# PHARMACOLOGY MNEMONICS

FAMILY NURSE PRACTITIONER

ILLUSTRATIONS BY MURHIEL CABERTE



NACHOLE JOHNSON

# Pharmacology Mnemonics for the Family Nurse Practitioner

# **Nachole Johnson**

Illustrated by Murhiel Caberte

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### REFERENCES

# Chapter 1 Why I Wrote This Book

There's a lot to learn while you are in nurse practitioner school. Because of the time pressure, I really appreciated anything that would help me get through school. I've always been a visual learner, and it is easy for me to pick up information if I draw out pictures or play with words to make learning a complex issue easier. I loved using mnemonics when I was in nursing school, and that continued when I went to graduate school for my Family Nurse Practitioner degree.

I found it was easy for me to remember silly sayings during the test that would remind me of the right answer. Turns out, many other people like mnemonics too! I decided to write a book specifically for the Nurse Practitioner field. Pharmacology Mnemonics for the Nurse Practitioner is a general guide to pharmacology, meaning it will help you no matter your specialty. It is a bit of a cross between what you would expect from a book for nurses and one geared toward physicians.

Use this book as a guide to memorize common concepts and as a refresher for ones you haven't used in a while. Even when you are out of school and in practice, it is sometimes difficult to remember a concept you haven't used since the final exam. This is normal and happens to nurse practitioners and physicians alike. I still use silly mnemonics to remember things like the cranial nerves "On Old Olympus Towering Tops A Fin And German Viewed Some Hops," anyone?

Use this book while you are in school and as a refresher when you finish. I've included extras for Nurse Practitioners like common pharmacological abbreviations, medication classifications, and medication antidotes. Have fun, learn, and enjoy!



# **Chapter 2 Pharmacology Pearls**



# Pharmacology Abbreviations

ā before

ac before meals

AD right ear

AS left ear

AU both ears

bid twice a day

with

cap capsule

EC enteric-coated

elix elixir

h or hr hour

hs hour of sleep

IM intramuscular

IV intravenous

IVP intravenous push

NG nasogastric

npo nothing by mouth

OD right eye

oint ointment

os mouth

OTC over-the-counter

OS left eye

OU both eyes

p after

pc after meals

per by

po by mouth

pr per rectum

prn as needed

q every

q1h every 1 hour

q2h every 2 hours

q3h every 3 hours

q4h every 4 hours

q6h every 6 hours

q8h every 8 hours

qd every day

qh every hour

qid four times a day

s without

SL Sublingual

SR sustained release

supp suppository

syr syrup

tab tablet

tid three times a day

#### Official "Do Not Use" List from JCAHO

Omeiai	DO NOT OSC LIST HOM SOAM	-
Do Not Use	Potential Problem	Use Instead
U, u (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (international unit)	Mistaken for IV (intraveneous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d. qd (daily) Q.O.D., QOD, q.o.d, qod (every other day)	Mistaken for each other Period over the Q mistaken for "I" and the "O" mistaken for "I"	Write "daily" Write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS MSO4 and MgSO4	Can mean morphine sulfate or magnesium sulfate Confused for one another	Write "morphine sulfate" Write "magnesium sulfate"

### www.jointcommission.org

### **Drug Administration Routes**

Enteral Oral, Sublingual, Buccal, Rectal Advantages: convenient, inexpensive, good absorption Disadvantages: Sometimes inefficient, 1st pass effect, irritates gastric mucosa, slow effect, unpleasant taste, can't use if unconscious	Parenteral Intradermal, Subcutaneous, Intramuscular, Intravenous, Intraperitoneal, Intrathecal, Intraarticular, Intra arterial, Intra medullary Advantages: rapid, can be used for unconscious, avoid gastric irritation Disadvantages: must maintain asepsis, painful, expensive, possible nerve injury
Topical Skin, Eye or ear, Nose and Lungs	Inhalation Through nose or mouth
Advantages: high local concentration without systemic effect	Advantages: rapid onset, large surface area for absorption
Disadvantages: slow onset, local reactions, limited to few drugs, systemic effect with tissue destruction	Disadvantages: most addictive, hard to regulate dosage

Routes of Entry:		
Most Rapid Ways Meds/Toxins Enter Body		
"Stick it, Sniff it, Suck it, Soak it":		
Stick = $\mathbf{I}$ njection		
Sniff = $\mathbf{I}$ nhalation		
Suck = Ingestion		
Soak = $\mathbf{A}$ bsorption		

### **Common Medication Classifications and Actions**

**Antacids-** Reduce hydrocholoric acid located in the stomach

**Antianemics-** Increases the production of red blood cells

**Anticholinergics-** Decreases oral secretions

**Anticoagulants-** Prevents the formation of clots

**Anticonvulsants-** Management of seizures or bipolar disorders

**Antidiarrheals-** Reduce water in bowels and gastric motility

**Antihistamines-** Block the release of histamine

**Antihypertensives-** Decreases blood pressure

**Anti-infectives-** To get rid of infections

**Broncholdilators-** Dilates the bronchi and bronchioles

**Diuretics**- Increase excretion of water/sodium from the body

**Laxatives-** Loosens stools and increases bowel movements

**Miotics-** Constricts pupils of the eye

**Mydriatics-** Dilates the pupils

Narcotics/analgesics- Relieves pain

# **Pharmacology Suffixes**

• -amil: calcium channel blockers

• -caine: local anesthetics

• **-cycline:** antibiotics

• **-dine:** anti-ulcer agents (H2 histamine blockers)

• **-done:** opioid analgesics

• -ine: antidepressants, calcium channel blockers

• -ide: oral hypoglycemics

• **-pam:** anti-anxiety agents

• -oxacin: broad spectrum antibiotics

• -micin: antibiotics

• **-mide:** diuretics

• **-mycin:** antibiotics

• **-nuim:** neuromuscular blockers

• **-olol:** beta blockers

• **-pam:** anti-anxiety agents

• **-pine:** calcium channel blockers

• -pril: ace inhibitors

• -sone: steroids

• -statin: antihyperlipidemics

• -vir: anti-virals

• -xacin: antibiotics

• -zide: diuretics

• **-zine:** antipsychotics

# Viral Drugs- "-vir at start, middle or end means virus": •

# **Example Drugs:**

Abacavir	Norvir
Acyclovir	Oseltamivir
Amprenavir	Penciclovir
Cidofovir	Ritonavir
Denavir	Saquinavir
Efavirenz	Valacyclovir
Indavir	Viracept
Invirase	Viramune
Famvir	Zanamivir
Ganciclovir	Zovirax

### **Medication Antidotes**

Alcohol Withdrawal	Librium	
Anticholinergics	Physostigmine	
Anticoagulants	Vitamin K, FFP	
Asprin	Sodium bicarbonate	
Benzodiazepines	Romazicon (Flumazenil)	
Beta Blockers	Glucagon	
ССВ	Calcium, glucagon, insulin	
Cholinergic Meds	Atropine, pralidoxime (2-PAM)	
Coumadin	Vitamin K	
Cyanide	Tydroxycobalamin, sodium thiosulfate	
Digoxin	Digiband	
Ethylene glycol	Fomepizole_ethanol	
Heparin	Protamine Sulfate	
Hydrofluoric acid	Calcium Gluconate	
Insulin	Glucose	
Isoniazid	Deferoxamine	
Iron	Deferoxamine	
Magnesium Sulfate	Calcium Gluconate	
Methanol	Ethanol	
Methemoglobin	Methylene blue	
Methotrexate	Leucovorin	
Opiates	Narcan	
Tricyclic antidepressant	Sodium bicarbonate	
Tylenol	Mucomyst	

### **Pharmacology Conversions**

#### Volume

- 1 kiloliter = 1,000 liters = 1 cubic meter
- 1 liter = 1,000 milliliters = 1,000 cc
- 1 milliliter = 1 cc
- 1 fluid ounce = 29.57 milliliters
- 1 US gallon = 3.785 liters
- 1 Imperial gallon = 4.546 liters

### Weight

- 1 kilogram = 1,000 grams = 2.2 pounds
- 1 gram = 1,000 milligrams = 0.035 ounce
- 1 milligram = 1,000 micrograms = 1/1,000 gram
- 1 microgram = 10 ^6 grams = 1/1,000 milligram
- 1 pound = 0.45 kilogram = 16 ounces
- 1 ounce = 28.35 grams

### **Additional Conversions:**

$$2.2 lbs = 1 kg$$

$$15 \text{ gr} = 1 \text{ g} = 1,000 \text{ mg}$$

$$1 \text{ gal} = 4 \text{ qt} = 128 \text{ oz} = 400 \text{ mL}$$

$$1 \text{ pt} = 16 \text{ oz} = 480 \text{ mL}$$

$$2 \text{ Tbsp} = 1 \text{ oz} = 8 \text{ dr} = 30 \text{ mL}$$

$$1 \text{ lb} = 16 \text{ oz}$$

$$1 gr = 65 mg$$

$$1 qt = 2 pt$$

$$1 L = 1,000 mL$$

$$1 \text{ cup} = 8 \text{ oz} = 240 \text{ mL}$$

$$1 \text{ tsp} = 60 \text{ gtt } 1 \text{ dr} = 4 \text{ mL}$$

$$1 \text{ gtt} = 1 \text{ minim}$$

$$1 \text{ oz} = 30 \text{ g}$$

# Therapeutic dosage: toxicity values for most commonly monitored medications

### "The magic 2s":

Digitalis (.5-1.5) Toxicity = 2.

Lithium (.6-1.2) Toxicity = 2.

The ophylline (10-20) Toxicity = 20.

Dilantin (10-20) Toxicity = 20.

APAP (1-30) Toxicity = 200.

# Chapter 3 Cardiology

### **ACE inhibitor side effects (CAPTOPRIL)**

- Cough
- Angioedema
- **P**roteinuria
- Taste disturbance/ Teratogenic in 1st trimester
- Other (fatigue, headache)
- Potassium increased
- **R**enal impairment
- Itch
- Low BP (1st dose)

### Alternative - CRAP PILOT

C ough

R enal impairment

A naphylaxis

**P** alpitations

P otassium elevated

I mpotence

L eukocytosis

**O** rthostatic hypotension

 $\mathbf{T}$  aste

### **Beta blockers:**

### B1 selective vs. B1-B2 non-selective

A through N: B1 selective:

Acebutalol, Atenolol, Esmolol, Metoprolol.

O through Z: B1, B2 non-selective:

Pindolol, Propanalol, Timolol.

Beta-1 vs. Beta-2 receptor location

"You have 1 heart and 2 lungs":

Beta-1 acts primarily on heart.

### Beta 1 selective blockers



**B**eta 1 blockers:

Esmolol

**A**tenolol

**M**etropolol

**Beta-blockers:** 

Nonselective Beta-blockers:

### "Tim Pinches His Nasal Problem"

(because he has a runny nose...):



Timolol
Pindolol
Hismolol
Naldolol
Propranolol

# Beta-blockers: Side effects "BBC Loses Viewers In Rochedale":



**B**radycardia

**B**ronchoconstriction

**C**laudication

Lipids

Vivid dreams & nightmares

 $\textbf{I} not ropic \ action$ 

**R**educed sensitivity to hypoglycemia

# **Ca++ Channel Blockers: Uses- CA++ MASH:**

Cerebral vasospasm/ CHF
<b>A</b> ngina
<b>M</b> igraines
<b>A</b> trial flutter, fibrillation
Supraventricular tachycardia
<b>H</b> ypertension

# **Alternatively:** "CHASM":

Cerebral vasospasm / CHF				
<b>H</b> ypertension				
<b>A</b> ngina /	<b>A</b> trial	flutter,		
fibrillation				
Supraventricular				
tachyarrhythmia				
<b>M</b> igraines				

# **Antiarrhythmic: Classification**

I to IV **MBA College** 

*In order of class I to IV:* 

<b>M</b> embrane stabilizers (class I)		
<b>B</b> eta blockers (cl	ass II)	
<b>A</b> ction potentia	l widening agents	
(class III)		
Calcium channel blockers (class IV)		

Amiodarone: Action, Side Effects 6 P's:
<b>P</b> rolongs action potential duration
<b>P</b> hotosensitivity
<b>P</b> igmentation of skin
<b>P</b> eripheral neuropathy
<b>P</b> ulmonary alveolitis and fibrosis
<b>P</b> eripheral conversion of T4 to T3 is inhibited -> hypothyroidism

### Direct sympathomimetic catecholamines DINED:

D	1	N	Е	D
0	S	0	Р	0
P	0		1	В
P A M	P	R E P	N	U
M	R	P	E	Т
1	O P R O T	1	N E P H R	A
N		N	Н	M
N E	E	N E P	R	1
	R	P	1	N
	E R E N O	Н	N	N E
	N	R	N E	
	0	1		
	L	N		
		E		

# Atrial arrhythmias "ABCDE"

Α	В	С	D	E
N		C A L C	G O X I N	E LECTROCARD-OVERS-ON
NTICOAGULANTS	E T A	L	G	E
1	Α	С	0	C
C		1	X	T
0	В	U	I	R
Α	L	M	N	0
G	B L O C K E R S			C
U	С	С		A
L	K	Н		R
A	E	A		D
N	R	N		1
T	S	C H A N N E L		0
S	200.0	E		V
		L		E
		_		R
		В		S
		L		
		Ö		0
		C		N
		K		
		<u>E</u>		
		B L O C K E R S		
	1	S		1

# **Chapter 4 Pulmonary**

# Pulmonary Infiltrations Inducing Drugs "Go BAN Me!"

### Gold

Bleomycin/ Busulfan/ BiCNU

Amiodarone/ Acyclovir/ Azathioprine

**N**itrofurantoin

Melphalan/Methotrexate/Methysergide

### **Antibiotics for TB**

### **STRIPE:**

ST	R	<b>I</b> SONIAZID	<b>P</b> YRAZINAMIDE	<b>E</b> THAMBUTOL
R	Ι			
E	F			
P	Α			
T	M			
O	P			
M	Ι			
Y	С			
С	Ι			
I	N			
N				

Alternatively, **RESPI**ration

 $\mathbf{R}$  if ampicin

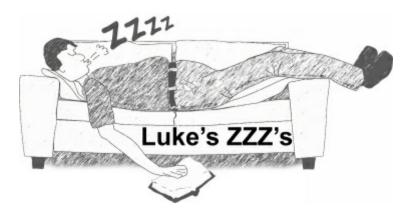
**E**thambutol

Streptomycin

**P**yrazinamide

**I**soniazid

### **Asthma Drugs: Leukotriene Inhibitor Action**



**zAfirlukast:** Antagonist of lipoxygenase

### **zIlueton:** Inhibitor of LT receptor

### Zafirlukast, Montelukast, Cinalukast: Mechanism & Usage

"Zafir-luk-ast, Monte-luk-ast, Cina-luk-ast": Anti-Leukotrienes for Asthma.

**Clinical pearl:** Zafirlukast antagonizes leukotriene-4.

### **Medicines for Asthma**

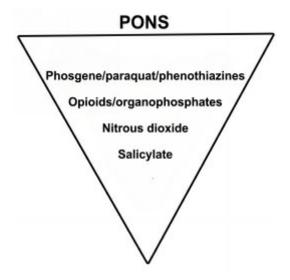
A gonist of beta receptors and Antagonist of		
leukotriene		
<b>S</b> teroids		
T heophylline – relaxes bronchial muscles		
<b>H</b> istamine antagonist as prophylactic		
<b>M</b> ucolytics – acetylcysteine (Fluimucil)		
<b>A</b> ntibiotics		

**Ipr***Atropi***um action**: *Atropine* is buried in the middle, so it behaves like Atropine.

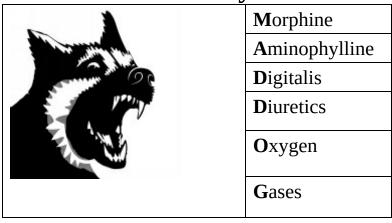
# Respiratory depression inducing drugs "STOP breathing":



# **Non-Cardiac Causes of Pulmonary Edema: PONS**



# Pulmonary edema "MAD DOG"



Chapter 5 Antibiotics/Antivirals

# **Sulfonamide: Major Side Effects....SSSS**



Steven-J	Johnson	syndrome
		J

**S**kin rash

Solubility low (causes crystalluria)

Serum albumin displaced

(Causes newborn kernicterus and potentiation of other serum albumin-binders like warfarin)

# Quinolones [and Fluoroquinolones]: mechanism

"Topple the Queen":



Quinolone interferes with Topoisomerase II.

# Nitrofurantoin: Major Side Effects NitroFurAntoin:

Neuropathy (peripheral neuropathy)

 ${f F}$ ibrosis (pulmonary fibrosis)

**A**nemia (hemolytic anemia)

# **Antibiotics Contraindicated During Pregnancy MCAT:**



Metronidazole

 $\mathbf{C}$ hloramphenicol

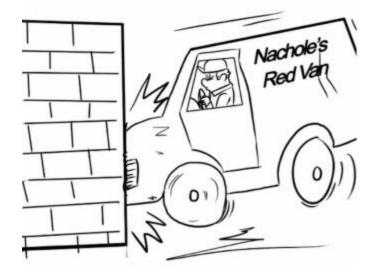
 $\mathbf{A}$ minoglycoside

 ${f T}$ etracycline

# **Tetracycline: Teratogenicity**

TEtracycline is a TEratogen that causes staining of TEeth in the newborn.

# Vancomycin - "A Red Van Drove Into The Wall"



**A**ntihistamines (prevents red man syndrome)

 $\mathbf{R}$ ed man syndrome

Vancomycin

**D**Ala DAla (terminal end of pentapeptide)

Inhibitor

 $T \\ hrombophle bit is$ 

**W**all (cell wall)

# **Amphotericin Toxicities: AMPHOTERICIN B**

**A**nemia

**M**uscle spasms

**P**hlebitis

Headaches/Hypotension/Hypokalemia

Other reactions (leukopenia, Increased LFT's)

Thrombocytopenia

Emesis/Encephalopathy

**R**espiratory stridor

**I**ncreased temperature (fever)

Chills

Immediate hypersensitivity (anaphylaxis)

Nephrotoxicity

**B**ronchospasm

Anti An**X**iety = Bu**X**pirone
Bu**PROPER**ion = **PROPER** habits (no smoking)
It's used for smoking *cessation*.

## The Use Of Propranolol For PERFORMANCE ANXIETY.

Take pr**OPRA**-nolol if you wanna talk to **OPRA**h!!!



Propranolol is the beta-blocker with the strongest sedation effect. Just thinking of talking to Oprah can cause migraines, essential tremors and arrhythmias (the other 3 uses of the drug).

## **Delirium-Causing Drugs ACUTE CHANGE IN MS:**

**A**ntibiotics (biaxin, penicillin, ciprofloxacin)

Cardiac drugs (digoxin, lidocaine)

**U**rinary incontinence drugs (anticholinergics)

Theophylline

**E**thanol

**C**orticosteroids

**H**2 blockers

Antiparkinsonian drugs

**N**arcotics (esp. mepridine)

**G**eriatric psychiatric drugs

**E**NT drugs

Insomnia drugs

**N**SAIDs (e.g. indomethacin, naproxen)

**M**uscle relaxants

**S**eizure medicines

# Tricyclic Antidepressants: Meds Worth Knowing



"I have to hide, the <u>CIA</u> is after me": Clomipramine Imipramine Amitriptyline

The next 3 worth knowing,
"The <u>DND</u> is also after me":
Desipramine Nortriptyline Doxepin

#### **Serotonin Syndrome: Components Causes HARM:**

Hyperthermia,Autonomic Instability (delirium)RigidityMyoclonus

**SSRIs: Side Effects SSRI:** 

Serotonin syndrome
Stimulate CNS
Reproductive dysfunction in male

#### Insomnia

## **Depression: 5 Drugs Causing It: PROMS**



PROPRANOLOL	RESERPINE	ORAL CONTRACEPT IVES

#### Benzodiazapines

**Benzodiazapines:** Those not metabolized by the liver (safe to use in liver failure)

LOT: Lorazepam Oxazepam Temazepam



#### **Benzodiazepines: Actions**

"Ben **SCAM**s Pam into seduction not by brain but, by muscle":



Sedation anti-Convulsant anti-Anxiety Muscle relaxant

**Not by brain:** No antipsychotic activity

Benzodiazepines: Drugs Which Decrease Their Metabolism
"I'm Overly Calm":

**I**soniazid

## Oral contraceptive pills Cimetidine

These drugs increase the calming effect of BZDs by retarding metabolism.

### Benzodiazepines: Antidote "Ben is off with the Flu":

**Ben**zodiazepine effects off with **Flu**mazenil.

#### **MAOIs: Indications MAOI'S:**

**M**elancholic [classic name for atypical depression]

**A**nxiety

Obesity disorders [anorexia, bulimia]

Imagined illnesses [hypochondria]

 $\mathbf{S}$ ocial phobias

\* Listed in decreasing order of importance.

· Note **MAOI** is inside **M**el**A**nch**O**l**I**c



#### **Monoamine Oxidase Inhibitors:**

Members "PIT of despair":

**P**henelzine

Isocarboxazid

 ${\bf T} {\sf ranylcypromine}$ 

A **PIT** of despair, since MAOIs treat depression

#### **Lithium: Side Effects LITH:**

LeukocytosisInsipidus [diabetes insipidus, tied to polyuria]Tremor/ TeratogenesisHypothyroidism

Chapter 6 Pain

### **Beneficial Effects Of Inhibition of Prostaglandin** Synthesis i.e. Acetaminophen And NSAIDS (5 A's)



<b>A</b> nalgesia
<b>A</b> ntipyretic
<b>A</b> nti-inflammatory
Antithrombotic
Arteriosus

(NSAIDs for closure of patent ductus arteriosus)

## **NSAID Contraindications**

Nursing and	pregnancy
-------------	-----------

 ${\bf S}$ erious bleeding

Allergy/Asthma/Angioedema

 ${f I}$ mpaired renal function

**D**rug (anticoagulant)

## **Names of Common NSAIDS: CAIN**

Celebrex
<b>A</b> sprin
Indomethicin/Ibuprofen
<b>N</b> aproxen

### Alternatively, **NSAIDS**

<b>N</b> aproxen
<b>S</b> alicylates
<b>A</b> dvil
<b>I</b> buprofen
<b>D</b> iclofenac
Sulindac

# Narcotics: Side Effects "SCRAM If You See A Drug Dealer":



<b>S</b> ynergistic CNS depression with other	
drugs	
Constipation	
${f R}$ espiratory depression	
<b>A</b> ddiction	
Miosis	

## **Morphine: Effects MORPHINES:**

Miosis
<b>O</b> rthostatic hypotension
${f R}$ espiratory depression
<b>P</b> ain suppression
<b>H</b> istamine release/ <b>H</b> ormonal
alterations
Increased ICP
Nausea
<b>E</b> uphoria
Sedation

## **Morphine Side-Effects: MORPHINE:**

Miosis
Out of it (sedation)
<b>R</b> espiratory depression
<b>P</b> neumonia (aspiration)
<b>H</b> ypotension
Infrequency (constipation, urinary
retention)
<b>N</b> ausea
Emesis

## Opioids: μ-Receptor Effects "MD CARES":



Miosis
<b>D</b> ependency
Constipation
<b>A</b> nalgesics
<b>R</b> espiratory depression
Euphoria
Sedation

## **Opioids: Effects BAD AMERICANS:**

Opiolus, Liiccis Di
<b>B</b> radycardia & hypotension
<b>A</b> norexia
<b>D</b> iminished pupillary size
<b>A</b> nalgesics
<b>M</b> iosis
<b>E</b> uphoria
${f R}$ espiratory depression
Increased smooth muscle activity
(biliary tract constriction)
Constipation
<b>A</b> meliorate cough reflex
Nausea and vomiting
Sedation

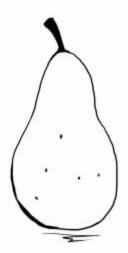
## **Narcotic Antagonists**

The Narcotic Antagonists are NAloxone and NAltrexone.

They treat narcotic overdose.



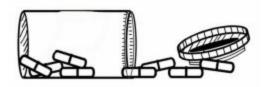
## **Morphine: Effects At mu -Receptor PEAR:**



<b>P</b> hysical dependence	
${f E}$ uphoria	
<b>A</b> nalgesia	
$\mathbf{R}$ espiratory depression	

## **Aspirin: Side Effects ASPIRIN:**

<b>A</b> sthma
<b>S</b> alicyalism
<b>P</b> eptic ulcer disease/ <b>P</b> hosphorylation-
oxidation uncoupling/ <b>P</b> PH/ <b>P</b> latelet
disaggregation/ <b>P</b> remature closure of
PDA
Intestinal blood loss
<b>R</b> eye's syndrome
<b>I</b> diosyncrasy
Noise (tinnitus)



## Chapter 7 Endocrine/Immunology

# Side Effects Of Systemic Corticosteroids (CORTICOSTEROIDS)

Cushing's syndrome
<b>O</b> steoporosis
<b>R</b> etardation of growth
Thin skin, easy bruising
<b>I</b> mmunosuppression
Cataracts and glaucoma
<b>O</b> edema
<b>S</b> uppression of HPA axis
<b>T</b> eratogenic
Emotional disturbance
<b>R</b> ise in BP
<b>O</b> besity (truncal)
Increased hair growth
(hirsutism)
<b>D</b> iabetes mellitus
Striae

#### **Steroid Side Effects CUSHINGOID:**

Cataracts
Ulcers
<b>S</b> kin: striae, thinning, bruising

<b>H</b> ypertension/ <b>H</b> irsutism/ <b>H</b> yperglycemia
Infections
<b>N</b> ecrosis: avascular necrosis of the femoral
head
<b>G</b> lycosuria
Osteoporosis, Obesity
<b>I</b> mmunosuppression
<b>D</b> iabetes

## Steroids (6 S's)

<b>S</b> ugar (hyperglycemia)
Soggy bones (causes
osteoporosis)
<b>S</b> ick (decreased immunity)
<b>S</b> ad (depression)
<b>S</b> alt (water and salt retention)
<b>S</b> ex (decreased libido)

#### **Steroids: Side Effects BECLOMETHASONE:**

<b>B</b> uffalo hump
Easy bruising
Cataracts
Larger appetite
<b>O</b> besity
<b>M</b> oon face
<b>E</b> uphoria
<b>T</b> hin arms & legs
<b>H</b> ypertension/ <b>H</b> yperglycemia
<b>A</b> vascular necrosis of femoral
I

head
<b>S</b> kin thinning
<b>O</b> steoporosis
Negative nitrogen balance
Emotional liability

## Drugs to Use in Rheumatoid Arthritis: MS. AHILA



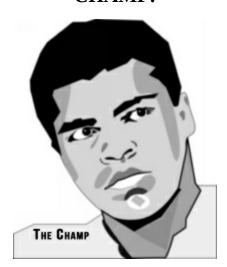
<b>M</b> - Methotrexate
<b>S</b> - Sulfsalazine
<b>A</b> - Adalimumab
H -
Hydroxychloroquine
<b>I</b> - Infliximab
f L - Leflunomide
<b>A</b> - Abatacept

#### **Busulfan: Features ABCDEF:**

$oldsymbol{A}$ lkylating agent
<b>B</b> one marrow suppression s/e
<b>C</b> ML indication

${f D}$ ark skin (hyperpigmentation)
s/e
Endrocrine insufficiency
(adrenal) s/e
<b>F</b> ibrosis (pulmonary) s/e

## **Antirheumatic Agents (Disease Modifying):** CHAMP:



Cyclophosphamide
${f H}$ ydroxycloroquine and
choloroquinine
${f A}$ uranofin and other gold
compounds
<b>M</b> ethotrexate
<b>P</b> enicillamine

#### Auranofin, Aurothioglucose: Category And Indication

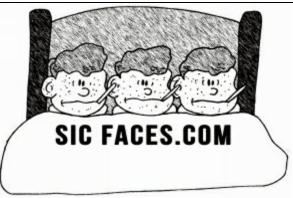
Aurum is Latin for "gold" (gold's chemical symbol is Au).

Generic Aur- drugs (Auranofin, Aurothioglucose) are gold compounds.

Gold's indication is rheumatoid arthritis,

## AUR- Acts Upon Rheumatoid.

## **Enzyme Inhibitors: "SICKFACES.COM**



Sodium valproate	
<b>I</b> soniazid	
Cimetidine	
<b>F</b> luoxetine	
Alcohol	
${f E}$ rythromycin and	
clarithromycin	
<b>S</b> ulphonamides	
Ciprofloxacin	
<b>O</b> meprazole	
${f M}$ etronidazole	

Lupus: Drugs Inducing It. HIP:



 $\mathbf{H}$ ydralazine

INH

**P**roca <u>i</u>

namide

# Chapter 8 GI/Liver

## Zero Order Kinetics Drugs (most common ones) "PEAZ (sounds like pees) out a constant amount":

<b>P</b> henytoin	
${f E}$ thanol	
<b>A</b> spirin	
${f Z}$ ero order	

Someone that pees out a constant amount describes zero order kinetics (always the same amount out).

# Hepatic Necrosis: Drugs Causing Focal To Massive Necrosis "Very Angry Hepatocytes":

${f V}$ alproic acid
${f A}$ cetaminophen
${f H}$ alothane

# Principles of management in toxicology *RESS*

${f R}$ educe absorption				
<b>E</b> nhance				
elimination				
<b>S</b> pecific antidote				
<b>S</b> upportive				
treatment				

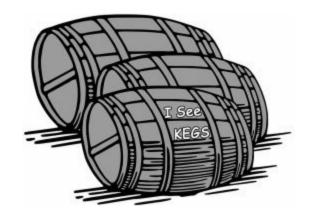
### 8 A's for Hepatotoxic Drugs

<b>A</b> nti-tuberculosis
<b>A</b> nticonvulsant
Sodium luminal
<b>G</b> abapentin
<b>P</b> henytoin
<b>T</b> egretol
<b>A</b> nticancer
<b>A</b> spirin
Alcohol
<b>A</b> ntifamily (contraceptive
pills)
<b>A</b> cetaminophen
<b>A</b> fatoxins

## Inhibitors of p450: Inhibitors Stop Cute Kids from Eating Grapefruit.

INH
${f S}$ ulfonamides
<b>C</b> imetidine
$\mathbf{K}$ etoconazole
<b>E</b> rythromycin
<b>G</b> rapefruit juice

IC(see) KEGS (going down)



INH

 $\mathbf{C}$ imetidine

 $\mathbf{K}$ etoconazole

**E**rythromycin

**G**rapefruit

**S**ulfonamides

## Chapter 9 GU/Reproductive

### **Diuretics:**



**Thiazides Indications: "CHIC"** 

Congestive Heart failure
<b>H</b> ypertension
<b>I</b> nsipidus
<b>C</b> alcium calculi

#### **Osmotic Diuretics: Members GUM:**



**G**lycerol **U**rea **M**annitol

## Teratogenic Drugs "W/ TERATOgenic":

Warfarin

Thalidomide

 ${f E}$ pileptic drugs: phenytoin, valproate, carbamazepine

 $\mathbf{R}$ etinoid

**A**CE inhibitor

 ${f T}$ hird element: lithium

**O**CP and other hormones (e.g. danazol)

#### **Gynecomastia-Causing Drugs DISCO:**

<b>D</b> igoxin	${f I}$ soniazid	<b>S</b> pironolactone	Cimet	<b>O</b> estrogens
			idine	

#### Alternative,

### **Gynecomastia Causing Drugs - DISCO 2MTV**



**D**igoxin

Isoniazid

 $\boldsymbol{S} \text{pironolactone}$ 

 $\mathbf{C}$ imetidine

Oestrogens

 $\mathbf{M}$ ethyldopa

 $\mathbf{M}$ etronidazole

 ${\bf T} ri Cyclic\ Antidepressants$ 

 ${f V}$ erapamil

## Sex Hormone Drugs: Male "Feminine Males Need Testosterone":

 $\mathbf{F}$ luoxymesterone

 $\mathbf{M}$ ethyltestosterone

Nandrolone

**T**estosterone

## **Teratogenic Drugs: Major Non-Antibiotics TAP CAP:**



 $Thalidomide\ Androgens\ Progestins$   $Corticosteroids\ Aspirin\ \&\ indomethacin\ Phenytoin$ 

#### **Don't Use 'Safe CT' in Pregnancy**



**A**minoglycoside

 ${f F}$ louroquinolones

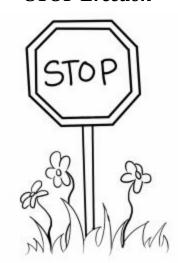
 $\mathbf{E}$ rythromycin

Clarithromycin

 $\mathbf{T}$ etracycline

#### **Drugs Causing Erectile Dysfunction**

STOP Erection



SSRI
(fluoxetine)
<b>T</b> hioridazone
Methlyd <b>O</b> pa
<b>P</b> ropranalol

## **Uterine Relaxants "It'sNot My Time"**



 $\mathbf{N}$ ifedipine

**M**agnesium

 ${f T}$ erbutaune

## Chapter 10 Hematology

## **Drugs That Potentiate Warfarin (O DEVICES)**

- Omeprazole
- **D**isulfiram
- **E**rythromycin
- ullet Valproate
- $\bullet$  Isoniazid
- Ciprofloxacin and

#### Cimetidine

- Ethanol (acutely)
- **S**ulphonamides

# Drugs That Decrease The Effectiveness Of Warfarin (PC BRAS)



$\mathbf{p}_{h}$	enyt	oin
T 11	CIIy	UIII

 ${\bf C}$ arbamazepine

 ${f B}$ arbiturates

 $\mathbf{R}$ ifampicin

Alcohol (chronic

use)

 $\boldsymbol{S} ulphonylure as$ 

## Thrombolytic Agents **USA**:



 $\underline{\boldsymbol{U}}$ rokinase  $\underline{\boldsymbol{S}}$ treptokinase

**A**lteplase (tPA)

Enoxaparin (prototype low molecular weight heparin): action, monitoring EnoXaprin only acts on factor Xa. Monitor Xa concentration, rather than APTT.

## Warfarin: Action, Monitoring - We PT:

Warfarin works on the Extrinsic pathway and is monitored by **PT**.

#### Warfarin: Metabolism SLOW:

- Has a slow onset of action.
- A quicK Vitamin K antagonist, though.



 $\boldsymbol{S}$ mall lipid-soluble molecule

**L**iver: site of action

**O**ral route of administration.

 $\mathbf{W}$ arfarin

## **Lead poisoning: presentation ABCDEFG:**



<b>A</b> nemia
<b>B</b> asophilic stripping
Colicky pain
<b>D</b> iarrhea
<b>E</b> ncephalopathy
Foot drop
<b>G</b> um (lead line)

## Chapter 11 Neuro

## **Side Effects Of Sodium Valproate (VALPROATE)**

<b>V</b> omiting
<b>A</b> lopecia
<b>L</b> iver toxicity
<b>P</b> ancreatitis/ <b>P</b> ancytopenia
${f R}$ etention of fat (weight
gain)
<b>O</b> edema (peripheral)
<b>A</b> norexia
Tremor
Enzyme inhibitor

## **Antimuscarinics: Members, Action**

"Inhibits Parasympathetic And Sweat":

<b>I</b> pratropium	Pi	At	<b>S</b> copolamine
	renzepine	rop	
		i	
		ne	

Muscarinic receptors at all parasympathetic endings sweat glands in sympathetic.

## **CARE Drugs To Treat Alzheimer's**

Cognex

**A**ricept

**R**Eminyl

Exelon

#### **Muscarinic effects SLUG BAM:**



Salivation/ Secretions/ Sweating

Lacrimation

**U**rination

**G**astrointestinal upset

**B**radycardia/ **B**ronchoconstriction/ **B**owel movement

Abdominal cramps/ Anorexia

Miosis

**Cholinergic Crisis: SLUDGE** 



${f S}$ alvation
${f L}$ acrimation
${f U}$ rination
${f D}$ efecation
<b>G</b> astric upset
Emesis

#### **Epilepsy Types, Drugs Of Choice:**

"Military General Attacked Weary Fighters Proclaiming 'Veni Vedi Veci'



#### After Crushing Enemies":

- Epilepsy types:  $\underline{\mathbf{M}}$ yoclonic,  $\underline{\mathbf{G}}$ rand mal,  $\underline{\mathbf{A}}$ tonic,  $\underline{\mathbf{W}}$ est syndrome.  $\underline{\mathbf{F}}$ ocal,  $\underline{\mathbf{P}}$ etit mal (absence)
- Respective drugs:  $\underline{\mathbf{V}}$ alproate  $\underline{\mathbf{V}}$ alproate  $\underline{\mathbf{A}}$ CTH  $\underline{\mathbf{C}}$ arbamazepine  $\underline{\mathbf{E}}$ thosuximide

## **Migraine: Prophylaxis Drugs**

"Very Volatile Pharmacotherapeutic Agents For Migraine Prophylaxis":

${f V}$ erapamil
${f V}$ alproic acid
<b>P</b> izotifen
<b>A</b> mitriptyline
${f F}$ lunarizine
${f M}$ ethysergide
<b>P</b> ropranolol

Physostigmine vs. Neostigmine LMNOP:

$\mathbf{L}$ ipid solı	uble
<b>M</b> iotic	
<b>N</b> atural	
<b>O</b> rally	absorbed
well	
<b>P</b> hysostig	gmine



## **Neostigmine, on the Contrary, Is:**

<b>W</b> ater soluble
<b>A</b> dministered in
myasthenia gravis
<b>S</b> ynthetic
<b>P</b> oor oral absorption



## **SIADH-Inducing Drugs ABCD:**

<b>A</b> nalgesics: opioids, NSAIDs
<b>B</b> arbiturates

Cyclophosphamide/ Chlorpromazine/
Carbamazepine
<b>D</b> iuretic (thiazide)

### **Phenobarbital: Side Effects**

#### **Children are annoying**

(hyperkinesia, irritability, insomnia, aggression).

#### **Adults are dozy**

(sedation, dizziness, drowsiness)

## **Phenytoin: adverse effects PHENYTOIN:**

<b>P</b> -450 interactions
<b>H</b> irsutism
<b>E</b> nlarged gums
Nystagmus
<b>Y</b> ellow-browning of skin
<b>T</b> eratogenicity
<b>O</b> steomalacia
Interference with B12 metabolism (hence
anemia)
${f N}$ europathies: vertigo, ataxia, and headache

## **Anticholinergic Side Effects**

"Know the ABCD'S of anticholinergic side effects":

<b>A</b> norexia
<b>B</b> lurry vision
Constipation/
Confusion
<b>D</b> ry Mouth
<b>S</b> edation/ Stasis of
urine

## Myasthenia Gravis: Edrophonium Vs. Pyridostigmine

e**D**rophonium is for **D**iagnosis. py**RID**ostigmine is to get **RID** of symptoms.



#### **Cholinergics (e.g. Organophosphates): Effects**

If you know these, you will be "LESS DUMB":



 $\begin{tabular}{ll} $L$ acrimation \\ $E$ xcitation of nicotinic synapses \\ $S$ alivation \\ $S$ weating \\ \end{tabular}$ 

DiarrheaUrinationMicturitionBronchoconstriction

## Methyldopa:

#### **Side Effects METHYLDOPA:**

Mentally challenged
Electrolyte imbalance
Tolerance
Headache/ Hepatotoxicity
psYchological upset
Lactation in women
Dry mouth
Oedema

## **P**arkinsonism**A**nemia (hemolytic)

### **Botulism Toxin: Action, Related Bungarotoxin**

**Action:** "Botulism Bottles up the Ach so it can't be the released":

**Related bungarotoxin:** "Botulism is related to Beta Bungarotoxin (beta-, not alpha-bungarotoxin--alpha has different mechanism).

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Adult-Gero and Family Nurse Practitioner Certification Review: Neuro Adult-Gero Primary Care and Family Nurse Practitioner Certification Review: Head, Ears, Eyes, Nose, and Throat

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