

## NURSING CONSIDERATIONS

### Assess:

**Black Box Warning: Abrupt withdrawal:** taper over 1-2 wk, do not discontinue abruptly; dysrhythmias, angina, myocardial ischemia, or MI may recur

- B/P, pulse, respirations during beginning therapy; notify prescriber if pulse <50 bpm or systolic B/P <90 mm Hg

- **ECG continuously** if using as antidysrhythmic IV, **PCWP** (pulmonary capillary wedge pressure), **CVP** (central venous pressure)

- Hepatic enzymes: AST, ALT, bilirubin; blood glucose (diabetes mellitus)

- Angina pain: duration, time started, activity being performed, character

- Tolerance with long-term use

- Headache, light-headedness, decreased B/P; may indicate need for decreased dosage; may aggravate symptoms of arterial insufficiency

- **Fluid overload:** weight daily; report gain of >5 lb

- **I&O ratio, CCr if kidney damage is diagnosed; fatigue, weight gain, jugular distention, dyspnea, peripheral edema, crackles**

- **Pregnancy/breastfeeding:** use only if benefits outweigh fetal risk, cautious use in breastfeeding

### Evaluate:

- Therapeutic response: decreased B/P, dysrhythmias

### Teach patient/family:

- **Not to discontinue abruptly; may precipitate life-threatening dysrhythmias, exacerbation of angina, MI; to take product at same time each day, either with or without food consistently; to decrease dosage over 2 wk**

- To avoid OTC products unless approved by prescriber; to avoid alcohol

- To avoid hazardous activities if dizzy

- About the importance of compliance with complete medical regimen; to monitor blood glucose, may mask symptoms of hypoglycemia

- To make position changes slowly to prevent fainting

- That sensitivity to cold may occur
- How to take pulse, B/P; to withhold product if <50 bpm or systolic B/P <90 mm Hg

## ⚠ HIGH ALERT

### propylthiouracil (Rx)

(proe-pill-thye-oh-yoor'a-sill)

Propyl-Thyracil 

*Func. class.:* Thyroid hormone antagonist (antithyroid)

*Chem. class.:* Thioamide

### Do not confuse:

propylthiouracil/purinethol

**ACTION:** Blocks synthesis peripherally of T<sub>3</sub>, T<sub>4</sub> (triiodothyronine, thyroxine), inhibits organification of iodine

**USES:** Preparation for thyroidectomy, thyrotoxic crisis, hyperthyroidism, thyroid storm

**CONTRAINDICATIONS:** Pregnancy, breastfeeding, hypersensitivity

**Precautions:** Infants, bone marrow depression, fever, agranulocytosis, hepatitis, jaundice

**Black Box Warning:** Hepatic disease, pregnancy

## DOSAGE AND ROUTES

### Thyrotoxic crisis

- **Adult/child:** PO 200-400 mg q4hr for 1st 24 hr

### Preparation for thyroidectomy

- **Adult:** PO 600-1200 mg/day

- **Child:** PO 10 mg/kg/day in divided doses

### Hyperthyroidism

- **Adult:** PO 100 mg tid increasing to 300 mg q8hr if condition is severe; continue to euthyroid state, then 100 mg daily tid

- **Child >6 yr:** PO 50 mg/day divided q8hr, titrate based on TSH/free T<sub>4</sub> levels

- **Neonate (unlabeled):** PO 5-10 mg/kg/day in divided doses q8hr