
Adverse Drug Reaction

DEFINITION /PATHOPHYSIOLOGY

Any unintended effect on the body as a result of the use of therapeutic drugs, abuse of drugs, or the interaction of two or more pharmacologically active agents.

SIGNS & SYMPTOMS

Respiratory signs

- Nasal congestion
- Pruritus
- Sneezing and coughing
- Possible respiratory distress that progresses rapidly (caused by bronchospasm or edema of the larynx)
- Chest tightness
- Other respiratory difficulties, such as wheezing and dyspnea

Skin manifestations

- Flushing with a sense of warmth and diffuse erythema
- Generalized pruritus over the entire body (indicates developing general systemic reaction)
- Urticaria (hives)
- Massive facial angioedema possible with accompanying upper respiratory edema, swelling of the tongue

Cardiovascular manifestations

- Dysrhythmia
- Pallor
- Weak peripheral pulse
- Hypotension
- Circulatory failure, leading to coma and death

Gastrointestinal problems

- Nausea
- Vomiting
- Colicky abdominal pains
- Diarrhea

ASSESSMENT:

History

- Review the medical records (specialist evaluations, annual physicals, primary care provider notes, emergency room/hospitalization documents).
- Communicate with the primary care provider about diagnoses and medical history.
- Communicate with family (when applicable).
- Communicate with previous provider(s) (assure medical documentation received).
- Ask about past and chronic health problems.
- Find out what medications the patient is currently using. In addition to prescription drugs, be sure to ask about all creams, lotions, sprays, and over-the-counter preparations like laxatives, sleep aids, and analgesics.
- Is the patient allergic to any medications, foods, animals, insects, latex, or other substances?

Physical-Psychological

- Assess for signs and symptoms of adverse drug reaction.
- Assess respiratory rate, rhythm and depth and observe for changes
- Observe the color of the tongue, mucosa, and skin for changes.
- Assess patient level of anxiety.
- Monitor patient's BP and HR.

NURSING INTERVENTIONS

- Position the patient upright for ease of breathing
- Instruct the patient to breathe deeply and slow down the respiratory rate.
- Auscultate breath sounds.
- Administer oxygen as prescribed.
- Provide reassurance to allay anxiety by staying with the patient during acute distress.
- Maintain a calm manner that will assure patient and significant other of close continuous monitoring for any prompt intervention.
- Maintain a patent airway. Anticipate an emergency intubation or tracheostomy if stridor occurs.

PATIENT TEACHING

- Assist the patient in identifying symptoms that precipitate or exacerbate crisis.
- Provide information about emergency medications and plans that should be considered when a crisis reoccurs.

CULTURAL CONSIDERATIONS

Take into consideration patient culture and any possible herbal or over the counter medication patient is taking that may react with prescribed medications.

COORDINATING CARE WITH NURSING ASSISTANT

- Monitor and report any changes in vital signs.
- Ambulate patient as tolerated.

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