

Pharmacology For Nurses Study Guide

Heart Failure

Patho

HF-HEART FAILURE (failure to PUMP forward)
HF-HEAVY FLUID (lungs & body)

Memory Trick:

S-Sodium Swells
W-Weight Gain = Water Gain Crisis!

Signs & Symptoms

<p>R-RIGHT sided HF R-ROCKS the BODY with fluid Peripheral Edema Weight Gain = Water Gain Edema (pitting) JVD (big neck veins) Abdominal Growth Ascites Hepatomegaly (big liver) Splenomegaly (big spleen)</p>	<p>L-LEFT sided HF L-LUNG fluid "Pulmonary Edema" Crackles "rales" that don't clear with cough (NOT rhonchi or wheeze) Frothy Pink "blood tinged" sputum orthopnea-dyspnea while lying flat</p>
--	---

Causes

<p>R-RIGHT sided HF Left sided HF can cause Right HF Pulmonary HTN Fibrotic Lungs "stiff lungs"</p>	<p>L-LEFT sided HF (weak heart = weak pump) MI (heart attack) Ischemic Heart Disease (CAD, ACS)</p>
---	---

Treatment Priority

KEY WORDS: new, sudden, worsening, rapid = Pulmonary Edema **CRISIS** (Lung Fluid!)

#1 Furosemide "Body Dried" (drain fluid)
H-HOB 45 degrees + (semi fowlers, high fowlers, orthopneic position)
O-Oxygen
P-Push Furosemide + Morphine, Positive inotropes
E-End sodium & fluids (Sodium Swells)
NO drinking fluids + STOP IV fluids

Diagnostic tests

Labs: BNP-"Broken Ventricles"
300+ Mild • 600+ Moderate • 900+ SEVERE HF

Echo
 Ejection Fraction 40% or LESS is HFI (normal 55-70%)
 LVH-Left Ventricular Hypertrophy

Hemodynamic Monitor "Swan Ganz" (Pulmonary artery catheter)
 CVP (norm: 2-8) Over 8 = NOT GREAT

Risk Factors

#1 risk factor is HTN
 ECG Dysrhythmias (Atrial Fibrillation)
 Valvular Malfunction (mitral valve regurgitation)
 Cardiomyopathy

Nursing Care

DR. BEDS

D-Diet: Low SCC (Sodium, Calories, Cholesterol)
 Low Sodium & Fluid (2L + 2g or LESS/day)
NO OTC meds (Cough or Flu, Antacids or NSAIDS) **NO** Canned or packaged foods (chips, sauces, meats, cheeses, wine)

R-Risk for Falls! (Change positions slowly!)

B-Blood Pressure & BNP (should NOT be increasing)

E-Elevate HOB & Legs (with pillows) high fowlers

D-Daily Weights and Is and Os (Over 3 lbs/day or 5 lbs in 7 days) = Worsening! **NO**

S-Stairs (No sex until able to climb 2 flights of stairs without dyspnea)

S-Stocking (TED hose) (decreases blood pooling, remove daily)

NEVER massage calves (CHF patients) **NO**

Pharmacology

A-ACTS on BP only (not HR)

A-ACE (-pril) Lisinopril "chill pril" 1st choice

A-ARBS (-sartan) Losartan "relax man" 2nd choice

A-Avoid Pregnancy
A-Angioedema (Airway Risk) *only Ace
C-Cough *only Ace
E-Elevated K+ (normal 3.5-5.0)

B-BETA BLOCKERS (-lol) Ateno**LOL** "LOL = LOW"
 Blocks both BP & HR (**AVOID** Low HR & BP)
 Caution: **HOLD IF:**
B-Bradycardia (LESS than 60) & BP low (90/60)
 only hold if the patient is in an acute exacerbation of CHF
B-Breathing problems "wheezing" (Asthma, COPD)
B-Bad for Heart Failure patients
B-Blood sugar masking "hides S/S" (Diabetics)

C-CALCIUM CHANNEL BLOCKERS
 Calms BP & HR (**AVOID** Low HR & BP)
 (Nifedipine)
-dipine "declined BP & HR"
-amilipine "chill heart"

D-DIURETICS Drain Fluid
D-Drains Fluid "Diurese" "Dried"
K+ Wasting-Furosemide & Hydrochlorothiazide (caution: Low K+, Eat melons, banana & green leafy)
K+ Sparing-Spironolactone "Spare potassium" (**AVOID** Salt Substitutes, melons & green leafy)

D-DILATORS (Vasodilators)
 Nitroglycerin, Isosorbide
 Nitroglycerin "Nitro = Pillow for heart"
 Caution: **NO** Viagra "-afil" Sildenafil = **DEATH!**
 Nitro drip: **STOP** = Systolic BP below 90 or 30 mmHg Drop
 Adverse effect:
 HA= side effect
 Low BP= adverse effect (SLOW position changes)

D-DIGOXIN (Inotropic)
 Digs for a DEEP contraction
 Increased contractility
 Apical Pulse x 1 minute
 Toxicity (over 2.0) Vision changes, N/V **TEST TIP**
 Potassium 3.5 or less (higher r/t toxicity)

Notes

Pharmacology for nurses study guide is an essential tool for nursing students and practicing nurses, providing critical information needed to understand medications and their effects on patients. As the healthcare environment continues to evolve, the complexity of pharmacological knowledge required by nurses increases. This study guide aims to break down essential pharmacological concepts, drug classifications, mechanisms of action, and nursing considerations, all of which are vital for safe and effective patient care.

Understanding Pharmacology

Pharmacology is the study of drugs and their effects on the human body. It encompasses a variety of disciplines including biochemistry, physiology, and toxicology. For nurses, understanding pharmacology is crucial for administering medications safely and effectively.

Key Concepts in Pharmacology

1. **Pharmacokinetics:** This refers to how the body absorbs, distributes, metabolizes, and excretes drugs. Understanding this process is vital for determining the correct dosage and timing for medication administration.

- **Absorption:** How a drug enters the bloodstream.
- **Distribution:** How the drug spreads throughout the body.
- **Metabolism:** How the drug is broken down, primarily by the liver.
- **Excretion:** How the drug is eliminated from the body, usually through the kidneys.

2. **Pharmacodynamics:** This is the study of how drugs affect the body, including the mechanisms of action and the relationship between drug concentration and effect.

3. **Drug Interactions:** Understanding potential interactions between different medications is crucial. Drug interactions can lead to increased toxicity or reduced efficacy.

4. **Therapeutic Index:** This is a measure of a drug's safety. It is the ratio between the toxic dose and the therapeutic dose. A low therapeutic index indicates a higher risk for toxicity.

Drug Classifications

Drugs are categorized based on their therapeutic effects, mechanisms of action, and chemical structures. Here are some common classifications:

1. Analgesics

- **Opioids:** Used for severe pain (e.g., morphine, fentanyl).
- **Non-opioids:** Used for mild to moderate pain (e.g., acetaminophen, ibuprofen).

2. Antibiotics

- Penicillins: Effective against certain bacterial infections (e.g., amoxicillin).
- Cephalosporins: Broader spectrum antibiotics (e.g., cephalexin).

3. Antihypertensives

- ACE Inhibitors: Help lower blood pressure (e.g., lisinopril).
- Beta Blockers: Reduce heart rate and blood pressure (e.g., metoprolol).

4. Antidepressants

- SSRIs: Selective serotonin reuptake inhibitors (e.g., fluoxetine).
- SNRIs: Serotonin-norepinephrine reuptake inhibitors (e.g., venlafaxine).

5. Antidiabetic Medications

- Insulin: Regulates blood sugar levels.
- Oral hypoglycemics: Medications like metformin that help lower blood sugar.

Medication Administration

The safe administration of medications involves several critical steps. Nurses must adhere to the "Five Rights" of medication administration to minimize errors.

The Five Rights of Medication Administration

1. Right Patient: Verify the patient's identity using two identifiers (e.g., name and date of birth).
2. Right Drug: Ensure the medication matches the order.
3. Right Dose: Confirm the dosage is appropriate for the patient.
4. Right Route: Administer the medication via the correct route (e.g., oral, intravenous).
5. Right Time: Administer the medication at the prescribed time.

Additional Considerations

- Patient Education: Educating patients about their medications, including purpose, side effects, and the importance of adherence, is crucial.
- Monitoring: After medication administration, nurses must monitor patients for therapeutic effects and adverse reactions.

- Documentation: Accurate documentation of medication administration is essential for continuity of care and legal purposes.

Common Side Effects and Adverse Reactions

Understanding the potential side effects and adverse reactions of medications is vital for nurses. Here are some common side effects across various drug classes:

1. Analgesics

- Opioids: Constipation, sedation, nausea.
- Non-opioids: Liver damage (acetaminophen), gastrointestinal bleeding (NSAIDs).

2. Antibiotics

- Diarrhea, allergic reactions, nausea.

3. Antihypertensives

- Dizziness, fatigue, hypotension.

4. Antidepressants

- Weight gain, sexual dysfunction, insomnia.

5. Antidiabetic Medications

- Hypoglycemia, gastrointestinal upset, weight gain.

Special Populations

Certain populations may require special considerations when it comes to pharmacology, including pediatrics, geriatrics, and pregnant or lactating women.

1. Pediatric Considerations

- Dosing often requires adjustment based on weight or surface area.
- Children may have different side effects than adults.

2. Geriatric Considerations

- Older adults may have altered pharmacokinetics due to changes in organ function.
- Polypharmacy is a common issue, leading to increased risk for drug interactions.

3. Pregnancy and Lactation

- Many medications can cross the placenta and affect fetal development.
- Nursing mothers must consider the effects of medications on breastfed infants.

Conclusion

A pharmacology for nurses study guide serves as a critical resource for understanding the complexities of medications, their actions, and implications for patient care. Mastery of pharmacological principles, drug classifications, and safe medication administration practices is essential for nurses who aim to provide high-quality care. By incorporating education, monitoring, and patient engagement, nurses can enhance patient outcomes and minimize medication-related risks. As the healthcare landscape continues to evolve, ongoing education in pharmacology will remain a cornerstone of nursing practice.

Frequently Asked Questions

What are the key pharmacokinetic principles that nurses should understand for effective medication administration?

Nurses should understand the four key pharmacokinetic principles: absorption, distribution, metabolism, and excretion. These principles help determine how a drug is processed in the body, influencing the timing and effectiveness of medication administration.

How can nurses effectively use a pharmacology study guide to enhance their learning?

Nurses can use a pharmacology study guide by breaking down complex topics into manageable sections, utilizing mnemonic devices for drug classifications, and incorporating practice questions to reinforce their knowledge and application of pharmacological concepts.

frontiers in pharmacology 4 interactive review 2 final validation, accept 4 5 6 7 ...

EndNote style -
EndNote ...

Frontiers in -
1. Frontiers all journals frontiers inenergy research ...

open access -
Nov 3, 2021 · open access ...

Frontiers IF ...
1. Frontiers 1 2 Frontiers 5 + ...

Decision in Process -
applied mathematics and computation 4.19 4.21 decision in process

Frontiers in pharmacology ...
EndNote Frontiers in pharmacology Endnote Frontiers in pharmacology Endnote 5

-
Apr 24, 2020 · Pharmacology ...

sci -
InVisor ~ SCI/SSCI SCOPUS ...

? -
vol Volume no ...

frontiers final validation ...
4 interactive review 2 final validation, accept 4 ...

EndNote style -
EndNote ...

Unlock your potential with our comprehensive pharmacology for nurses study guide. Master key concepts and boost your confidence. Learn more today!

[Back to Home](#)