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| **Acetaminophen (Tylenol)** **Classification:** CNS Non-narcotic Antipyretic**Dosage:** **PO** 10–15 mg/kg q4–6h **PR** 2–5 y, 120 mg q4–6h (max: 720 mg/day); 6–12 y, 325 mg q4–6h (max: 2.6 g/day)  **Neonate:** PO 10–15 mg/kg q6–8h  **Therapeutic Effect:** *It provides temporary analgesia for mild to moderate pain. In addition, acetaminophen lowers body temperature in individuals with a fever.* **Special Precautions:** Repeated administration to patients with anemia, G6PD deficiency, renal or hepatic disease; arthritic or rheumatoid conditions affecting children younger than 12 yr; malnutrition; thrombocytopenia; bone marrow depression, immunosuppression**Side Effects:** Rash (hepatotoxicity, hepatic coma, acute renal failure (rare), thrombocytopenic purpura) |
| **Acetaminophen w/Codeine (Tylenol #3)** **Classification:** CNS Narcotic **Dosage**: **3 to 6 years:** 5 mL orally 3 to 4 times a day/PRN **7 to 11 years:** 10 mL orally 3 to 4 times a day/PRN **Greater than or equal to 12 years:** 15 mL orally q4h/PRN **Therapeutic Effect:** Symptomatic relief of mild to moderately severe pain when control cannot be obtained by nonnarcotic analgesics and to suppress hyperactive or nonproductive cough.**Special Precautions:** Prostatic hypertrophy, G6PD deficiency; GI disease; hepatic disease; hepatitis; immunosuppression; debilitated patients, very young ;history of drug abuse**Contraindicated:** acute asthma; increased intracranial pressure, head injury hepatic or renal dysfunction, hypothyroidism. Safe use in neonates not established.  |
| **Albuterol** **Classification:** ANS Smooth Muscle Relaxant/Bronchodilator **Dosage: PO** *2–6 y,* 0.1–0.2 mg/kg t.i.d. (max: 4 mg/dose); *6–12 y,* 2 mg 3–4 times/day **Inhaled** *4–12 y,* 1–2 inhalations q4–6h **Therapeutic Effect:** *Bronchodilation decreases airway resistance, facilitates mucous drainage, and increases vital capacity.****Special Precautions:*** Cardiovascular disease, renal impairment, hypertension, hyperthyroidism, diabetes mellitus, history of seizures; hypersensitivity to sympathomimetic amines or to fluorocarbon propellant used in inhalation aerosols.**Contraindicated:** Albuterol hypersensitivity; congenital long QT. Oral syrup <2**Side Effects:** *Tremor,* anxiety, nervousness, restlessness, convulsions, weakness, headache, hallucinations, Palpitation, hypertension, hypotension, bradycardia, reflex tachycardia, Nausea, vomiting, Muscle cramps, hoarseness |
| **Nursing Implications: (Acetaminophen)** **Assessment & Drug Effects** * Monitor for S&S of: Hepatotoxicity, even with moderate acetaminophen doses, especially in individuals with poor nutrition; poisoning, usually from accidental ingestion or suicide attempts; potential abuse from psychological dependence (withdrawal has been associated with restless and excited responses).

 **Patient & Family Education** * Do not take other medications (e.g., cold preparations) containing acetaminophen without medical advice; overdosing and chronic use can cause liver damage and other toxic effects.
* Do not medicate children for pain more than 5 days without consulting a physician.
* Do not use this medication without medical direction for: Fever persisting longer than 3 days, fever over 39.5° C (103° F), or recurrent fever.
* Do not give children more than 5 doses in 24 h unless prescribed by physician.
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| **Side Effects:** Shortness of breath, anaphylactic reaction, hypotension, brady/tachy, circ collapse, *Nausea,* vomiting, *constipation,* *Dizziness,* light-head, *drowsiness,* sedation, lethargy, euphoria, agitation; restlessness, exhilaration, convulsions, respiratory depress, Diffuse erythema, rash, urticaria, *pruritus,* excessive perspiration, facial flushing, Miosis, Urinary retention**Nursing Implications:*** Record relief of pain and duration of analgesia.
* Evaluate effectiveness as cough suppressant. Treatment of cough is directed toward decreasing frequency and intensity of cough without abolishing cough reflex, need to remove bronchial secretions.
* Supervise ambulation and use other safety precautions as warranted since drug may cause dizziness and light-headedness.
* Monitor for nausea, a common side effect. Report nausea accompanied by vomiting. Change to another analgesic may be warranted.
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| **Nursing Implications: (Albuterol)** **Assessment & Drug Effects** * Monitor therapeutic effectiveness which is indicated by significant subjective improvement in pulmonary function within 60–90 min after drug administration.
* Monitor for: S&S of fine tremor in fingers, which may interfere with precision handwork; CNS stimulation, particularly in children 2–6 y, (hyperactivity, excitement, nervousness, insomnia), tachycardia, GI symptoms. Report promptly to physician.
* Lab tests: Periodic ABGs, pulmonary functions, and pulse oximetry.
* Consult physician about giving last albuterol dose several hours before bedtime, if drug-induced insomnia is a problem.

**Patient & Family Education** * Review directions for correct use of medication and inhaler (see ADMINISTRATION).
* Avoid contact of inhalation drug with eyes.
* Do not increase number or frequency of inhalations without advice of physician.
* Notify physician if albuterol fails to provide relief because this can signify worsening of pulmonary function and a reevaluation of condition/therapy may be indicated.
* Albuterol can cause dizziness or vertigo; take necessary precautions.
* Do not use OTC drugs without physician approval. Many medications (e.g., cold remedies) contain drugs that may intensify albuterol action.
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| **Ampicillin** **Classification: Anti-infective** **Dosage:** *Child (under 40 kg):* **PO/IV** 25–50 mg/kg/day divided q6–8h *Neonate:* **IV/IM** *=/< 7 days, =/< 2000 g,* 50 mg/kg/day divided q12h **=/<** *7 days, > 2000 g*, 75 mg/kg/day divided q8h >*7 days, < 1200 g*, 50 mg/kg/day divided q12h >*7 days, 1200–2000 g*, 75 mg/kg/day divided q8h **>***7 days, > 2000 g,* 100 mg/kg/day divided q6h **Therapeutic Effect:** Infections of GU, respiratory, and GI tracts and skin and soft tissues; also gonococcal infections, bacterial meningitis, otitis media, sinusitis, and septicemia and for prophylaxis of bacterial endocarditis. Used parenterally only for moderately severe to severe infections. **Special Precautions:** History of hypersensitivity to cephalosporins; GI disorders; renal disease or impairment |
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