

292 clevidipine

bile, feces; possible inhibition of P-glycoprotein, protein binding 70%

INTERACTIONS

Increase: levels, toxicity—ALPRAZolam, benzodiazepines, busPIRone, carBAMazepine, cycloSPORINE, digoxin, disopyramide, ergots, felodipine, fluconazole, omeprazole, tacrolimus, theophylline, antidiabetics, midazolam, triazolam

Increase: atorvastatin, pravastatin

Increase: myopathy, rhabdomyolysis risk—lovastatin, simvastatin; do not use concurrently

Increase: action, risk for toxicity—all products metabolized by CYP3A enzyme system

Increase: levels of sildenafil, tadalafil, vardenafil

Increase: effect of calcium channel blockers

Increase: QT prolongation—class IA, III antidysrhythmics, quinidines, procainamide, dofetilide, sotalol, amiodarone or other products that prolong QT

Increase or decrease action: zidovudine

Drug/Food

• Do not use with grapefruit juice

Drug/Herb

Decrease: clarithromycin effect—St. John's wort

Drug/Lab Test

Increase: AST, ALT, BUN, creatinine, LDH, total bilirubin, INR, PT

NURSING CONSIDERATIONS

Assess:

• **Infection:** wound characteristics, urine, stool, sputum, WBC, temperature; C&S before product therapy; product may be given as soon as culture is taken; C&S may be repeated after treatment

• **Bleeding:** check INR if anticoagulants are taken

• **Hypersensitivity:** allergies before treatment, reaction to each medication

• **Heart failure:** increased risk of heart-related disease and death in some patients; use caution in those with increased CV risk, and weigh benefits and risk

• **QT prolongation, ventricular dysrhythmias:** monitor ECG, cardiac status in those with underlying cardiac abnormalities

• **Clostridium difficile-associated diarrhea (CDAD):** monitor for diarrhea, cramping, blood in stools, fever; report immediately to prescriber; may start up to several weeks after conclusion of treatment

• **Serious skin reaction:** Stevens-Johnson syndrome, toxic epidermal necrolysis; product should be discontinued immediately; may occur after therapy is concluded

• **Pregnancy/breastfeeding:** no well-controlled studies; use in pregnancy only if benefits outweigh fetal risk; excreted in breast milk, use caution in breastfeeding

Evaluate:

• Therapeutic response: C&S negative for infection, prevention of endocarditis

Teach patient/family:

• To take with full glass of water; may give with food to decrease GI symptoms; to take ext rel with food

• To report sore throat, fever, fatigue; may indicate superinfection

• To notify prescriber of diarrhea, dark urine, pale stools, yellow discoloration of eyes or skin, severe abdominal pain

• To take at evenly spaced intervals; to complete dosage regimen; to notify prescribers of all products used

• To notify prescriber if pregnancy is suspected or planned or if breastfeeding

TREATMENT OF HYPERSENSITIVITY:

Withdraw product, maintain airway, administer EPINEPHrine, aminophylline, O₂, IV corticosteroids

clevidipine (Rx)

(klev-id'i-pen)

Cleviprex

Func. class.: Calcium channel blocker

(L-type)

Chem. class.: Dihydropyridine

ACTION: L-type calcium channels mediate the influx of calcium during depolarization in arterial smooth muscle;