Drug Class	Examples	Action	Significant Risks	Nursing Practice points
Non-narcotic analgesic	Paracetamol	Prostaglandin inhibitor (CNS) + activates descending pathways in midbrain à decrease sensation of pain	Hepatotoxicity (accessive alcohol, fasting, dehydrration) / Skin Rash/ Hypoglycaemia	• total < 4 g/day / LFTs / many brands
NARCOTIC / OPIOID ANALGESIC	*MORPHINE *CODEINE *TRAMADOL	Opioid analgesics mimic endogenous opioids by activating opioid receptors in the central and peripheral nervous systems to produce analgesia, respiratory depression, sedation and constination	N&V, constipation, resp depression	always use laxative. Check for resp. depression before admin.
NARCOTIC ANTAGONIST	NALOXONE	competitive agonist of opioid receptor!!	rapid antagnoist may cause acute withdrawl	bind to opioid receptor strong then opioid agonists, meaning it will override opioid overdoses and side effects. *shorter lifespan, many doses may be necessary
OPIOID ANALGESIC	PANADEINE (CODEINE COMPONANT)	PARACETAMOL - BLOCK PROSTAGLADNINS (PAIN AND INFLAM RESPONSE) AND CODEINE ACTIVATE OPIOD RECEPTOR IN BRAIN, PRODUCING PAINKILLING EFFECT	drowsy, dizzy, constipation, hypersensitvity rash	max 4g daily/ be aware of other paracetamol use
NSAIDs	**PIROXICAM *PARECOXIB * CELECOXIB *DICLOFINAC *IBEPROFIN *INDOMETHACIN *MELOXICAM *PARECOXIB *PIROXICAM	inhibit prostraglandins production by blocking (cyclo-oxygenase) COX 1 & 2 enzymes. Meaning decreased pain, infalmmation, fever.	GIT ulseration, ARF, bronchospasm	PT EDU on S&S of GI BLEED * take with food, not milk or other pH altering for stomach acids. **SEVERAL OTC BRANDS** *ENTERIC COAT
ANTICONVULSANTS	pregbalin	reduce GABA neurotransmitter=reduce neuropathic pain	dizzy, drowsy, confusion	ANALGESIC
ANTIDEPRESSANTS (tcas)	Amytriptaline	inhibit reuptake of noradrenaline and serotonine into presynaptic terminals of the nerve endings = reduce neuropathic pain	sedation, dry mouth, dizzy	ANALGESIC
BETA BLOCKERS	Atenoiol (ENDING ON OLOL MEANS BETA BLOCKERS)	Block beta receptors (in heart (B1) and smooth muscle in bronchi (B2)). INACTIVATES SYMPATHETIC N.S = INCREASES PARASYMPATHETIC N.S EFFECTS ANTIHYPERTENSIVE decrease HR, av node conduction and contraction	HYPERKALEMIA, MASKS Hypoglycemia (non- selective Beta blockers), Acute asthma attacks (non-selective Beta Blockers) hypertention (postural)	monitor BP closely - check if BP <60 / careful positional changes. **CAN BE SELEVTIVE (only for Beta 1 Receptors) OR NON SELECTIVE (Beta 1 & 2 Receptors).
ACE INHIBITOR	Enalapril (ACE INHIBITOR)	ACE INHIBITOR - antihypertensive! (block Angiotensin 1 into converting to angiotensen2) = reduce the effect of sympathetic nervous system *ALSO stimulates adelosterone - causing Na and H2O retention	DRY COUGH, hypotention, dizzy, hyperkalaemia,	REMEMBER TRIPPLE WHAMMY 'ACE, DIURETIC, NSAIDS), HYPERKALEMIA - POTASSIUM suppliments (control heart conducability), only take if dr approve EXCRETED BY KIDNEY - RENAL IMPAIRMENT
CALCIUM CHANNEL BLOCKERS	amlodipine, felodipine, nimodipine	DIHYROPYORINE - effect smooth muscles of blood vessles NON-DIHYROPYORINE - effect nodal tissue and cardiac muscle ANTIHYPERTENSIVE AND		BP BEFORE ADMIN / NO GRAPEFRUIT
NITRATES (acute coronary syndrome)	GTN (glyceryl trinitrate or nitroglyceride - anginine) **Isosorbide dinitrate	ATT	tolerance, HYPOTENTION, headache, tachycardic.	ensure 10-12hours off body to reduce risk of tolerence / buccal DO NOT SWALLOW - high hepatic intace (first pass effect)/ DO NOT USE WITH ALCOHOL OR OTHER HYPOTENSIVES

STATINS	pravastatin (ends in statin)	INHIBIT HMG-CoA reductase (a rate inhibiting enzyme in cholesterol intake). Increase hepatic cholesterol uptake from blood, reduce LDL and tryglicerides and slight increase HDL	muscle pain (myopathy), diarrhea, gall stones	monitor CK / no grapefruit. Take at night
CARDIAC GLYCOSIDE (anti-arrhythmics)	*digoxen / ***amiodarone / adensoine	*Inrease myocardial contraction, slows AV node conduction, anti-arrythmic ***increase refractory period (time where cardiac muscle cannot new action potential)	bradyarrythmia, hypotention, toxicity, photosensitivity	monitor HR/ check if <60 / monito serum K+ **AMIODARONE AND DIGOXIN INTERACT FOR ALL BELOW - pt edu on recognising blood
VITAMIN K ANTAGONIST	WARFAIN (Courmadin, Marevan)	VIT K ANTAGNOIST (INHIBIT SYNTHESIS OF CLOT FACTORS II, VII, IX, X) *anticoagulant	bleeding/bruises	VIT K REVERSES WARFARIN! - no leafy greens, other brands not interchangeable, warning with other drugs which increase anticoagulant effect (asprin, amiodarone, indomethacin). **ANTIDOTE - VIT K, PROTHOMBNEX
ANTIPLATELETS	*Asprin	* IRREVERSABLE PLATELET DISFUNCTION > COX 1 & 2 to prevent formation of THROMBOXANE A (platelet activator).	bleeding / bruises - nose, injection sites, mouth, urine, faeces	taken with meals, check renal system

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