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Pharmacotherapeutics for Advanced Practice Nurse Prescribers

SIXTH EDITION









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CONTENTS

UNIT I. THE FOUNDATION 1

Chapter 1 The Role of the Advanced Practice Nurse as Prescriber 1
Teri Moser Woo, RN, PhD, ARNP, CPNP-PC, CNL, FAANP; and Wendy L. Wright, DNP, ANP-BC, FNP-BC, FAANP, FAAN, FNAP

Chapter 2 Review of Basic Principles of Pharmacology 12
Peter J. Rice, PharmD, PhD, BCPS, FAPhA

Chapter 3 Rational Drug Selection 29
Teri Moser Woo, RN, PhD, ARNP, CPNP-PC, CNL, FAANP

Chapter 4 Legal and Professional Issues in Prescribing 36
Tracy Klein, PhD, FNP, ARNP, FAANP, FAAN

Chapter 5 Adverse Drug Reactions 48
Connie A. Valdez, PharmD, MSEd, BCPS; Anne E. Morgan, PharmD; and Peter J. Rice, PharmD, PhD, BCPS, FAPhA

Chapter 6 An Introduction to Pharmacogenomics 58
Kenneth Wysocki, PhD, FNP, FAANP

Chapter 7 Nutrition and Nutraceuticals 70
Teri Moser Woo, RN, PhD, ARNP, CPNP-PC, CNL, FAANP

Chapter 8 Herbal Therapies 85
Fujio McPherson, DAOM, ARNP, LAc Dipl Ac LTC (ret)

Chapter 9 Cannabis 107
Tracy Klein, PhD, FNP, ARNP, FAAN, FAANP

Chapter 10 Pharmacoeconomics 113
Wendy L. Wright, DNP, ANP-BC, FNP-BC, FAANP, FAAN, FNAP

UNIT II. PHARMACOTHERAPEUTICS WITH SINGLE DRUGS 119

Chapter 11 Drugs Affecting the Autonomic Nervous System 119
Amanda Johnson, DNP, CPNP-PC/AC

Chapter 12 Drugs Affecting the Central Nervous System 161
Jason Chau, PharmD

Chapter 13 Drugs Affecting the Cardiovascular and Renal Systems 238
Leah Foster Smith, MSN, APRN, FNP-BC, CNN-NP, FNKF

Chapter 14 Drugs Affecting the Respiratory System 300
Wendy L. Wright, DNP, ANP-BC, FNP-BC, FAANP, FAAN, FNAP

Chapter 15 Drugs Affecting the Hematological System 350
Teri Moser Woo, RN, PhD, ARNP, CPNP-PC, CNL, FAANP

Chapter 16 Drugs Affecting the Immune System: Vaccines and Immunoglobulins 382
Teri Moser Woo, RN, PhD, ARNP, CPNP-PC, CNL, FAANP

Chapter 17 Drugs Affecting the Immune System: Immunomodulators 448
Kimberly Ferguson, DNP, FNP-BC; Teri Moser Woo, RN, PhD, ARNP, CPNP-PC, CNL, FAANP; and Wendy L. Wright, DNP, ANP-BC, FNP-BC, FAANP, FAAN, FNAP

Chapter 18 Drugs Affecting the Gastrointestinal System 460
Tracy Diane Yep, PharmD, MS, BCACP

Chapter 19 Drugs Affecting the Endocrine System: Pancreatic Hormones and Antidiabetic Drugs 505
Hilda Bi Ndikum, PharmD, MPH

Chapter 20 Drugs Affecting the Endocrine System: Pituitary, Thyroid, and Adrenal Drugs 551
Susan S. VanBeuge, DNP, APRN, FNP-BC, FAANP, FAAN

Chapter 21 Drugs Affecting the Reproductive System 575
Sheila K. Smith, PhD, RN, ANP-BC, AGACNP-BC, ARNP, CNP, FAANP

Chapter 22 Drugs Affecting the Bones and Joints 609
Wendy L. Wright, DNP, ANP-BC, FNP-BC, FAANP, FAAN, FNAP

Chapter 23 Drugs Affecting the Integumentary System 645
Cally Elizabeth Bartley, MS, FNP

Chapter 24 Drugs Used to Treat Bacterial Infections 689
R. Brigg Turner, PharmD

Chapter 25 Drugs Used to Treat Viral, Fungal, and Protozoal Infections 748
Teri Moser Woo, RN, PhD, ARNP, CPNP-PC, CNL, FAANP

Chapter 26 Drugs Used to Treat Inflammatory Processes 781
Maureen A. Madden, DNP, CPNP-AC, CCRN, FCCM, FAAN

Chapter 27 Drugs Used to Treat Eye and Ear Disorders 807
Mikki Meadows-Oliver, PhD, APRN, PNP, FAAN, FAANP

UNIT III. PHARMACOTHERAPEUTICS WITH MULTIPLE DRUGS 831

Chapter 28 Anemia 831
Wendy L. Wright, DNP, ANP-BC, FNP-BC, FAANP, FAAN, FNAP; and Patrice Janee Laster, DNP, ARNP, FNP-BC

Chapter 29 Anxiety and Depression 846
Sally K. Miller, PhD, APRN, PMHNP-BC, FNP-BC, AGACNP-BC, AGPCNP-BC

Chapter 30 Attention Deficit-Hyperactivity Disorder 863
Dawn Marie Mason, MSN, PMHNP-BC, PMHS, CPNP-PC

Chapter 31 Asthma and Allergy 876
Michelle Renee Dickens, MSN, RN, FNP-C, AE-C

Chapter 32 Chronic Obstructive Pulmonary Disease 897
Michelle Renee Dickens, MSN, RN, FNP-C, AE-C

Chapter 33 Contraception 904
Jennifer Fisher, DNP, WHNP-BC

Chapter 34 COVID-19: Acute and Chronic 919
Ryan Seth Holley-Mallo, PhD, DNP, NP-C, FAANP

Chapter 35 Dermatological Conditions 932
Cally Elizabeth Bartley, MS, FNP

Chapter 36 Diabetes Mellitus 961
Susan S. VanBeuge, DNP, APRN, FNP-BC, FAANP, FAAN

Chapter 37 Gastroesophageal Reflux and Peptic Ulcer Disease 997
Teri Moser Woo, RN, PhD, ARNP, CPNP-PC, CNL, FAANP

Chapter 38 Headaches 1012
Theresa Mallick-Searle, MS, PMGT-BC, ANP-BC

Chapter 39 Heart Failure 1045
Anthony M. Angelow, PhD, ACNPC, ACNP-BC, AGACNP-BC, CEN, FAEN, FAANP

Chapter 40 Human Immunodeficiency Virus Disease and Acquired Immunodeficiency Syndrome 1061
Gina Colleen Dobbs, DNP, CRNP; and James Luther Raper, PhD, CRNP, JD, FAAN, FAANP, FIDSA

Chapter 41 Menopausal Hormone Therapy 1091
Sarah Wickenhagen, DNP, FNP-C, APRN

Chapter 42 Hyperlipidemia 1106
Joyce L. Ross, MSN, CRNP, CLS, FNLA, FPCNA

Chapter 43 Hypertension 1133
Anthony M. Angelow, PhD, ACNPC, ACNP-BC, AGACNP-BC, CEN, FAEN, FAANP

Chapter 44 Hyperthyroidism and Hypothyroidism 1156
Amanda Johnson, DNP, CPNP-PC/AC

Chapter 45 Obesity 1172
Angela K. Golden, DNP, FNP-C, FAANP

Chapter 46 Pain Management: Acute and Chronic Pain 1182
Randall Steven Hudspeth, PhD, MBA, MS, APRN-CNP, FRE, FAANP

Chapter 47 Pneumonia 1203
Danielle Kathlyn Sebbens, DNP, CPNP-AC/PC; and Aimee Susanne Bucci, DNP, CPNP-AC

Chapter 48 Sexually Transmitted Infections 1214
Elizabeth Marie Nutter, DNP, ARNP, CNM, FACNM

Chapter 49 Substance Use Disorders 1230
Mary Ellen Biggerstaff, DNP, FNP, MPH

Chapter 50 Tuberculosis 1248
Teri Moser Woo, RN, PhD, ARNP, CPNP-PC, CNL, FAANP

Chapter 51 Upper Respiratory Infection, Pharyngitis, Sinusitis, Otitis Media, and Otitis Externa 1263
Teri Moser Woo, RN, PhD, ARNP, CPNP-PC, CNL, FAANP

Chapter 52 Urinary Tract Infections 1276
Regena Spratling, PhD, RN, APRN, CPNP-PC, FAANP, FAAN; Lisa Cranwell-Bruce, DNP, FNP-C; and Catherine Michelle Carman, MSN, FNP-C

UNIT IV. SPECIAL DRUG TREATMENT CONSIDERATIONS 1289

Chapter 53 Women as Patients 1289
Elizabeth Marie Nutter, DNP, ARNP, CNM, FACNM

Chapter 54 Men as Patients 1307
John Michael Bowen, MSN, ACNP-BC; James Luther Raper, PhD, CRNP, JD, FAAN, FAANP, FIDSA

Chapter 55 Pediatric Patients 1322
Teri Moser Woo, RN, PhD, ARNP, CPNP-PC, CNL, FAANP

Chapter 56 Transgender Persons as Patients 1337
Vanessa Pomarico-Denino, EdD, FNP-BC, FAANP

Chapter 57 Geriatric Patients 1349
Wendy L. Wright, DNP, ANP-BC, FNP-BC, FAANP, FAAN, FNAP

Appendix A New Drug Development 1370

Index 1376

THE FOUNDATION

CHAPTER 1

THE ROLE OF THE ADVANCED PRACTICE NURSE AS PRESCRIBER

Teri Moser Woo • Wendy L. Wright

ROLES OF REGISTERED NURSES IN MEDICATION MANAGEMENT, 1
Registered Nurses, 1
Advanced Practice Registered Nurses, 2

ROLES AND RESPONSIBILITIES OF APRN PRESCRIBERS, 2

ADVANCED KNOWLEDGE, 2

BENEFITS OF AN APRN AS PRESCRIBER, 3

CLINICAL JUDGMENT IN PRESCRIBING, 3

COLLABORATION WITH OTHER PROVIDERS, 4
Physicians, 4
Pharmacists, 4
Other APRNs, 4
Physician Assistants, 5
Nurses Not in Advanced Practice Roles, 5

CANADIAN NURSE PRACTITIONER PRACTICE, 5

FACILITATING POSITIVE PRESCRIBING OUTCOMES, 5
Intentional Versus Nonintentional Nonadherence, 6
Measuring Adherence, 8
Predictors of Adherence, 9

Nurses administer medications prescribed by another provider as part of their role in caring for patients. The knowledge base to safely administer medications is an integral part of basic nursing education. Advanced practice nurses require additional knowledge to safely prescribe medications beyond what is taught in prelicensure nursing programs. Additionally, the prescriber role requires the willingness and ability to assume a different level of responsibility to the patient. Advanced practice nurses other than nurse practitioners (NPs) may gain prescriptive authority or prescribe under protocol; therefore, the term *advanced practice registered nurse* (APRN) is used in this chapter to include NPs, certified nurse midwives (CNMs), certified registered nurse anesthetists (CRNAs), and clinical nurse specialists (CNSs) with prescribing authority, as determined by the individual state's nurse practice act.

ROLES OF REGISTERED NURSES IN MEDICATION MANAGEMENT

Registered Nurses

Experienced registered nurses (RNs) often find themselves in the position of discussing what might be the "best" drug a patient should receive with an APRN or a physician. RNs are advocates for the patient, and their input should be sought and highly valued in the prescribing process. Collaboration between the nurse and prescriber improves patient safety and the quality of care the patient receives; however, the

Intentional Versus Nonintentional Nonadherence

Taking or not taking medications may happen for a variety of reasons and may be intentional or inadvertent. Unintentional nonadherence can be attributed to forgetfulness (especially if it is a side effect of a drug), lack of knowledge, dementia, mental health problems, simple procrastination, or an overextended lifestyle.

Not perceiving the usefulness of a medication for symptom resolution or adverse drug reactions are sources of intentional nonadherence. Whether people believe the medication is ineffective, are unaware of the subtlety of its actions, or become frustrated with a "lack of cure" can contribute to whether they take medications as prescribed. Drug costs may also be a factor in intentional nonadherence.

Adverse Drug Reactions

Real or perceived adverse reactions directly affect the outcome of a prescribed drug regimen. If a patient reports a prescribed drug is causing a reaction, then the provider should explore alternative options to treat the problem. Encouraging open communication about these concerns and perceptions is important. Patient perceptions are critical in making the decision to expend finances for a drug (Brody, 2017; Goldsmith et al, 2017).

Certain adverse reactions are more likely to produce nonadherence than others. The ones most likely to produce nonadherence are the "irritating" ones that interfere with the patient's ability to carry out activities of daily living, including what he or she may do for a living. These reactions include headache, dizziness, anorexia, nausea and vomiting, constipation, sexual dysfunction, and diarrhea. Unfortunately, these are also the most common adverse reactions.

Asymptomatic Conditions

A variety of disease states are essentially asymptomatic until their later stages. Most can be treated with drugs in the early stages to prevent their progression; however, it may be difficult to convince a patient of the necessity when there is no overt indication of the disorder except the provider's word. It is even more problematic when the drugs given to treat this "invisible" disorder produce "disease symptoms" themselves.

Chronic Conditions

One out of every two Americans has at least one chronic condition (Neiman et al, 2017). Chronic diseases account for three-fourths of the nation's $1.4 trillion in medical care costs and one-third of the years of potential life lost before age 65. Building support mechanisms and setting up monitoring for patients with chronic disease are critical to their adherence to their regimens. Early phone contacts enable the provider to determine whether the information shared in the clinic has been clearly understood and is being followed. Such follow-up contacts not only help with adherence but also contribute to building a stronger patient–provider relationship (Lyles et al, 2016). Smartphone apps and text messaging may be used to assist with medication adherence (Islam et al, 2022; Simon et al, 2022). Factors contributing to medication adherence are shown in Table 1–1.

Table 1–1 Factors Contributing to Medication Adherence With Chronic Illness

Understanding Treatment Regimen	Beliefs in Effectiveness
Fitting with current routine	Cultural relevancy
Having the skills to carry out the regimen	The staging of disease and level of wellness
Fear of side effects	The ability to control side effects
Remembering to take the medications	Mental health
Family/caregiver support	Interaction with street drugs
Personal views of health	Trust in provider

Adapted from Frank, L., & Miramontes, H. (1998). *Health care provider adherence curriculum*. Pittsburgh, PA: AIDS Education and Training Centers Program.

Knowledge Deficit

Understanding the disease state and the treatment regimen plays a role in adherence. Providing educational material alone, written or oral, cannot ensure that the patient will not have a knowledge deficit regarding the drug regimen or that she or he will be adherent. The quality of the communication and interaction that occur during clinic time is most important. Patients report greater adherence to a drug regimen if they feel that their concerns and specific points of knowledge deficit are addressed during the encounter or during postencounter contacts by the office staff nurse, group visits, and telehealth. The keys to patient education are presented in Table 1–2.

Table 1–2 Keys for Education to Enhance Adherence

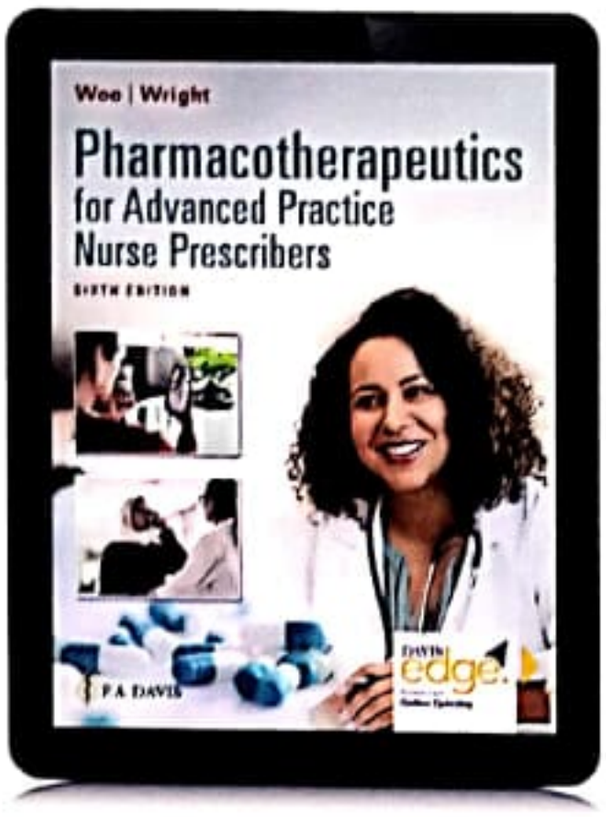
Key Task	Quality Indicator
Simple and critical points	Includes safety information at sixth-grade level
Clear language in native tongue	Supports the Clear Communication initiative (CDC, 2023)
Take time to explain it	Have them "teach back" to ensure understanding
Include family and caregivers	Engages and supports caregivers so that health behaviors are reinforced
Patient participation in plan	Patient-Centered Care Model
Identification of barriers to success	Motivational interviewing
Incorporate staff callbacks and electronic messaging	Use of proven adherence tools
Use certified interpreters for language, hearing, and speech impairments	Provider liable for poor outcomes if lay interpreter is used

Based on CDC, 2023; Robinson, 2016; and Sakraida & Robinson, 2009.

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