

Drug Class	Examples	Action	Significant Risks	Nursing Practice points
Non-narcotic analgesic	Paracetamol	<i>Prostaglandin inhibitor (CNS) + activates descending pathways in midbrain à decrease sensation of pain</i>	Hepatotoxicity (accessive alcohol, fasting, dehydration) / Skin Rash/ Hypoglycaemia	• total < 4 g/day / LFTs / many brands
NARCOTIC / OPIOID ANALGESIC	*MORPHINE *CODEINE *TRAMADOL	<i>Opioid analgesics mimic endogenous opioids by activating opioid receptors in the central and peripheral nervous systems to produce analgesia , respiratory depression, sedation and constipation</i>	N&V, constipation, resp depression	always use laxative. Check for resp. depression before admin.
NARCOTIC ANTAGONIST	NALOXONE	<i>competitive agonist of opioid receptor!!</i>	rapid antagoist 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 COMPONENT)	<i>PARACETAMOL - BLOCK PROSTAGLADINS (PAIN AND INFLAM RESPONSE) AND CODEINE ACTIVATE OPIOD RECEPTOR IN BRAIN, PRODUCING PAINKILLING EFFECT</i>	drowsy, dizzy, constipation, hypersensitivity rash	max 4g daily/ be aware of other paracetamol use
NSAIDs	**PIROXICAM *PARECOXIB * CELECOXIB *DICLOFINAC *IBEPROFIN *INDOMETHACIN *MELOXICAM *PARECOXIB *PIROXICAM	<i>inhibit prostraglandins production by blocking (cyclo-oxygenase) COX 1 & 2 enzymes. Meaning decreased pain, infalmmation, fever.</i>	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
ANTICONSULSANTS	pregbalin	<i>reduce GABA neurotransmitter=reduce neuropathic pain</i>	dizzy, drowsy, confusion	ANALGESIC
ANTIDEPRESSANTS (tcas)	Amytriptaline	<i>inhibit reuptake of noradrenaline and serotonin into presynaptic terminals of the nerve endings = reduce neuropathic pain</i>	sedation, dry mouth, dizzy	ANALGESIC
BETA BLOCKERS	Atenolol (ENDING ON OLOL MEANS BETA BLOCKERS)	<i>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</i>	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 SELEVITIVE (only for Beta 1 Receptors) OR NON SELECTIVE (Beta 1 & 2 Receptors).
ACE INHIBITOR	Enalapril (ACE INHIBITOR)	<i>ACE INHIBITOR - antihypertensive ! (block Angiotensin 1 into converting to angiotensin2) = reduce the effect of sympathetic nervous system *ALSO stimulates adelosterone - causing Na and H2O retention</i>	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	<i>DIHYROPYORINE - effect smooth muscles of blood vessles NON-DIHYROPYORINE - effect nodal tissue and cardiac muscle ANTIHYPERTENSIVE AND ANGINA</i>	constipation (push too hard, low O2, pass out), DIHYDRO... cause headache, flush, dizzy, nauseas, peripheral odema	BP BEFORE ADMIN / NO GRAPEFRUIT
NITRATES (acute coronary syndrome)	GTN (glyceryl trinitrate or nitroglyceride - anginine) **Isosorbide dinitrate	<i>provide nitric oxide (mediates vasodilaters) to reduce venous return / preload *increase artery blood flow by dialating larger coronary arteris and the cirulation ANGINA</i>	tolerance, HYPOTENTION, headache, tachycardic.	ensure 10-12hours off body to reduce risk of tolerance / buccal DO NOT SWALLOW - high hepatic intace (first pass effect)/ DO NOT USE WITH ALCOHOL OR OTHER HYPOTENSIVES

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