

HNN215: QUALITY USE OF MEDICINES – DRUG PORTFOLIO

DRUG CLASS	EXAMPLES	INDICATION	MECHANISM OF ACTION	SIDE EFFECTS/ADVERSE REACTIONS	NURSING CONSIDERATIONS
PAIN MEDICATIONS					
<p>Non-Narcotic Analgesics</p> <p>Medications that can have a range of pharmacological actions other than analgesia.</p>	<ul style="list-style-type: none"> Paracetamol Salicylates (e.g. aspirin) NSAIDs (e.g. ibuprofen) 	<ul style="list-style-type: none"> Mild-moderate pain Fever 	<p>Peripherally: inhibit synthesis of prostaglandins in inflamed tissue (in the CNS), thereby preventing the sensitisation of pain receptors (nociceptors) to mechanical or chemical stimulation -- stopping the transmission of pain messages along the afferent pain fibre.</p> <p>Centrally: anti-pyretic effect by affecting the hypothalamus.</p>	<ul style="list-style-type: none"> Can cause hepatotoxicity (liver toxicity) with elevated doses 	<p>*Monitor liver function + be mindful of different strengths/combinations available</p>
<p>NSAIDS</p> <ul style="list-style-type: none"> Analgesic Anti-pyretic Anti-inflammatory 	<ul style="list-style-type: none"> Ibuprofen Diclofenac Celecoxib Indometacin Ketoprofen Ketorolac tromethamine Mefenamic acid Naproxen Piroxicam Sulindac Tiaprofenic acid 	<ul style="list-style-type: none"> Pain + inflammation from injury Fever Rheumatoid arthritis Osteoarthritis Dermatitis Bursitis Colitis 	<p>Inhibits the synthesis of prostaglandins (produce inflammatory-type symptoms) by inhibiting the cyclooxygenase (COX) enzymes, COX-1 and COX-2 which are involved in the conversion of arachidonic acid to prostaglandins, reducing inflammation, fever and producing analgesia.</p> <p>SALICYLATES: medications chemically related to salicylic acid (e.g. aspirin - adverse effect = gastric intolerance + gastric bleeding) -- prevented by the administration of buffered or enteric-coated forms (increase the rate that aspirin is dissolved, reducing gastric irritation)</p> <p>NON-SALICYLATES: used for people allergic to aspirin, COX-2 selective inhibitors, lower incidence of negative GI effects, no effect on platelet aggregation, high risk of cardiovascular events -- e.g. aceptimenophen</p>	<ul style="list-style-type: none"> GI bleeding GI distress Dizziness Headache Drowsiness NSAID-induced renal impairment Increased risk of cardiovascular events 	<p>*Use lowest effective dose for the shortest period of time</p> <p>*Check renal function</p> <p>*Contraindicated for patients with GI ulcers</p> <p>*Do not crush or take enteric coated products with antacids or alkaline foods (dairy)</p>