

- Pull off cover, twist mouthpiece to open, push buttons in; make sure the 4 pins are visible; remove cap from blister pack, place cap in chamber; twist to close, press (a click will be heard), release; patient should exhale, place inhaler in mouth, inhale rapidly
- Store at room temperature; protect from heat, moisture

SIDE EFFECTS

CNS: Tremors, anxiety, insomnia, headache, dizziness, stimulation

CV: Palpitations, tachycardia, hypertension, chest pain

GI: Nausea, vomiting, xerostomia

RESP: Bronchial irritation, dryness of oropharynx, bronchospasms (overuse), infection, inflammatory reaction (child)

PHARMACOKINETICS

Bronchodilation: Onset 15 min; peak 1-3 hr; duration 12 hr; metabolized in liver, lungs, GI tract; half-life 10 hr

INTERACTIONS

Increase: serious dysrhythmias—MAOIs, tricyclics

Increase: hypokalemia—loop/thiazide diuretics

Increase: effects of both products—other sympathomimetics, thyroid hormones

Increase: QT prolongation—class IA/III antiarrhythmics, phenothiazines, pimozide, haloperidol, risperidone, sertindole, ziprasidone, amoxapine, arsenic trioxide, chloroquine, clarithromycin, dasatinib, dolasetron, droperidol, erythromycin, halofantrine, halogenated anesthetics, levomethadyl, maprotiline, methadone, some quinolones, ondansetron, paliperidone, palonosetron, pentamidine, probucol, ranolazine, SUNTINIB, tricyclics, vorinostat

Decrease: action when used with β -blockers

NURSING CONSIDERATIONS

Assess:

- Respiratory function: B/P, pulse, lung sounds; note sputum color, character; respiratory function tests before, during treatment; be alert for bronchospasm, which may occur with this patient

• **Cardiac status:** hypertension, palpitations, tachycardia; if CV reactions occur, product may need to be discontinued

• For paresthesias, coldness of extremities; peripheral blood flow may decrease

• **Pregnancy/breastfeeding:** use only if benefits outweigh fetal risk; use caution in breastfeeding, excretion unknown

Evaluate:

- Therapeutic response: ease of breathing

Teach patient/family:

Black Box Warning: Asthma-related death, severe asthma exacerbations; if wheezing worsens and cannot be relieved during an acute asthma attack, immediate medical attention should be sought

• About correct use of inhaler/nebulizer (review package insert with patient); to avoid getting aerosol in eyes

• About all aspects of product; to avoid smoking, smoke-filled rooms, persons with respiratory infections; not to swallow caps

TREATMENT OF OVERDOSE:

Administration of β -blocker

RARELY USED

fosamprenavir (Rx)

(fos-am-pren'a-veer)

Lexiva, Telzir 

Func. class.: Antiretroviral

Chem. class.: Protease inhibitor

USES: HIV-1 infection in combination with antiretrovirals

CONTRAINDICATIONS: Hypersensitivity to protease inhibitors

DOSAGE AND ROUTES

Therapy-naïve patients

- **Adult:** PO 1400 mg bid without ritonavir or fosamprenavir 1400 mg/day with ritonavir 200 mg/day or fosamprenavir 700 mg bid and ritonavir 100 mg bid