types	
Oral Hypoglycemics	**Injectable Drugs**
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

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