

744 levETIRAcetam

INH sol: Onset 10-17 min, peak 1½ hr, duration 5-6 hr; **INH aerosol:** onset 4.5-10.2 min, peak 76-78 min, duration ≤6 hr

INTERACTIONS

Increase: hypokalemia—loop/thiazide diuretics

Increase: action of aerosol bronchodilators

Increase: levalbuterol action—tricyclics, MAOIs, other adrenergics; avoid use within 2 wk of MAOIs

Decrease: levalbuterol action—other β-blockers; severe bronchospasm may occur

Decrease: digoxin effect—digoxin

Drug/Herb

Increase: stimulation—black/green tea, coffee, cola nut, guarana, yerba maté

NURSING CONSIDERATIONS

Assess:

• **Respiratory function:** vital capacity, pulse oximetry, forced expiratory volume, ABGs, lung sounds, heart rate and rhythm (baseline); character of sputum: color, consistency, amount

• Cardiac status: palpitations, increase/decrease in B/P, dysrhythmias

• **For evidence of allergic reactions, paradoxical bronchospasm, anaphylaxis, angioedema; if these occur, hold dose, notify prescriber at once; bronchospasm may occur with new canister or vial**

• **Pregnancy/breastfeeding: avoid use in pregnancy, do not breastfeed, reaction is unknown**

Evaluate:

• Therapeutic response: absence of dyspnea, wheezing after 1 hr; improved airway exchange, ABGs/VBGs

Teach patient/family:

• Not to use OTC medications because excess stimulation may occur

• To avoid getting aerosol in eyes because blurring may result

• To avoid smoking, smoke-filled rooms, persons with respiratory infections

• **That paradoxical bronchospasm may occur; to stop product immediately, contact prescriber**

• To limit caffeine products such as chocolate, coffee, tea, colas, and herbs such as cola nut, guarana, yerba maté

• **Inhaler:** to shake well before using and to breathe normally while using and mist goes into reservoir; to spray 4 times before first use or if not used for 3 days; to wash at least weekly

• To use this product first if using other inhalers; to wait 5 min or more between products; to rinse mouth with water after each dose to prevent dry mouth

• **Diabetes:** that diabetes may be exacerbated; that medications for diabetes may need to be adjusted

TREATMENT OF OVERDOSE:

Administer a β₁-adrenergic blocker

levETIRAcetam (Rx)

(lev-eh-teer-ass'eh-tam)

Keppra, Keppra XR, Spritam

Func. class.: Anticonvulsant

Chem. class.: Pyrrolidine derivative

Do not confuse:

Keppra/Kaletra

levETIRAcetam/lamotrigine/levocarnitine
/levofloxacin

ACTION: Unknown; may inhibit nerve impulses by limiting influx of sodium ions across cell membrane in motor cortex

USES: Adjunctive therapy for partial-onset seizures, primary generalized tonic-clonic seizures, myoclonic seizures in juvenile patients

CONTRAINDICATIONS: Hypersensitivity, breastfeeding

Precautions: Pregnancy, children, geriatric patients, renal/cardiac disease, psychosis

DOSAGE AND ROUTES

Adjunctive treatment of partial-onset seizures

• **Adult/adolescent ≥16 yr:** **IV** 500 mg bid, may be titrated by 1000 mg/day q2wk, max 3000 mg/day in divided doses; **EXT REL** 1000 mg/day, may increase q2wk, max 3000 mg/day