|  |
| --- |
| *Comparing Hyperacidity Medications*  |
| **Class** | **Generic Prototype (Brand)** | **Mechanism**  | **Indication & Therapeutic Effect** | **Contraindications** | **Side Effects**  | **Administration and** **Nursing Considerations**  |
| **Antacid** | [calcium carbonate](https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=f21c8cf7-45cb-492b-bf4a-462024a54569) | Neutralizes hydrochloric acid in gastric secretions.  | Decreased symptoms of heartburn  | * Drug interaction with ceftriaxone
* High calcium and low phosphate levels.
* Kidney stones
 | * Constipation
* Hypercalcemia
* Rebound hyperacidity when discontinued
 | * Don’t admin within 1-2 hrs of other meds
* Drink a full glass of water after admin
* Use cautiously with renal disease
 |
| **H2 blocker** | [famotidine](https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=a0bdf4d1-8458-4e4f-95aa-bcc38c0f32f8) | Inhibits H2- receptors and therefore inhibits gastric secretion  | GERDGastric and duodenal ulcer Heartburn  | Hypersensitivity to H2-receptor antagonists. | headache, dizziness, constipation, and diarrheaImmediately report increased pain or signs of bleeding (coughing/ vomiting of blood) | * Give 15 to 60 mins before foods or drink
* Adjust dosage for pre-existing liver and kidney disease
* Report any signs of GI bleed
 |
| **Proton Pump Inhibitor** | [pantoprazole](https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=9bed093a-9586-4c82-a2b7-c68f89d0faef) | Suppresses the final step in gastric acid production  | GERD  | * Concurrent infection with clostridium difficile bacteria
* Osteoporosis
* Interstitial nephritis
 | * **Anaphylaxis and serious skin reactions**
* Zinc, magnesium, or B12 deficiency
* Headache, abdo pain, diarrhea, constipation
* Renal dysfunction
* OP- bone fracture
 | * Delayed release
* Can be taken with or without food
* Report any signs of GI bleed.
 |
| **Mucosal protectants** | [sucralfate](https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=62819787-beb7-408a-9e23-a61b4720e99c) | Creates protective barrier to pepsin and bile, inhibits diffusion of gastric acid. | Gastric and duodenal ulcerPrevents recurrence of ulcers  | HypersensitivityEnd stage renal disease  | * Constipation
* Hyperglycemia
* Several drug interactions
 | Administer on an empty stomach, 2 hrs after or 1 hr before mealsUse cautiously used clients with chronic renal failure |
| **Anti-flatulent** | [simethicone](https://medlineplus.gov/) | Changes surface tension of gas allowing for easier elimination | Relief of gas discomfort | Hypersensitivity  | Diarrhea, nausea, vomiting, headache  | Shake drops before administering |

|  |
| --- |
| *Comparing Types of Anti-Emetics*  |
| **Class** | **Generic Prototype (Brand)** | **Mechanism**  | **Indication & Therapeutic Effect** | **Contraindications** | **Side Effects**  | **Administration and** **Nursing Considerations**  |
| **Anticholinergic**  | [Scopolamine](https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=163accb7-45e6-4d97-844d-72b606677008)(Hyoscine) (Transderm) | Inhibits postganglionic muscarinic receptor sites, and acts on smooth muscles that respond to acetylcholine  | Prevent or reduce N/V associated with motion sickness or surgery  | Contraindicated in clients with glaucoma | * anticholinergic effects
* Stop if it exacerbates psychosis or causes seizures, cognitive impairment
 | * Apply to hairless skin behind ear for 3 days or the night before surgery and remove 24 hours later
* Do not cut patch
* After application, thoroughly wash and dry hands
* Remove before an MRI
 |
| **Dopamine antagonist**  | [prochlorperazine](https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=baf59816-7577-4652-b065-fb6de9e54569) (Stemetil)  | Depresses action on the chemo-receptor trigger zone.  | Control N/V associated with surgery  | Use of other CNS depressants Dementia-related psychosis  | Drowsiness, dizziness, amenorrhea, blurred vision, skin reactions, low **Tardive dyskinesia, NMS** | * Can be administered PO, IM, PR, or IV
* Not suitable for children under the age of 2
 |
| **Prokinetic**  | [metoclopramide](https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=59abd52d-8172-44a3-baa2-fe1fe20f78c0) (Maxeran)  | Stimulates upper GI tract Antagonizes dopamine receptors  | GERD N/V associated with surgery or chemo-therapy  | GI hemorrhage GI obstruction GI perforationHistory of seizures  | Restlessness, drowsiness, fatigue, depression, and **suicide ideation. Tardive dyskinesia**, **NMS** | Can be administered PO, IM, and IV Onset: 1 to 3 mins for IV dose, 10 to 15 mins for IM admin, and 30 to 60 mins for oral dose  |
| **Serotonin antagonist**  | [ondansetron](https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=be5930d2-0008-4e61-9715-684c29a9c613) (Zofran)  | Selective 5-HT3 receptor antagonist.  | Prevention or treatment of severe N/V associated with surgery, chemo-therapy, or hyperemesis in pregnancy  | Hypersensitivity  | * Headache, drowsiness, constipation, fever, and diarrhea
* May prolong QT
* serotonin syndrome if given concurrently with serotonin antagonists or SSRIs
 | Can be administered as oral disintegrating tablet, PO, or IV  |
| **Neurokinin receptor antagonist**  | [aprepitant](https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=af9b6086-4bf2-472c-8740-4134eaaebace) (Emend)  | selective high-affinity antagonist of human substance P/neurokinin 1 (NK1) receptor | Prevention of nausea and vomiting associated with chemo-therapy and surgery  | Clients on *pimozide*  | Hypersensitivity reaction, such as hives, rash. and itching; skin peeling or sores; or difficulty in breathing or swallowing   | * Can be administered PO or IV
* If on warfarin, increase INR monitoring
* If on oral contraceptives, use backup birth control
 |
| **THC**  | [dronabinol](https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=a0409d82-a61e-4b9e-8717-ced299ccedb2) or medical marijuana  | central sympathomimetic activity | For treatment of N/V associated with cancer chemo-therapy when other treatment fails  | Hypersensitivity to sesame oil.  | * Neuropsychiatric Adverse Reactions
* Hemodynamic Instability
* Seizures
* Paradoxical Nausea, Vomiting, and Abdominal Pain
 | Administered PO Dosage may be escalated based on initial results Use cautiously in elderly clients  |