SIM 1&2-Drug Cards

SIM 1

SIM 2

Generic & Trade Name of Drug: Metformin

Func. Class: Antidiabetic

Indications/ Therapeutic Effects:	Inhibits hepatic glucose production and increases the sensitivity of peripheral tissue to insulin. Used to achieve normal blood glucose levels.
Routes of Administration:	PO
Pharmacokinetics:	Half-life of 1 ½ - 6 hr and 35-50% unchanged excreted via kidneys
Nursing Implications/ Assessments:	• Assess for hypoglycemic reactions (sweating, weakness, dizziness, anxiety, tremors, hunger), hyperglycemic reactions soon after meals; these occur rarely with this product • Monitor CBC (baseline, q3mo) during treatment; check liver function tests (AST, LDH) and M renal tests (BUN, creatinine) periodically during treatment; glucose, A1c; folic acid, vitamin B12 q1-2yr • Surgery: product should be discontinued temporarily for surgical procedures when patient is NPO, or if contrast media is used; resume when patient is eating
Side/ Adverse Effects:	**CNS:** Headache, weakness, dizziness, drowsiness, tinnitus, fatigue, vertigo, agitation **CV:** Heart failure **ENDO:** Lactic acidosis, hypoglycemia **GI:** Nausea, vomiting, diarrhea, heartburn, anorexia, metallic taste **HEMA:** Thrombocytopenia, decreased vit B12 levels **INTEG:** Rash
Contraindications:	Creatinine > 1,5 mg/ml (males); DKA
Client Teaching:	• Teach patient to regularly self-monitor blood glucose using blood glucose meter • Teach patient symptoms of hypo/hyperglycemia, what to do about each (rare) • Advise patient that product must be continued on daily basis; explain consequence of discontinuing product abruptly • Advise patient to take product in morning to prevent hypoglycemic reactions at night • Advise patient to avoid OTC medications, alcohol unless approved by the prescriber • Teach patient that diabetes is a lifelong illness; that this product controls symptoms, but does not cure the condition
OTHER	Monitor for lactic acidosis: malaise, myalgia, abdominal distress; risk increases with age, poor renal function; monitor electrolytes, lactate, pyruvate, blood pH, ketones, glucose; suspect in any diabetic patient with metabolic acidosis, with ketoacidosis; immediately stop product if hypoxemia, or significant renal dysfunction occurs

Generic & Trade Name of Drug: Docusate sodium (Colace)

Func. Class: **Laxative, emollient**

Indications/ Therapeutic Effects:	Increases water, fat penetration in intestine, allows for easier passage of stool **Therapeutic outcome:** passage of softened stool and absence of constipation
Routes of Administration:	PO, enema
Pharmacokinetics:	Minimal absorption, unknown distribution, not metabolized, excreted via bile, and unknown half-life
Nursing Implications/ Assessments:	Assess cramping, rectal bleeding, nausea, vomiting; if these symptoms occur, product should be discontinued; identify cause of constipation; identify fluids, bulk, or exercise is missing from lifestyle
Side/ Adverse Effects:	**EENT:** Bitter taste, throat irritation **GI:** Nausea, anorexia, cramps, diarrhea **INTEG:** Rash
Contraindications:	Hypersensitivity, obstruction, fecal impaction, nausea/vomiting
Client Teaching:	• Discuss with patient that adequate fluid consumption is as necessary as bulk, exercise for adequate bowel function • Teach patient that normal bowel movements do not always occur daily • Advise patient not to use in presence of abdominal pain, nausea, vomiting; tell patient to notify prescriber if unrelieved constipation or if symptoms of electrolyte imbalance occur: muscle cramps, pain, weakness, dizziness, excessive thirst • Advise patient that product may take up to 3 days to soften stools • Instruct patient to take oral preparation with a full glass of water and increase fluid intake unless on fluid restrictions • Caution patients with heart disease to avoid using the Valsalva maneuver to expedite evacuation
OTHER	

Generic & Trade Name of Drug: Atorvastatin (Lipitor) *Func. Class: Antilipidemic; Chem. Class: HMG-CoA reductase inhibitor (statin)*	
Indications/ Therapeutic Effects:	**Action:** inhibits HMG-CoA reductase enzyme, which reduces cholesterol synthesis; high doses lead to plaque regression **USES:** as adjunct for primary hypercholesterolemia (types 1a, 1b), dysbetali-poproteinemia, elevated triglyceride levels, prevention of CV disease by reduction of heart risk in those with mildly elevated cholesterol
Routes of Administration:	PO
Pharmacokinetics:	Peak 1-2 hours, metabolized in liver, highly protein-bound, excreted primarily in urine, half-life 14 hours, protein binding 98%
Nursing Implications/ Assessments:	**Hypercholesterolemia:** diet, obtain diet history including fat, cholesterol in diet, cholesterol triglyceride levels periodically during treatment, check lipid panel 6-12 weeks after changing dose; **Hepatic studies:** q1-2months at initiation, 6, 12 week after initiation or change in dose, periodically thereafter (AST, ALT, LFTs may be increased); **Bowel status:** constipation, stool softeners may be needed, if severe add fiber and water to diet; **Rhabdomyolysis:** for muscle pain, tenderness, obtain CPK baseline, if markedly increased, product may need to be discontinued, many drug interactions may increase possibility for this; **Pregnancy/breastfeeding:** do not breastfeed of use in pregnancy
Side/ Adverse Effects:	**CNS:** headache, asthenia, insomnia **EENT:** lens opacities **GI:** abdominal cramps, constipation, diarrhea, flatus, heartburn, dyspepsia, liver dysfunction, pancreatitis, nausea, increased serum transaminase **GU:** impotence, UTI **INTEG:** rash **MISC:** hypersensitivity, gynecomastia (child) **MS:** arthralgia, myalgia, rhabdomyolysis, myositis
Contraindications:	Pregnancy, breastfeeding, hypersensitivity, active hepatic disease; **Precautions:** previous hepatic disease, alcoholism, severe acute infections, trauma, severe metabolic disorders, electrolyte imbalance
Client Teaching:	That compliance is needed for positive results to occur, not to skip or double dose; that blood work and eye exam will be necessary during treatment; to report blurred vision, severe GI symptoms, headache, muscle pain, and weakness; to avoid alcohol; that previously prescribed regimen will continue, low-cholesterol diet, exercise program, and smoking cessation; **Pregnancy/breastfeeding:** identify if pregnancy is planned or suspected, or if breastfeeding
OTHER	

Acetaminophen
Paracetamol, Tylenol

Analgesia and Antipyresis

Indications/ Therapeutic Effects:	Acetaminophen is used to treat mild to moderate pain as well as to help reduce fever.
Dosage Range:	Dose may be given every 4-6 hours as needed. **Children:** Oral: 40-480mg age dependent. Rectal: 160-480mg age dependent. IV: 15mg/kg every 6 hours or 12.5mg.kg every 4 hours. **Adults:** Oral: 650 mg. Rectal: 325-650mg. IV: 1 g every 6 hours or 650 mg every 4 hours OR 15 mg/kg every 6 hours or 12.5 mg/kg every 4 hours (weight dependent).
Routes of Administration:	PO (most common), rectally and IV.
Pharmacokinetics:	Blocks pain impulses peripherally that occur in response to inhibition of prostaglandin synthesis; does not have anti-inflammatory properties; antipyretic action results from inhibition of prostaglandins in the CNS. 85-90% of acetaminophen is metabolized by the liver; it is excreted by the kidneys; its metabolites may be toxic if over dose occurs; crosses placenta in low concentrations; excreted in breast milk; half-life is 1-4 hours. **PO:** peak at ½-2 hours, onset is 10-30 minutes and duration is 4-6 hours, well absorbed. **IV:** peak at 30-120 minutes, onset is rapid and duration is 3-4 hours. **Rectal:** peak at 1-2 hours, onset is slow and duration is 4-6 hours, absorption varies.
Nursing Implications/ Assessments:	**Assess for fever and pain:** type of pain, location, intensity, duration, aggravating/relieving factors; assess for diaphoresis, fever, baseline and periodically. **Hepatic studies:** AST, ALT, bilirubin, creatine before therapy if long-term therapy is anticipated; may cause hepatic toxicity at doses > 4 g/day with chronic use. **Renal studies:** BUN, urine creatinine, occult blood, albumin, if patient is on long-term therapy; presence of blood or albumin indicates nephritis, I&O ratio; decreasing output may indicate renal failure (long-term therapy). **Blood studies:** CBC, PT is patient is on long-term therapy. **Pregnancy/breastfeeding:** cautions use in pregnancy, breastfeeding, use only if clearly needed.
Side/ Adverse Effects:	**CNS:** agitation, headache, fatigue, anxiety. **Resp:** dyspnea, atelectasis. **CV:** hyper- and hypotension. **GI:** nausea, vomiting, abdominal pain, hepatotoxicity, hepatic seizures (over dose), GI bleeding. **GU:** renal failure (high, prolonged doses). **HEMA:** leukopenia, neutropenia, hemolytic anemia (long-term use), thrombocytopenia, pancytopenia. **INTEG:** rash, urticaria, injection site pain (IV). **SYST:** Stevens-Johnson syndrome, toxic epidermal necrolysis. **Toxicity:** cyanosis, anemia, neutropenia, jaundice, pancytopenia, CNS stimulation, delirium followed by vascular collapse, seizures, coma, death.
Contraindications:	Known hypersensitivity to acetaminophen or any ingredient in the formulation, or a severe hepatic impairment or severe active liver disease.
Client Teaching:	Not to use with alcohol, herbals, OTC products, to recognize chronic over-dose, those with diabetes may see changes in blood glucose, notify prescriber is pain or fever goes beyond 3 days, not to be used on patients <2 years unless approve, may be used short term when breastfeeding, and to stop product if hypersensitivity occurs.

Generic & Trade Name of Drug: Novolog Insulin (rapid acting)

Func. Class: Antidiabetic, pancreatic hormone; Chem. Class: modified structures of endogenous human insulin

Indications/ Therapeutic Effects:	**Action:** decreases blood glucose; by transport of glucose into cells and the conversion of glucose to glycogen, indirectly increases blood pyruvate and lactate, decreases phosphate and potassium; insulin may be human (processed by recombinant DNA technologies) **USES:** Type I diabetes mellitus, type II diabetes mellitus, gestational diabetes
Routes of Administration:	Intermittent SUBCUT or continuous SUBCUT
Pharmacokinetics:	Onset 10-20 minutes; peak 1-3 hours; duration 3-5 hours.
Nursing Implications/ Assessments:	**Fasting blood glucose:** Alc may be drawn to identify treatment effectiveness q3mo **Urine ketones during illness:** insulin requirements may increase during stress, illness, surgery Hypoglycemic reaction that can occur during peak time (sweating, weakness, dizziness, chills, confusion, headache, nausea, rapid weak pulse, fatigue, tachycardia, memory lapses, slurred speech, staggering gait, anxiety, tremors, hunger) **Hyperglycemia:** acetone breath; polyuria; flushed, dry skin; lethargy **Beers:** avoid use of short- or rapid-acting insulin in older adults; sliding-scale insulin poses a higher risk of hypoglycemia without improvement in hyperglycemia management
Side/ Adverse Effects:	**EENT:** blurred vision, dry mouth **INTEG:** flushing, rash, urticaria, warmth, lipodystrophy, swelling, redness **META:** hypoglycemia, rebound hyperglycemia (Somogyi effect 12-72 hours or longer) **MISC:** peripheral edema **SYST:** anaphylaxis
Contraindications:	Hypersensitivity to protamine; cresol **Precautions:** pregnancy
Client Teaching:	That blurred vision occurs – not to change corrective lenses until vision is stabilized after 1-2 months; to keep insulin, equipment available at all times – to carry a glucagon kit, candy, or oral glucose preparation to treat hypoglycemia; that product does not cure diabetes, but controls symptoms; to carry emergency ID as diabetic; to recognize hypoglycemia reaction – headache, tremors, fatigue, weakness, tachycardia; to recognize hyperglycemia reaction – frequent urination, thirst, fatigue, hunger; about the dosage, route, mixing instructions, diet restrictions (if any), disease process; about the symptoms of ketoacidosis (nausea, thirst, polyuria, dry mouth, decreased BP, dry and flushed skin, acetone breath, drowsiness, Kussmaul respirations); that a plan is necessary for diet, exercise; that all food on diet should be eaten; that exercise routine should not vary; about blood glucose testing – how to determine glucose level; to avoid OTC products unless directed by prescriber
OTHER	

Generic & Trade Name of Drug: Ramipril

Func. Class: Antihypertensive ; Chem. Class: Angiotensin-converting enzyme inhibitor (ACE inhibitor)

Indications/ Therapeutic Effects:	**Action:** selectively suppresses renin-angiotensin-aldosterone system; inhibits ACE, prevents conversion of angiotensin I to angiotensin II; results in dilation of arterial, venous vessels **USES:** hypertension, alone or in combination with thiazide diuretics; HF (post-MI), reduction in risk for MI, stroke, death from CV disorders; **Unlabeled uses:** proteinuria due to diabetic nephropathy
Routes of Administration:	PO
Pharmacokinetics:	Bioavailability > 50-60%, onset 1-2 hours, peak 1-3 hours, duration 24 hours, protein binding 75%, half-life 13-17 hours, metabolized by liver (metabolites excreted in urine, feces)
Nursing Implications/ Assessments:	**Hypertension:** monitor BP baseline and regularly, orthostatic hypotension, syncope; **Heart failure:** edema in feet, and legs daily, weight daily; **Collagen-vascular disease (SLE, scleroderma):** neutrophils, decreased platelets, WBC with differential at baseline, periodically, if neutrophils <1000/mm3, discontinue treatment; **Renal disease:** protein, BUN creatinine, potassium, sodium at baseline, periodically, increased levels may indicate nephrotic syndrome, renal symptoms, polyuria, oliguria, urinary frequency, dysuria; **Serious allergic reactions:** angioedema, Stevens-Johnson syndrome, rash, fever, pruritis, urticaria, product should be discontinued if antihistamines fail to help; monitor electrolytes baseline and periodically, potassium may be increased; for dry cough, notify prescriber as product may need to be discontinued
Side/ Adverse Effects:	**CNS:** headache, dizziness, anxiety, insomnia, paresthesia, fatigue, depression, malaise, vertigo, syncope **CV:** hypotension, chest pain, palpitations, angina, syncope, dysrhythmia, heart failure, MI **GI:** nausea, constipation, vomiting, anorexia, diarrhea, abdominal pain **GU:** proteinuria, increased BUN, creatinine, impotence **INTEG:** rash, sweating, photosensitivity, pruritus **META:** hyperkalemia **MS:** arthralgia, arthritis, myalgia **RESP:** dry cough, dyspnea
Contraindications:	Breastfeeding, children, hypersensitivity to ACE inhibitors, history of ACE inhibitor-induced angioedema; **Precautions:** geriatric patients, impaired renal/hepatic function, dialysis patients, hypovolemia, blood dyscrasis, HF, renal artery stenosis, cough, African descent, aortic stenosis
Client Teaching:	Not to discontinue product abruptly, to comply with dosage schedule even if feeling better; not to use OTC products (cough, cold, allergy), herbals, supplements, unless directed by prescriber, not to use salt substitutes containing potassium without consulting prescriber; to rise slowing to sitting or standing position to minimize orthostatic hypotension; to notify prescriber of mouth sores, sore throat, fever, swelling of hands of feet, irregular heartbeat, chest pain; to report excessive perspiration, dehydration, vomiting, diarrhea, may lead to fall in BP, to maintain hydration; that product may cause dizziness, fainting, light-headedness, that these may occur during first few days of therapy, to avoid hazardous activities until response is known; that product may cause skin rash, impaired perspiration; how to take BP, normal readings for age group; to report dry cough to provider
OTHER	**Black Box Warning:** pregnancy: identify if pregnant of if pregnancy is planned or suspected; if pregnant, discontinue product; do not use if pregnant/breastfeeding; can cause injury or death to developing fetus

Generic & Trade Name of Drug: Pentoxifylline

Func. Class: *Antihypertensive****; Chem. Class:*** Hemorheological agent

Indications/ Therapeutic Effects:	Decreases blood viscosity, stimulates prostacyclin formation, increases blood flow by increasing RBC flexibility, decreases RBC hyper-aggregation, reduces platelet aggregation, decreases fibrinogen concentrations. The therapeutic outcome is decreased claudication and improved blood flow.
Routes of Administration:	PO
Pharmacokinetics:	Well absorbed, unknown distribution, metabolized by the liver (degradation), excreted by kidneys, the half-life of ½ - 1 hr
Nursing Implications/ Assessments:	• Monitor B/P, respirations in patient taking antihypertensives • Assess for intermittent claudication baseline, during treatment • Monitor blood tests: pro-time, Hgb, Hct in patients at risk for hemorrhage
Side/ Adverse Effects:	**CNS:** Headache, anxiety, tremors, confusion, dizziness **GI:** Dyspepsia, nausea, vomiting
Contraindications:	Hypersensitivity to xanthines, retinal/cerebral hemorrhage
Client Teaching:	• Teach patient that therapeutic response may take 2-4 wk • Instruct patient to observe feet for arterial insufficiency • Instruct patient to use cotton socks, well-fitted shoes; not to go barefoot • Advise patient to watch for bleeding, bruises, petechiae, epistaxis • Advise that there are many drug, herb interactions
OTHER	

Generic & Trade Name of Drug: Clopidogrel

Func. Class: Antihypertensive ; Chem. Class: **Platelet aggregation inhibitor**

Indications/ Therapeutic Effects:	Inhibits 1st and 2nd phase of ADP-induced platelet aggregation to decrease possibility of stroke, MI, by decreasing platelet aggregation
Routes of Administration:	PO
Pharmacokinetics:	Rapidly absorbed, unknown distribution, metabolized extensively via liver (protein binding 95%), excreted via unchanged product from kidneys, half life of 6 hrs
Nursing Implications/ Assessments:	Assess for symptoms of stroke, MI during treatment • Assess for thrombotic/thrombocytic purpura; fever, thrombocytopenia, neurolytic anemia • Monitor liver function tests: AST, ALT, biliru- bin, creatinine if patient is on long-term therapy (4 mo or more) • Monitor blood studies: CBC, Hct, Hgb, protime, cholesterol if patient is on long-term therapy; thrombocytopenia, neutropenia may occur
Side/ Adverse Effects:	CNS: Headache, dizziness, depression, syncope, hyperesthesia, neuralgia, confusion, hallucinations CV: Edema, hypertension, chest pain GI: Nausea, vomiting, diarrhea, GI discomfort, GI bleeding, pancreatitis, hepatic failure GU: Glomerulonephritis HEMA: Epistaxis, purpura, bleeding (major/minor from any site), neutropenia, aplastic anemia, agranulocytosis, throm- botic thrombocytopenic purpura INTEG: Rash, pruritus MISC: UTI, hypercholesterolemia, chest pain, fatigue, intracranial hemorrhage, toxic epidermal necrolysis, Stevens-Johnson syndrome, flu-like syndrome, anaphylaxis MS: Arthralgia, back pain RESP: Upper respiratory tract infection, dyspnea, rhinitis, bronchitis, cough, broncho- spasm
Contraindications:	Hypersensitivity, active bleeding
Client Teaching:	Advise patient that blood work will be neces- sary during treatment • Advise patient to report any unusual bleeding to prescriber, that it may take longer to stop bleeding • Teach patient to take without regard to food • Caution patient to report diarrhea, skin rashes, subcutaneous bleeding, chills, fever, sore throat • Teach patient to tell all health care providers that clopidogrel is being used; may be held for 5 days before surgery
OTHER	

Generic & Trade Name of Drug: Humulin R

Func. Class: Antihypertensive ; Chem. Class: **Antidiabetic**

Indications/ Therapeutic Effects:	Inhibits hepatic glucose production and increases the sensitivity of peripheral tissue to insulin. Used to achieve normal blood glucose levels.
Routes of Administration:	SUBCUT, IV
Pharmacokinetics:	Rapidly absorbed, widely distributed, metabolize by liver, muscle, kidneys, excreted by kidneys, half-life of 3-5 min
Nursing Implications/ Assessments:	• Fasting blood glucose, also Hgb A1c may be tested to identify treatment effectiveness q3mo • Urine ketones during illness; insulin requirements may increase during stress, illness, surgery • For hypoglycemic reaction that can occur during peak time (sweating, weakness, dizziness, chills, confusion, headache, nausea, rapid weak pulse, fatigue, tachycardia, memory lapses, slurred speech, staggering gait, anxiety, tremors, hunger • For hyperglycemia: acetone breath, polyuria, fatigue, polydipsia, flushed, dry skin, lethargy
Side/ Adverse Effects:	**EENT**: Blurred vision, dry mouth **INTEG**: Flushing, rash, urticaria, warmth, lipodystrophy, lipohypertrophy, swelling, redness **META**: Hypoglycemia, rebound hyperglycemia (Somogyi effect 12-72 hr or longer) **MISC**: Peripheral edema **SYST**: Anaphylaxis
Contraindications:	Hypersensitivity to protamine, creosol (aspart)
Client Teaching:	• Advise patient that blurred vision occurs; not to change corrective lens until vision is stabilized 1-2 mo • Advise patient to keep insulin, equipment available at all times; carry a glucagon kit, candy, or lump sugar to treat hypoglycemia • Inform patient that product does not cure diabetes but controls symptoms • Advise patient to carry emergency ID as diabetic • Instruct patient to recognize hypoglycemia reaction: headache, tremors, fatigue, weakness • Instruct patient to recognize hyperglycemia reaction: frequent urination, thirst, fatigue, hunger • Teach patient the dosage, route, mixing instructions, any diet restrictions, disease process • Teach patient the symptoms of ketoacidosis: nausea, thirst, polyuria, dry mouth, decreased B/P, dry, flushed skin, acetone breath, drowsiness, Kussmaul's respirations • Advise patient that a plan is necessary for diet, exercise; all food on diet should be eaten; exercise routine should not vary • Teach patient about blood glucose testing; make sure patient is able to determine glucose level • Advise patient to avoid OTC products unless directed by prescriber
OTHER	

Generic & Trade Name of Drug: Amoxicillin
Moxatag, Novamoxin

Func. Class: Antiinfective, antiulcer

Indications/ Therapeutic Effects:	Interferes with cell wall replication of susceptible organisms; bactericidal: lysis mediated by bacterial cell wall autolysins **Uses:** Treatment of skin, respiratory, GI, GU infections, otitis media, gonorrhea; for gram-positive cocci (Staphylococcus aureus, Streptococcus pyogenes, Streptococcus faecalis, Streptococcus pneumoniae), gram-negative cocci (Neisseria gonorrhoeae, Neisseria meningitidis), gram-positive bacilli (Corynebacterium diphtheria, Listeria monocytogenes), gram-negative bacilli (Haemophilus influenzae, Escherichia coli, Proteus mirabilis, Salmonella); gastric ulcer, ß-lactase-negative organisms, prophylaxis of bacterial endocarditis; for treatment of ulcers due to Helicobacter pylori **Unlabeled uses:** Lyme disease, anthrax treatment and prophylaxis, cervicitis, Chlamydia trachomatis, dental abscess/infection, dyspepsia, non-gonococcal urethritis, periodontitis, typhoid fever
Routes of Administration:	PO
Pharmacokinetics:	Peak 1-2 hr, duration 6-8 hr, half-life 1-1/3 hr extended in renal disease, metabolized in liver, excreted in urine, crosses placenta, enters breast milk
Nursing Implications/ Assessments:	• C&S before product therapy; product may be given as soon as culture is taken • CDAD: bowel pattern before, during treatment; diarrhea, cramping, blood in stool; report to prescriber immediately, product should be discontinued, may occur even weeks after discontinuing product • Skin eruptions after administration of penicillin to 1 wk after discontinuing product; rash is more common if allopurinol is taken concurrently • Pregnancy/breastfeeding: identify if pregnancy is planned or suspected or if breastfeeding; use only if clearly needed; appears in breast milk, use cautiously in breastfeeding; advise those taking oral contraceptives to use alternative contraceptive since contraceptive may be decreased • Anaphylaxis: rash, itching, dyspnea, facial/laryngeal edema
Side/ Adverse Effects:	**CNS:** Seizures, agitation, confusion, dizziness, insomnia **Gl:** Nausea, vomiting, diarrhea, pseudomembranous colitis **HEMA:** Anemia, bone marrow depression, granulocytopenia, hemolytic anemia, eosinophilia, thrombocytopenia, agranulocytosis **INTEG:** Urticaria, rash **SYST:** Anaphylaxis, serum sickness, overgrowth of infection, anaphylaxis, hypersensitivity
Contraindications:	Hypersensitivity to penicillins **Precautions:** Pregnancy, breastfeeding, neonates, hypersensitivity to cephalosporins, carbapenems; severe renal disease mononucleosis, phenylketonuria, diabetes, geriatric patients, asthma, child, colitis, dialysis, eczema, pseudomembranous colitis, syphilis
Client Teaching:	• That caps may be opened, contents taken with fluids; that chewable form is available; to take as prescribed, not to double dose • All aspects of product therapy: to complete entire course of medication to ensure organism death; that culture maybe taken after completed course of medication • To report sore throat, fever, fatigue, diarrhea (superinfection or agranulocytopenia), blood in stool, abdominal pain (pseudomembranous colitis) blood in stool, abdominal pain (pseudomembranous colitis) • That product must be taken in equal intervals around the clock to maintain blood levels; to take without regard to food, that caps may be opened, contents taken with fluids; that chewable form is available; to take as prescribed, not to double dose • To wear or carry emergency ID if allergic to penicillins
OTHER	