

CV & Respiratory High-Yield Drugs

Drug	Action	Monitor/Key Point
Metoprolol	↓HR, ↓BP, ↓O ₂ demand	Do not stop abruptly; hold if HR<60
Lisinopril	↓BP, ↓afterload	Monitor K ⁺ , BUN/Cr; cough SE
Amlodipine	↓BP via Ca ²⁺ block	Edema, headache; avoid with grapefruit
Furosemide	Diuresis, ↓preload	K ⁺ , Na ⁺ , weight daily; ototoxic IV
Warfarin	Anticoagulation	INR 2–3 therapeutic; antidote = Vit K
Heparin	Anticoagulation (fast)	aPTT 60–100; antidote = protamine
Albuterol	β ₂ bronchodilation	Tachycardia SE; for acute bronchospasm
Fluticasone	↓Airway inflammation	Rinse mouth after use; not for acute attack

Endocrine, Psych & Neuro High-Yield Drugs

Drug	Action	Monitor/Key Point
Insulin glargine	24h basal glucose ctrl	No peak; give same time daily; hypoglycemia
Metformin	↓hepatic glucose	Hold before contrast; lactic acidosis
Levothyroxine	Replace T4	AM empty stomach; TSH in 6–8 weeks
Fluoxetine	SSRI antidepressant	2–4 wk onset; serotonin syndrome risk
Haloperidol	Antipsychotic (D2)	EPS, tardive dyskinesia; QT monitoring
Lithium	Mood stabilizer	Level 0.6–1.2; toxicity = tremor, nausea
Phenytoin	Anticonvulsant	Narrow TI; NS only IV; gingival hyperplasia
Donepezil	AChE inhibitor	Alzheimer's; bradycardia; nightmares SE

Anti-infectives, GI & Oncology Drugs

Drug	Action	Monitor/Key Point
Vancomycin	Gram+ infections	Trough 10–20; RED MAN if fast infusion
Gentamicin	Gram– infections	Peak AND trough; nephro/ototoxic; Tendon rupture; QT prolongation; antacid spacing
Ciprofloxacin	Broad spectrum	CYP450 inhibitor; ↑ warfarin effect
Fluconazole	Antifungal	
Omeprazole	PPI - ↓gastric acid	Take 30–60 min before meals; long-term risk
Ondansetron	5-HT ₃ antiemetic	QT prolongation; effective 30 min after IV
Methotrexate	Folate antagonist	Toxicity: mucositis, bone marrow suppression
Filgrastim	G-CSF (↑WBC)	Post-chemo; bone pain SE; avoid within 24h chemo

System Pharmacology in Practice — What the RN Does


A patient on heparin develops a platelet count of 62,000 (was 210,000 five days ago)
 → HIT — stop heparin immediately; notify provider; switch to direct thrombin inhibitor (argatroban); do NOT use low-MW heparin

A patient on lithium starts ibuprofen for knee pain after discharge. What should they have been taught?
 → NSAIDs decrease lithium clearance → toxicity risk; teach to use acetaminophen instead; signs of toxicity = tremor, nausea, confusion

A patient takes metformin and is scheduled for an IV contrast CT scan tomorrow
 → Hold metformin 24–48h before and after contrast — risk of contrast-induced nephropathy leading to lactic acidosis

A patient receiving vancomycin IV suddenly develops flushing and redness from neck to chest
 → Red man syndrome — slow infusion rate; premedicate with diphenhydramine; this is NOT a true allergy

A patient on warfarin has an INR of 6.2 and is bleeding from their gums
 → Warfarin toxicity — hold warfarin; administer Vitamin K per order; assess for internal bleeding; monitor INR closely

 **High-yield pattern: drug ending tells you class. Drug class tells you action, SE, and monitoring parameters.**


High-Yield Mnemonics & NCLEX Tips

Q What mnemonic helps remember serotonin syndrome symptoms?
 → *SCHAFT: Shivering, Confusion, Hyperreflexia, Agitation, Fever/flushing, Tachycardia* — from MAOI+SSRI combo

Q What are the signs of digoxin toxicity?
 → *Bradycardia, nausea/vomiting, yellow-green halos, visual changes* — check level (<2 ng/mL) and K⁺ (hypoK promotes toxicity)

Q A patient is ordered fluoroquinolone. What specific patient history makes you most concerned?
 → *Tendon disorders or elderly + corticosteroid use* — fluoroquinolones significantly increase Achilles tendon rupture risk

Q What does the suffix -mab tell you about a drug?
 → *Monoclonal antibody (biologic)* — ends in -mab (e.g. rituximab, trastuzumab); often used in oncology and autoimmune disease

 **Learn drug SUFFIXES: -lol=beta blocker, -pril=ACE inhibitor, -sartan=ARB, -statin=statin, -mab=monoclonal Ab.**