Medications to Treat the Acute Care Patient

Elizabeth VandeWaa, Ph.D.
Lecturer, Barkley and Associates
Professor, University of South Alabama
College of Nursing

Treatment of the Acute Care Patient

- The Urgent Care Patient
  - Medications to treat common outpatient complaints
- The Emergency Department Patient
  - Serious presentations requiring aggressive pharmacologic interventions or referral
- The Hospitalized Patient
  - Examples of medications used to treat the in-house patient

Top Reasons For Patients to Present to Urgent Care

1. Wounds/trauma/fracture/contusion
2. ENT
3. Pulmonary
4. Flu
5. Genitourinary
6. Dermatological
7. Gastrointestinal (GI)
8. Cardiovascular
9. Eye
10. Psychiatric
11. Neurological
12. Other

Trauma, etc.

- Musculoskeletal pain
- Sprain
- Fracture
- Wound
- Contusion

Respiratory/ENT

- Sinusitis
- URI
- Pharyngitis
- Otitis
- Cough
- Influenza/Viral infection
- Rhinitis
- Ear disorder

Pulmonary

- Bronchitis
- Asthma
- Cough
- Influenza
- Viral infection
- Fever
GI and GU
- Abdominal pain
- Viral infection
- Gastric disorder
- Fever
- Cystitis
- Urinary tract infection (UTI)
- Genitourinary (GU) disorder

Cardiovascular
- Chest pain
- Hypertension
- Headache
- Fever
- Gastric upset?

Top Prescriptions Written in Urgent Care Settings
- Antibiotics—76.4%
- Non-narcotic analgesics—17.2%
- Allergy/flu—14.6%
- Narcotic analgesics—14.0%
- Corticosteroids—13.4%
- Cough—9.5%
- Asthma—5.8%
- GI—4.6%
- Neuro/Psych—4.6%
- Cardiovascular—3.0%

Antibiotics Prescribed
- Azithromycin (Zithromax)
- Amoxicillin/Clavulanate (Augmentin)
- TMP-Sulfa (Bactrim)
- Cephalexin
- Ciprofloxacin (Cipro)
- Cefdinir (Omnicef)
- Doxycycline
- Oseltamivir (Tamiflu)

Antibiotics Prescribed
- Clarithromycin (Biaxin)
- Moxifloxacin (Avelox)
- Fluconazole (Diflucan)
- Mupirocin (Bactroban)
- Erythromycin
- Cefuroxime (Ceftin)
- Clindamycin (Cleocin)
- Metronidazole (Flagyl)

Drotrecogin alpha (Xigris)
- Recombinant human protein C
- Used to treat sepsis in patients at risk of death due to multiple-system organ failure with an APACHE II score > 25
- NOT indicated in adult patients with severe sepsis and an APACHE score of <25
- Administered intravenously (IV) over 96 h; stop immediately if clinically significant bleeding is seen
Contraindications to Xigris

• Xigris increases the risk of bleeding. Xigris is contraindicated in the following clinical situations where bleeding could lead to significant morbidity or death:
  - Active internal bleeding
  - Recent (within 3 months) hemorrhagic stroke
  - Recent (within 2 months) intracranial or intraspinal surgery, or severe head trauma
  - Trauma with an increased risk of life-threatening bleeding
  - Presence of an epidural catheter
  - Intracranial neoplasm or mass lesion or evidence of cerebral herniation

Antibiotic Prescribing Pearls

• Watch for allergy!!!!
  - Cross allergy between cephalosporins and penicillins
  - Rashes with sulfa drugs
• No fluoroquinolones in children!
• Warn of CDAD with broad spectrum agents
• No doxycycline in young children

Respiratory Drugs

1. Prednisone
2. Proair HFA (Albuterol)
3. Chlorpheniramine/Hydrocode (Tussicaps)
4. Methylprednisolone (Medrol)
5. Diphenhydramine (Benedryl)
6. Fluticasone (Flonase)
7. Benzonatate (Tessalon)
8. Mometasone (Asmanex Twisthaler)
9. Fexofenadine (Allegra)
10. Montelukast (Singulair)

Other Drugs of Significance

• Promethazine (Phenergan)
• Hydroxyzine (Vistaril)
• Ondansetron (Zofran)
• Hydrochlorothiazide

A Few Things to Remember...

• Ondansetron (Zofran) black box warning—arrhythmias
• Hydrochlorothiazide—the cheapest way to cause a significant (though small) decrease in blood pressure (BP). Will also reduce edema. Consider time of day when administering. Will likely not need electrolyte monitoring
• Hydroxyzine and Promethazine may cause dizziness and tiredness

Pain Medications Prescribed

• APAP/Hydrocodone (Lortab, Vicodin)
• Naproxen (Naprosyn)
• Tramadol (Ultram)
• Hydrocodone (Hycodan)
• Promethazine plus codeine (Phenergan plus codeine)
• APAP/Oxycodone (Percocet)
• Ibuprofen (Motrin)
• *Cyclobenzaprine (Flexeril)
Prescribing pain medications
conscious sedation

The Trauma Patient
• Fractures
• Pain
• Wounds
• Burns
• Sprains/Strains

Prescribing Pain Meds
• Watch for pain meds used in combination
  – Drug seekers, drug tolerant
  – Consider prn, limiting number of pills, referral
• Constipation, respiratory depression, itching, sedation, muscle weakness, ataxia
• Bleeds with Naproxen, Ibuprofen, Ketoralac

Pain Management

Management of Pain

Management of Pain
• Tapentadol (Nucynta)—Formulations available to treat acute and chronic pain
• Schedule II CS
• Works as an opioid agonist that also increases NE in the CNS
• Abuse potential is high
• Watch for serotonin syndrome

• Tramadol (Ultram; Ultracet)
• Not a controlled substance
• Works centrally to relieve pain
• New warnings for serotonin syndrome when taken alone or with SSRIs, triptans, TCA, other antidepressants, and MAOIs
• Seizure risk warnings
• Suicide warnings