**PHARMACOLOGY STUDY GUIDE**

**MODULE 4 – Drugs Used to Manage Pain**

***Ch. 13 – Nonopioid Analgesics - Salicylates (aspirin – ASA)***

1. What are the 4 properties (actions) of the salicylates?
2. Antipyretic via dilation of peripheral blood vessels
3. Analgesic via inhibition of prostaglandins (decreasing pain reception)
4. Anti-inflammatory
5. Inhibits platelet clumping

2. What are some of the main uses? Reducing pain, fever, decreasing risk of MI,

3. What are the adult dosages for each of the uses? What is the maximum adult dosage? 325–650 mg orally or rectally q4h, up to 8 g/day

4. List the main adverse reactions to ASA. Nausea, vomiting, epigastric distress, gastrointestinal bleeding, tinnitus, allergic and anaphylactic reactions; salicylism with overuse

5. Who should not receive ASA and why? Pt scheduled for surgery due to inhibition of platelets clumping

6. What is salicylism? What are the main S&S? OD of aspirin. Tinnitus, dizziness, nausea, sweating, hyperventilation, delirium, hyperthermia, metabolic acidosis, seizures, coma

7. What bark has been used as an herbal substitute for ASA? Is it as effective as ASA? Is it

safer? Willow. Yes

8. Who is at risk for Reye’s syndrome? What analgesic should be used instead of ASA? Children and teenagers. Acetaminophen

9. How long should a salicylate be discontinued before any dental or surgical procedure and

why? 1 week inhibits the aggregation (clumping) of platelets

10. What should the nurse know before and watch for after administering ASA?

11. Should these drugs be given with food or milk? Why?

12. What are some teaching points to include when educating patients who are taking a

salicylate?

***Ch. 13 – Nonopioid Analgesics - Nonsalicylates (acetaminophen -APAP)***

1. What are the 2 properties (actions) of the nonsalicylates?

2. What are some of the main uses?

3. What are the adult dosages for each of the uses? What is the maximum adult dosage?

4. List the main adverse reactions to APAP.

5. Who should not receive APAP and why?

6. What are the S&S of acute APAP poisoning? What is the main organ affected?

7. What is the antidote for APAP poisoning?

8. Who is most at risk for developing hepatotoxicity with the use of APAP?

9. What should the nurse know before and watch for after administering APAP?

10. What are some teaching points to include when educating patients who are taking a

nonsalicylate?

*Meds to pay close attention too:*

* Aspirin
* Acetaminophen

***Ch. 14 – Nonopioid Analgesics - Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)***

1. What are the 3 properties (actions) of the NSAIDs?

2. What are some of the main uses?

3. What are the adult dosages for each of the uses? What is the maximum adult dosage?

4. List the main adverse reactions to the NSAIDs. What age group is most at risk?

5. All body systems are affected by the NSAIDs. What are the 2 most adversely affected?

5. How is celecoxib, a Cox-2 inhibitor, different from the other NSAIDs? What makes it safer?

What makes it less safe?

6. What kind of patient should not take celecoxib and why?

7. What should the nurse know before and watch for after administering an NSAID?

8. Should these drugs be given with food or milk? Why?

9. What are some teaching points to include when educating patients who are taking an NSAID?

***Ch. 14 – Nonopioid Analgesics – Migraine Headache Drugs (sumatriptan)***

1. What is the action and use of sumatriptan?

2. What is the main body system adversely affected?

3. Who should not receive this drug?

4. When should this drug be taken? How many times a day can it safely be taken?

5. What are some teaching points to include when educating patients?

*Meds to pay close attention too:*

* Ibuprofen
* Ketorolac
* Meloxicam
* Naproxen
* Celecoxib
* Sumatriptan

***Ch. 15 – Opioid Analgesics***

1. What are some of the uses of the opioids?

2. What are the adverse reactions?

3. What are the contraindications?

4. What should the nurse know or do before giving these drugs?

5. What should the nurse know or do after giving these drugs?

6. Under what circumstances should the nurse NOT give an opioid? (Hint: Vital signs)

7. Why is an opioid-naïve patient at higher risk when receiving an opioid?

8. What is the difference between drug tolerance and physical dependence?

9. What should the nurse do if a patient’s respiration rate drops after receiving an opioid?

10. List important nursing interventions related to using transdermal system pain management.

11. What should the nurse teach the patient about extended release morphine or oxycodone?

12. What is the biggest risk to the patient after receiving an epidural? What can the nurse do to

care for this patient?

13. When should the nurse notify the PHCP for the patient who has received an opioid?

14. What are the 4 nursing diagnoses listed in this chapter? What are the main nursing

interventions for each of them?

15. What are S&S of the abstinence syndrome?

16. What are some important education points to cover with patients or family relating to the

opioids?

17. What 5 key points should the nurse cover with a patient who is using patient controlled

analgesia PCA)?

18. How should opioids be disposed? (include a PCA vial and a used opioid patch)

***Ch. 15– Opioid Antagonists***

1. What is the use for naloxone (Narcan)?

2. What is the adverse reaction?

3. When administering naloxone for an opioid overdose, what must be considered relating to how

fast the naloxone wears off.

4. Why should naloxone be given slowly by IV push?

5. How often should the nurse take the patient’s vital signs after the patient has received

naloxone?

6. Once the patient has responded to the naloxone how often should the vital signs be taken?

7. What should the nurse do to maintain the patient’s airway?

8. How can the nurse manage the patient’s pain after the patient received naloxone?

9. What issues should the nurse discuss with the patient’s family if they are present.

*Meds to pay close attention too:*

* Codeine
* Fentanyl
* Fentanyl transdermal patch
* Hydrocodone
* Hydromorphone
* Morphine
* Oxycodone
* Oxymorphone
* Tramadol
* Naloxone