**PHARMACOLOGY STUDY GUIDE**

**MODULE 6 – GASTROINTESTINAL and URINARY DRUGS**

***CH. 38 – UPPER GI DRUGS***

*Acid Neutralizers*

1. What is another name for acid neutralizers?

2. Which of these drugs can cause constipation?

3. Which of these drugs can cause diarrhea?

4. What can happen if too much of the drug is taken?

5. How often may antacids be taken and for how long?

6. Should these tablets be chewed or taken whole?

*Histamine H2 Antagonists*

1. How do these drugs work?

2. What are some of the uses?

3. What can happen if one of these drugs is given too fast per IV route?

*Proton Pump Inhibitors*

1. How do these drugs reduce gastric acid?

2. What are some uses?

3. How can the elderly be affected when taking these drugs?

4. How could a menopausal woman who is taking a bisphosphonate be adversely

affected when taking one of these drugs?

5. How should these drugs be taken regarding food?

6. Should the oral drug be chewed or taken whole?

*GI Stimulants*

1. What area of the brain is affected by these drugs? What are some uses?

2. What major adverse effect can happen after long term use?

3. Why should a patient with Parkinson’s disease not be given these drugs in high or

prolonged doses?

*Antiemetics*

1. What area of the brain is affected by these drugs?

2. What is the major adverse effect of prochlorperazine or promethazine?

3. What herb is used for nausea?

4. Why would a patient taking these drugs be at risk for injury?

*Emetics*

1. What are some contraindications of giving an emetic like syrup of ipecac?

*Meds to pay attention too:*

* Magnesia (Magnesia Hydroxide)
* Magnesia (Magnesia Oxide)
* Famotidine
* Lansoprazole
* Pantoprazole
* Sucralfate
* Ondansetron
* Prochlorperazine
* Promethazine

***CH. 39 – LOWER GI DRUGS***

*Aminosalicylates & Misc.*

1. What are the uses of these drugs?

2. What allergies would contraindicate giving sulfasalazine?

3. What S&S should the nurse report that may indicate the patient is having a severe bowel

complication?

4. What would be an important nursing diagnosis for a patient with chronic bowel disease?

5. If a patient has diarrhea what diet would be best?

Antidiarrheals

1. What are some adverse reactions of these drugs?

2. When would giving an antidiarrheal medication to a patient with diarrhea be

contraindicated?

3. What is the maximum number of days that a patient should use over the counter

antidiarrheal medications and why?

*Antiflatulents*

1. What are the uses of these drugs?

2. How far apart should charcoal be given in relationship to other drugs and why?

*Laxatives*

1. List the different kinds of laxatives and the main uses and nursing implications of each.

2. What can happen with prolonged use of laxatives?

3. When should laxatives not be used?

4. Who is most at risk of aspiration of mineral oil? What can it lead to?

5. Mineral oil can impair the absorption of what vitamins?

6. How should the nurse administer bulk forming laxatives?

7. When should powders or granules be mixed in liquid before giving them to a patient?

8. What can improve the taste in PEG or PEG-ES?

9. What should the nurse instruct the patient to do to prevent constipation?

10. How does a nurse assess GI function? What questions should she ask the patient?

Meds to pay attention too:

Adalimumab

Bismuth

Diphenoxylate with atropine

Loperamide

Charcoal

Simethicone

Psyllium

Polycarbophil

Mineral oil

Lactulose

Bisacodyl

Sennosides

Magnesium preparations

Polyethylene glycol (PEG) sol

Polyethylene glycol-electrolyte sol

***CH. 32– DIURETICS***

1. What are the five kinds of diuretics and the main uses of each?

2. What electrolytes can be adversely affected when a person takes diuretics? What is the

main electrolyte the nurse is concerned with?

3. What would contraindicate a nurse giving spironolactone to a patient?

4. What cardiac complication can both hypokalemia and hyperkalemia cause?

5. What time should diuretics best be given? What time should they not be given?

6. What should the nurse do before giving a diuretic to a patient?

7. What are some S&S of fluid and electrolyte imbalance?

8. What population is most at risk of dehydration and electrolyte imbalances when they are

taking diuretics?

9. Are herbal diuretics safe? Why or why not?

10. What are some foods that are high in potassium?

11. What should the nurse instruct the patient regarding tanning while taking diuretics?

12. What should the nurse instruct the patient regarding alcohol intake while taking

diuretics?

13. What should the nurse instruct the patient regarding salt substitutes when taking

spironolactone?

*Meds to pay attention too:*

* Furosemide
* Spironolactone
* Chlorothiazide
* Hydrochlorothiazide
* Mannitol

***CH. 46– URINARY Drugs***

*ANTI-INFECTIVES*

1. What are some drugs used for urinary tract infections?

2. What is the important adverse effect of nitrofurantoin?

3. What role does cranberry juice play in preventing or in treating UTIs?

4. How much fluid should the patient be encouraged to take each day to treat and prevent

UTIs and why?

5. What should the nurse do if a patient develops dyspnea, cough, chest pain, fever or chills

while taking nitrofurantoin?

6. When could a patient develop pulmonary reactions when taking nitrofurantoin?

*URINARY ANALGESICS*

1. What action does phenazopyridine have?

2. What color does it turn the patient’s urine?

3. How long should a patient take phenazopyridine when they are taking and antibacterial

drug to treat a UTI? Why?

4. What should the nurse instruct the patient concerning contact lenses or fabrics when

taking phenazopyridine?

*Meds to pay attention too:*

* Amoxicillin
* Fosfomycin
* Methenamine
* Nitrofurantoin
* Phenazopyridine