

- Monitor for glaucoma exacerbation and paralytic ileus
  - B/P (lying, standing), pulse q4hr; if systolic B/P drops 20 mm Hg, hold product, notify prescriber; VS q4hr in patients with CV disease
  - Blood studies: thyroid function tests, LFTs, serum nortriptyline level/target 50-150 mg/mL if patient is receiving long-term therapy
  - Weight weekly; appetite may increase with product
  - **PR, QT prolongation: ECG for flattening of T wave, bundle branch block, AV block, QT prolongation, dysrhythmias in cardiac patients; assess for chest pain, palpitations, dyspnea**
  - EPS primarily in geriatric patients: rigidity, dystonia, akathisia, preferred tricyclic in geriatric patients
  - Mental status changes: mood, sensorium, affect, suicidal tendencies, increase in psychiatric symptoms, depression, panic
  - Urinary retention, constipation; constipation is more likely to occur in children
  - **Withdrawal symptoms: headache, nausea, vomiting, muscle pain, weakness; do not usually occur unless product was discontinued abruptly**
  - Alcohol intake; if alcohol is consumed, hold dose until AM
  - **Serotonin syndrome, neuroleptic malignant syndrome: assess for increased heart rate, shivering, sweating, dilated pupils, tremors, high B/P, hyperthermia, headache, confusion; if these occur, stop product, administer serotonin antagonist if needed (rare)**
  - Assistance with ambulation during beginning therapy because drowsiness/dizziness occurs; safety measures including side rails, primarily for geriatric patients
  - **Beers:** avoid in older adults; highly anticholinergic, sedating, and may cause orthostatic hypotension
  - **Pregnancy/breastfeeding:** use only if benefits outweigh fetal risk; cautious use in breastfeeding
- Evaluate:**
- Therapeutic response: decreased depression

**Teach patient/family:**

- That therapeutic effects may take 2-3 wk; only small quantities may be dispersed
- To use caution when driving, during other activities requiring alertness because of drowsiness, dizziness, blurred vision
- To avoid alcohol ingestion, other CNS depressants; to avoid MAOIs within 14 days
- Not to discontinue medication quickly after long-term use; may cause nausea, headache, malaise
- To wear sunscreen or large hat because photosensitivity occurs
- **To immediately report urinary retention, worsening depression, suicidal thoughts/behaviors**

**TREATMENT OF OVERDOSE:**

ECG monitoring; lavage; administer anti-convulsant

**nusinersen (Rx)**

(neu-si-ner'sen)

**Spinraza**

*Func. class.:* Miscellaneous CNS agent muscular dystrophy

*Chem. class.:* Antisense oligonucleotide

**Do not confuse:**

**Nusinersen/Neurontin,**  
**Nucynta, Sprinraza/Spriva**

**ACTION:** Increases exon 7 inclusion in SMN2 messenger ribonucleic acid (mRNA) transcripts and production of full-length SMN protein

**Therapeutic outcome:** Increasing muscle strength and movement

**USES:** Spinal muscular atrophy

**CONTRAINDICATIONS:** Hypersensitivity **PRECAUTIONS:** Pregnancy, breastfeeding, bleeding, nephrotoxicity, requires a specialized care setting and clinician, thrombocytopenia