NURSING CONSIDERATIONS

Assess:

- Blood studies: Hgb/Hct, potassium; hyperkalemia occurs
- Recent opioid use, do not use within 7 consecutive days

Black Box Warning: Opioid use for chronic pain; MI is more common in this population

Evaluate:

- Therapeutic response: absence of postoperative ileus

Teach patient/family:

- **Pregnancy/breastfeeding:** to notify prescriber if pregnancy is planned or suspected; to avoid breastfeeding
- That product is used for only a limited time (<7 days) in a hospital setting, max 15 doses inpatient
- To report constipation, abdominal pain, cramping, nausea, vomiting, dyskinesia associated with Parkinson's disease

amantadine (Rx)

(a-man′ta-deen)

Endantadine, Gocovri, Osmolex ER, Symmetrel

Func. class.: Antiviral, antiparkinsonian agent

Chem. class.: Tricyclic amine

Do not confuse:

amantadine/raNITIdine/rimantidine/amiodarone

ACTION: Prevents uncoating of nucleic acid in viral cell, thereby preventing penetration of virus to host; causes release of DOPamine from neurons

USES: Prophylaxis or treatment of influenza type A, EPS, parkinsonism, Parkinson's disease

Unlabeled uses: Neuroleptic malignant syndrome, MS-associated fatigue

CONTRAINDICATIONS: Hypersensitivity, breastfeeding, children <1, eczematic rash

Precautions: Pregnancy, geriatric patients, epilepsy, HF, orthostatic hypotension, psychiatric disorders, renal/hepatic disease, peripheral edema, CV disease

DOSAGE AND ROUTES

Parkinson's disease

- **Adult: PO** 100 mg bid (monotherapy); after 7 days may increase to 400 mg in divided doses; Osmolex SR: initial dosage 129 mg q day in the AM; may increase q wk, max 322 mg q day in the AM

Influenza type A

- **Adult and child ≥13 yr: PO** 200 mg/day in single dose or divided bid
- **Geriatric: PO** No more than 100 mg/day
- **Child 1-8 yr: PO** 4.4-8.8 mg/kg/day divided bid-tid, max 150 mg/day

Drug-induced EPS

- **Adult: PO** 100 mg bid, up to 300 mg/day in divided doses; **EXT REL** (Gocovri) 137 mg q day at bedtime; after 1 wk, increase to 274 mg q day at bedtime

Renal dose

- **Adult: PO** CCr 30-50 mL/min 200 mg 1st day then 100 mg/day; CCr 15-29 mL/min 100 mg 1st day, then 100 mg on alternate days; CCr 15 mL/min reduce dose and interval to 200 mg q7days

MS-associated fatigue (unlabeled)

- **Adult: PO** 200 mg/day or 100 mg bid

Neuroleptic malignant syndrome (unlabeled)

- **Adult: PO** 100 mg bid × 3 wk

Available forms: Caps 100 mg; oral sol 50 mg/5 mL; tab 100 mg; ext rel (Osmolex ER) 129, 193, 258 mg; ext rel (Gocovri) 68.5, 137 mg

Administer:

- **Prophylaxis:** before exposure to influenza; continue for 10 days after contact; **treatment:** initiate within 24-48 hr of onset of symptoms, continue for 24-48 hr after symptoms disappear
- After meals for better absorption to decrease GI symptoms; at least 4 hr before bedtime to prevent insomnia
- In divided doses to prevent CNS disturbances: headache, dizziness, fatigue, drowsiness
- Store in tight, dry container