occurs during first few weeks of treatment
• Baselines of renal, hepatic, electrolyte studies before therapy begins
• **Heart failure:** edema in feet, legs daily; jugular venous distention; dyspnea, crackles; weight increase >5 lb per week

Evaluate:
• Therapeutic response: decreased B/P

Teach patient/family:
• To comply with dosage schedule, even if feeling better; to take at same time of day; that therapeutic effect may take 2-4 wk
• To notify prescriber immediately of mouth sores, fever, swelling of hands or feet, swelling of face or lips, irregular heartbeat, chest pain, decreased urine output
• Not to stop abruptly; increased B/P will occur
• That excessive perspiration, dehydration, vomiting, diarrhea may lead to fall in blood pressure; to consult prescriber if these occur
• That product may cause dizziness, fainting, light-headedness; to avoid hazardous activities until response is known

Black Box Warning: To notify prescriber if pregnancy is planned or suspected; do not use in pregnancy, breastfeeding

• To notify prescriber of all prescriptions, OTC products, and supplements taken; to rise slowly from sitting to prevent drop in B/P
• **Overdose:** dizziness, bradycardia, or tachycardia

telotristat

(tel-oh´tri-stat)

Xermelo

Func. class.: Antidiarrheal

Chem. class.: Tryptophan hydroxylase inhibitor

Do not confuse:
Xermelo/Xarelto

ACTION:
Reduces serotonin production; this decreases stools in carcinoid syndrome

USES:
Carcinoid syndrome diarrhea; used with somatostatin analogue (SSA) when SSA alone does not control symptoms

CONTRAINDICATIONS:
Hypersensitivity

Precautions: Abdominal pain, breastfeeding, constipation, GI perforation/obstruction, pregnancy

DOSAGE AND ROUTES
• **Adult: PO** 250 mg tid

SIDE EFFECTS
CNS: Headache, depression, fever

CV: Peripheral edema

GI: Nausea, constipation, flatulence, anorexia, abdominal pain

PHARMACOKINETICS
Peak 0.5-2 hr, half-life 0.6 hr, 99% plasma protein binding, excreted in urine (93.2%), affected by CYP3A4, P-glycoprotein (P-gp)

INTERACTIONS
Decrease: effect of—CYP3A4 substrates; monitor for ineffective results; dose of CYP3A4 may need to be increased

Decrease: effect of—octreotide; give short-acting octreotide 30-60 min after telotristat

Increase: telotristat effect—P-glycoprotein (P-gp) products

Drug/Lab

Increase: ALT, AST, alk phos

NURSING CONSIDERATIONS
Assess:
• **Stools:** volume, color, characteristics, frequency; bowel pattern before product; rebound constipation, abdominal pain; discontinue if abdominal pain or constipation is severe
• **Pregnancy/breastfeeding:** use only if benefits outweigh fetal risk, not studied in pregnancy; breastfeeding not recommended, effects unknown