

## INTERACTIONS

**Increase:** epiphyseal closure—androgens, thyroid hormones

**Decrease:** growth—glucocorticosteroids

**Decrease:** insulin, antidiabetic effect—dosage adjustment may be needed

### Drug/Lab Test

**Increase:** glucose, urine glucose

**Decrease:** glucose, thyroid hormones

## NURSING CONSIDERATIONS

### Assess:

- Signs/symptoms of diabetes
- Growth hormone antibodies if patient fails to respond to therapy
- Thyroid function tests: T<sub>3</sub>, T<sub>4</sub>, TSH to identify hypothyroidism
- **Allergic reaction:** rash, itching, fever, nausea, wheezing
- **Hypercalciuria:** urinary stones; groin, flank pain; nausea, vomiting, urinary frequency, hematuria, chills
- Growth rate, bone age of child at intervals during treatment
- **Respiratory infection:** in those with Prader-Willi syndrome, may have sleep apnea, upper airway obstruction; discontinue if obstruction occurs
- Rapid growth: assess for slipped capital femoral epiphysis; may also occur in endocrine disorders
- Monitor ophthalmologic status baseline and periodically; intracranial hypertension may occur
- **Beers:** avoid in older adults except as hormone replacement following pituitary gland removal
- **Pregnancy/breastfeeding:** effects unknown; cautious use in breastfeeding

### Evaluate:

- Therapeutic response: growth in children

### Teach patient/family:


- That treatment may continue for years; that regular assessments are required
- To maintain a growth record; to report knee/hip pain or limping
- That treatment is very expensive
- About subcut injection; to rotate injection site to avoid tissue atrophy; not to shake medication; to report peripheral edema, swelling to the provider



## RARELY USED

### sonidegib

(soe'-ni-deg'-ib)

Odomzo 

*Func. class.:* Antineoplastic

**USES:** Locally advanced basal cell carcinoma that has recurred after surgery or radiation therapy or in those who are not candidates for surgery or radiation therapy

**CONTRAINDICATIONS:** Hypersensitivity

**Black Box Warning:** Pregnancy, intrauterine fetal death, contraceptive requirement

## DOSAGE AND ROUTES

- **Adult: PO** 200 mg daily until disease progression or unacceptable toxicity; take on an empty stomach  $\geq 1$  hr before or 2 hr after a meal. Avoid use with strong CYP3A inhibitors or strong and moderate CYP3A inducers



### sotalol (Rx)

(sot'ah-lahl)

Betapace, Betapace AF, Rylosol

, Sorine, Sotylize

*Func. class.:* Antidysrhythmic group III

*Chem. class.:* Nonselective  $\beta$ -blocker

### Do not confuse:

sotalol/Sudafed

**ACTION:** Blockade of  $\beta_1$ - and  $\beta_2$ -receptors leads to antidysrhythmic effect, prolongs action potential in myocardial fibers without affecting conduction, prolongs QT interval, no effect on QRS duration

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