

| Medication (Generic /or Trade) | Classification & Action | Why is your patient taking this drug? | Nursing Implications | Side Effects |
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| Atenolol | Therapeutic: Antianginals, antihypertensives Pharmacologic: beta blockers Decreased blood pressure and heart rate. Decreased frequency of angina pectoris. Prevention of MI | History of Hypertension | Monitor BP, ECG, and pulse frequently. Monitor I&O. Daily weights. Assess for CHF routinely. Monitor frequency of refills. Assess frequency and characteristics of angina. Take apical pulse before administering PO. | Fatigue, weakness, anxiety, depression, dizziness, drowsiness, insomnia, memory loss, mental status changes, nervousness, nightmares. Blurred vision, stuffy nose. Wheezing. Bradycardia. CHF, pulmonary edema, hypotension, constipation, diarrhea, liver function, nausea, vomiting, urinary frequency, rashes, back pain. |
| Niacin | Therapeutic: lipid lowering agents, vitamins Pharmacologic: water-soluble vitamins Treatment and prevention of niacin deficiency (pellagra). Adjunctive therapy in certain hyperlipidemias | History of dyslipidemia Also taking folic acid | Assess patients for signs of niacin deficiency (pellagra-dermatitis, stomatitis, glossitis, anemia, nausea, vomiting, confusion, memory loss, and delirium). Obtain diet history, especially with regard to fat consumption. | Nervousness, pain, blurred vision, loss of central vision, proptosis, toxic amblyopia, orthostatic hypertension, hepatotoxicity, GI upset, bloating, diarrhea, dry mouth, flatulence, heartburn, hunger pains, nausea, peptic ulceration. (Adverse reactions/side effects refer to IV administration or doses used to treat hyperlipidemias.) |
| Protonix | Therapeutic: antiulcer agents Pharmacologic: proton-pump inhibitors Diminished accumulation of acid in the gastric lumen, with lessened acid reflux. Healing of duodenal ulcers and esophagitis. Decreased acid secretion in hypersecretory conditions. | Taking aspirin daily | Assess pt for epigastric or abdominal pain and for frank or occult blood in stool, emesis, or gastric aspirate. May cause abnormal liver function tests, including increased AST, ALT, alkaline phosphatase, and bilirubin. | Headache, abdominal pain, diarrhea, eructation, flatulence, hyperglycemia. |

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| Diovan | <p>Therapeutic: antihypertensives Pharmacologic: angiotension II receptor antagonists</p> <p>Lowering of blood pressure. Slowed progression of diabetic nephropathy. Reduced cardiovascular death and hospitalizations due to CHF in patients with CHF. Decreased risk of cardiovascular death in patients with left ventricular systolic dysfunction who are post-MI. Decreased risk of stroke in patients with hypertension and left ventricular hypertrophy.</p> | History of Hypertension | <p>Assess blood pressure when lying, sitting, and standing periodically during therapy. Assess patients for signs of angioedema (dyspnea, facial swelling). Monitor daily weight and assess patient for fluid overload (peripheral edema, rales/crackles, dyspnea, weight gain, jugular vein distension. Monitor renal function and electrolyte levels. Serum potassium, BUN, and serum creatinine may be elevated.</p> | <p>Dizzineses, anxiety, depression, fatigue, headache, insomnia, weakness, hyoptension, chest pain, edema, tachycardia, rashes, nasal congestion, pharyngitis, rhinitis, sinusitis, abdominal pain, diarrhea, drug-induced hepatitis, dyspepsia, nausea, vomiting, impaired renal function, hyperkalemia, arthralgia, back pain, myalgia, angioedma.</p> |
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