

# ♥ Pharmacology Cheat Sheet



Medication Endings (Suffix) & important meds	Medication class, MOA & Therapeutic use	Side Effects /Adverse Effects	Other considerations for the class
<b>Cardiac medications</b>			
-olol (metoprolol)	<b>Beta Blocker (Antihypertensive)</b> *Exhibits stimulation of epinephrine causing decreased cardiac excitability, decreased cardiac output, decreased myocardial oxygen demand, lowers blood pressure by decreasing release of renin in the kidney *FOR: Primary HTN, angina, tachydysrhythmias, heart failure, MI	<ul style="list-style-type: none"> <li>• Bradycardia</li> <li>• Nasal stuffiness</li> <li>• AV block</li> <li>• Rebound myocardium excitation if stopped abruptly</li> <li>• Bronchospasm</li> <li>• Hypotension</li> <li>• Low blood sugar</li> <li>• GI complications</li> </ul>	<ul style="list-style-type: none"> <li>• Contraindicated in patients who have AV block and sinus bradycardia</li> <li>• NSAIDs can interact with Beta blocker and ↓ HTN action</li> <li>• Do not give patients who have asthma, bronchospasm and heart failure</li> <li>• Can mask the effects of hypoglycemia</li> <li>• Do not administer labetalol in the same IV as furosemide</li> <li>• Hold medication if HR is less than 60</li> </ul>
-pril (captopril)	<b>ACE inhibitors (Antihypertensive)</b> *Blocks the conversion of angiotensin I to angiotensin II * Dilates veins and arteries *FOR: HTN, Heart failure, MI, diabetic nephropathy	<ul style="list-style-type: none"> <li>• Dry cough</li> <li>• Hypotension</li> <li>• Rash</li> <li>• Angioedema</li> <li>• Taste loss</li> <li>• Dizziness</li> <li>• First dose hypotension</li> <li>• First dose rash</li> </ul>	<ul style="list-style-type: none"> <li>• Captopril should be taken 1 hr before meals</li> <li>• Administer epinephrine 0.5 mL Sub-Q if angioedema occurs</li> <li>• Should not take potassium supplements</li> <li>• In small doses, it can help with diabetic neuropathy</li> </ul>
-sartan (losartan)	<b>ARBs - angiotensin II receptor antagonist (Antihypertensive)</b> * Selectively block the binding of angiotensin II to AT1 receptors found in tissues Blocks HTN, stroke, heart failure, MI, diabetic nephropathy, stroke	<ul style="list-style-type: none"> <li>• Nonproductive cough</li> <li>• Angioedema</li> <li>• Hypotension</li> <li>• Persistent rash</li> <li>• Hypotension</li> </ul>	<ul style="list-style-type: none"> <li>• Administer epinephrine 0.5 mL Sub-Q if angioedema occurs</li> <li>• Cough</li> <li>• Dizziness</li> <li>• Rash</li> <li>• First dose hypotension</li> <li>• First dose rash</li> </ul>
-dipine (nifedipine) (Diltiazem)	<b>Calcium channel blockers (Antihypertensive)</b> * Slows down movement of Ca into smooth muscle cells resulting in arterial dilation decreased & blood pressure *FOR: Angina & hypertension *Verapamil and diltiazem can be used for A.fib, A flutter or SVT.	<ul style="list-style-type: none"> <li>• Constipation</li> <li>• Reflex tachycardia</li> <li>• Peripheral edema</li> <li>• Toxicity</li> </ul>	<ul style="list-style-type: none"> <li>• Use cautiously in patients taking digoxin and beta blockers</li> <li>• Contraindicated in patients who have heart failure, heart block or bradycardia</li> <li>• Do not drink grapefruit juice</li> <li>• Administer IV over 2-3 mins</li> <li>• Taper dose if discontinuing</li> </ul>
Digoxin	<b>Cardiac Glycosides</b> *Increase the force and velocity of myocardial contractions to improve stroke volume and cardiac output. Slow the conduction rate allowing for increase ventricular filling. *Positive Inotropic (increase contractility) and negative chronotropic (decrease HR) *FOR: Heart failure & Atrial fibrillation	<p>Digoxin toxicity:</p> <p>Early signs:</p> <ul style="list-style-type: none"> <li>• Nausea and vomiting, abdominal pain, anorexia</li> <li>• Fatigue, weakness, diplopia, blurred vision</li> </ul> <p>Late signs:</p> <ul style="list-style-type: none"> <li>• Yellow halos</li> <li>• Dysrhythmias</li> <li>• Bradycardia</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor therapeutic levels - 1.8-2.0</li> <li>• Need to listen to heart rate before administering</li> <li>• Monitor potassium and magnesium levels</li> <li>• Hypokalemia: Flattened T wave</li> <li>• Hold med if HR is less than 60</li> <li>• Low sodium diet</li> <li>• Medications for toxicity: IV digoxin immune FAB, digital immune fab or Digi bind</li> </ul>

# Pharmacology Cheat Notes

**David Heckman**

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the author's name.

## Pharmacology Cheat Notes:

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Sports Christophe Brissonneau, Jeffrey Montez de Oca, 2017-12-15 Drawing on rich empirical material from elite French sport this book offers a detailed history of how the concept of doping evolved from the twentieth to the twenty first century The first study to span the period from 1950 to 2010 it sheds new light on the extraordinary world of elite sport in France a world governed by its own moral standards and defined by extreme expectations of physical performance and highly medicalised training regimes Including exclusive insights from athletes and their doctors it explains how the use of drugs became an integral part of training in elite French sport Considering the complex and paradoxical moral arguments that frame this phenomenon it explores the decades long social and political process that resulted in the normalisation of this doping culture Drawing on examples from cycling athletics weightlifting wrestling and bodybuilding this book compares doping practices in these sports and questions the effectiveness of anti doping policies This is fascinating reading for all those interested in the use of drugs in sports the ethics and philosophy of sport or sports history A Look into the Rear View Mirror Carolyn Sue Noah Graetz, 2011-09-29 There are elements of a way of life that likely will not come our way again in Carolyn Sue Noah Graetz homespun sometimes intense paperback memoir A Look into the Rear View Mirror In writing her book graetz repeats genealogical information linking the life and times of some ancestors to events of the wider world This is a good method that might invite borrowing from any number of amateur genealogists who take the plunge Gratez did and do some volumes

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