

Black Box Warning: Hepatitis exacerbations: monitor hepatic studies: AST, ALT, bilirubin; amylase, lipase, triglycerides baseline and periodically during treatment, after treatment, assess for exacerbations for 6 mo after last dose

• **Bone, renal toxicity:** if bone abnormalities are suspected, obtain tests; serum phosphorus, creatinine

Black Box Warning: Lactic acidosis, severe hepatomegaly with steatosis, Fanconi's syndrome: obtain baseline liver function tests; if elevated, discontinue treatment; discontinue even if liver function tests normal but lactic acidosis, hepatomegaly present; may be fatal

• **Pregnancy/breastfeeding:** use only if clearly needed; register patients in the Antiretroviral Pregnancy Registry, 1-800-258-4263; do not breastfeed

Evaluate:

• Therapeutic response: decrease in signs, symptoms of HIV

Teach patient/family:

• To take without regard to food
• That GI complaints resolve after 3-4 wk of treatment

• **Not to breastfeed while taking this product**

• That product must be taken daily even if patient feels better

• That follow-up visits must be continued because serious toxicity may occur; that blood counts must be done q2wk

• That product will control symptoms but is not a cure for HIV; that patient is still infectious, may pass HIV virus on to others

• To discuss with provider all OTC, Rx, herbals, supplements taken

• **Hepatotoxicity:** To notify provider of yellow skin, eyes, dark urine, clay-colored stools, nausea, abdominal pain

• That other products may be necessary to prevent other infections

• If used for prophylaxis (PREP): does not prevent sexually transmitted infections; use appropriate barrier protection and safe sex practices

• That changes in body fat distribution, usually in the breasts, neck, and back, may occur

Black Box Warning: To notify prescriber of symptoms of lactic acidosis (nausea, vomiting, weakness, abdominal pain)

terazosin (Rx)

(ter-ay'zoe-sin)

Hytrin 

Func. class.: Antihypertensive

Chem. class.: α -Adrenergic blocker

ACTION: Decreases total vascular resistance, which is responsible for a decrease in B/P; this occurs by the blockade of α_1 -adrenoreceptors

USES: Hypertension, as a single agent or in combination with diuretics or β -blockers; BPH

CONTRAINDICATIONS: Hypersensitivity

Precautions: Pregnancy, breastfeeding, children, prostate cancer, syncope

DOSAGE AND ROUTES

Hypertension

• **Adult: PO** 1 mg at bedtime, may increase dose slowly to desired response; max 20 mg/day divided q12hr

Benign prostatic hyperplasia

• **Adult: PO** 1 mg at bedtime, gradually increase up to 5-10 mg; max 20 mg divided q12hr

Available forms: Caps 1, 2, 5, 10 mg

Administer:

• Give dose at bedtime; patient should not operate machinery because fainting may occur

• If treatment is interrupted for several days, restart with initial dose

• Without regard to food; feeding tube: place cap in 60 mL of warm tap water; stir until liquid spills from ruptured shell (5 min); stir until cap dissolves; draw solution into oral syringe; give through feeding tube; flush with water

• Store at room temperature