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| Codeine | Opioid antitussives | Suppress cough by acting on CNS or peripherally  Decreases cough reflex | Decrease both the frequency and intensity of cough | Can suppress respiration  Confusion, sedation, hypotension, constipation, nausea  Significant potential for abuse (alone schedule II but in mixtures schedule V)  DDI with MAO inhibitors, alcohol, antihistamines, and sedative/hypnotics | Most effective cough suppressant  Be careful of accidental overdose – check orders!  Carefully assess LOC and RR  Educate re: DDI’s  Discontinue gradually to prevent withdrawal symptoms |

**Opioid Analgesics**

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| **Drug Name** | **Mech. of Action** | **Tx** | **Side Effects** |
| Morphine | Mu Opioid Receptor Agonist🡪 analgesia, respiratory depression, euphoria, mental clouding, sedation | Moderate/Severe Pain | **Respiratory Depression**  **Constipation**  Orthostatic Hypotension  Urinary Retention  Cough Suppression |
| Hydrocodone  Codeine  \*\*also Antitussive \*\* |  |  |  |
| Naloxone (Narcan) |  |  |  |

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| **Disease: Asthma** | **Drug Name** | **Mech. of Action** | **Adverse Effects** |
| Bronchodilator | Albuterol &  Salmeterol |  |  |
| Anti-Inflammatory | Beclomethasone (intranasal) & Prednisone (oral) |  |  |
| Anti-Inflammatory | Montelukast |  |  |
| Anti-Inflammatory | Cromolyn (inhaled) |  |  |
| Bronchodilator | Theophylline |  |  |

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| **Drug Class** | **Drug Name** | **MoA** | **SE & Contradictions** | **Nursing Implications** |
| **CNS Depressants:**  Barbiturates  Schedule II | Amobarbital, Phenobarbital Secobarbital | GABA receptor agonist  Liver enzyme Inducer | CNS🡪 sedation, coma  Cardiac🡪 🡫BP, HR , contractility  Respiratory🡪 🡫RR | \*\*Tolerance to CNS, not to respiratory depression  T.U.🡪 Pheno used for seizures, induction of anesthesia, insomnia |
| Category C🡪 no use in 3rd trimester  X other CNS depressants |
| Benzodiazepines | Diazepam (Valium)  Lorazepam  (Ativan)  Alprazolam (Xanax) |  |  |  |
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