GI: *Nausea, vomiting,* diarrhea, cramping, flatus, increased AST, ALT, hepatotoxicity, abdominal pain, cholestasis
HEMA: Agranulocytosis, eosinophilia, leukopenia, neutropenia, thrombocytopenia
INTEG: Stevens-Johnson syndrome, angioedema, anaphylaxis, exfoliative dermatitis, toxic epidermal necrolysis

PHARMACOKINETICS

Peak 1-2 hr, bioavailability (PO) >90%, widely distributed (peritoneum, CSF), excreted in breast milk, excreted unchanged in urine 80%, metabolized by CYP3A enzyme system at dose >200 mg/day, half-life 30 hr (adult); child 19-25 hr (PO); premature neonates (46-74 hr)

INTERACTIONS

Increase: hypoglycemia—oral sulfonylureas (glipiZIDE)
Increase: anticoagulation—warfarin
Increase: plasma concentrations—cycloSPORINE, phenytoin, theophylline, rifabutin, tacrolimus, sirolimus, zidovudine, zolpidem
Increase: myopathy, rhabdomyolysis risk—HMG-CoA reductase inhibitors: lovastatin, simvastatin
Increase: effect of zidovudine, methadone, SUFentanil, alfentanil, buprenorphine, saquinavir, fentaNYL, ergots
Decrease: effect of calcium channel blockers
Decrease: fluconazole effect—proton pump inhibitors
Drug/Lab Test
Increase: alk phos, LFTs
Decrease: WBC, platelets

NURSING CONSIDERATIONS

Assess:
• **Infection:** clearing of CSF and other culture during treatment, obtain C&S baseline and throughout treatment, product may be started as soon as culture is taken
• **QT prolongation:** avoid with other products that cause QT prolongation
• **Hepatotoxicity:** monitor for increasing AST, ALT, baseline and periodically alk phos, bilirubin; for renal status: BUN, creatinine
• **Skin symptoms:** color, lesions, inj-site reactions; if lesions progress, stop product; monitor rash, usually appears after 2nd wk of treatment and disappears in 2 wk if continuing product
• **Pregnancy/breastfeeding:** birth defects may occur if used in 1st trimester; do not use in pregnancy, breastfeeding
Evaluate:
• Therapeutic response: decreasing oral candidiasis, fever, malaise, rash; negative C&S for infection organism
Teach patient/family:
• That long-term therapy may be needed to clear infection, not to add new medications, herbs without prescriber approval
• That medication may be taken with food to reduce GI effects
• To notify prescriber of nausea, vomiting, diarrhea, jaundice, anorexia, clay-colored stools, dark urine, skin rash, abdominal pain, fever, bruising, bleeding

⚠ HIGH ALERT

fludarabine (Rx)

(floo-dar′a-been)
Func. class.: Antineoplastic, antimetabolite

USES: Chronic lymphocytic leukemia

CONTRAINDICATIONS: Pregnancy, breastfeeding, hypersensitivity

Black Box Warning: Hemolytic anemia, bone marrow suppression, coma, seizures, visual disturbances

DOSAGE AND ROUTES

• **Adult: IV** 25 mg/m^2 over 30 min × 5 days, may repeat q28days; reconstitute with 2 mL of sterile water for inj; dissolution should occur in <15 sec, adjust dose based on toxicity; **PO** 40 mg/m^2 × 5 days q28days