RESPIRATORY PHARMACOLOGY Pt.1 Rhinitis Treatments V Deconsestants: cx-Adrenoceptor Asonists

EPINEPHRINE COMMETAZOUNE ex: Afrin: also in Visins Эвнемулетиние. constriction PSEUDOEPHEDRINE

reduces edema.

Alpha & Beta agonist More systemic effects nervousness, sleeplessness

Sympathetic activation (CNS & CV): ese, with Pseudoephedrine. Irregular heart beat, shaking, anxiety - DVC

 Sprays can cause Rhinitis medicamentosa: Rebound congestion after > 3-5 days.

 Avoid/Use caution in: Heart dz. MTN. thryoid dz. DM, enlarged prostate, Pregnancy, MAOI use with 2 weeks.

√ Glacocorticolds: Bind to intracellular alucocorticoid receptors & downregulate inflammatory response.

 Very effective for allergic minitis w/discharge & Mockage.

Antihistamines in some formulas.

√ Cromolyn sodium:

Adverse effects:

- Blocks Mast Cell release of histamine & other inflammatory mediators.
- Occasionally used in asthma.
- Has to be used multiple times/day; Generally less effective.



 Histamines cause vasodilation (& adema) -> increased watery discharge in nasal passages.

H1 Antihistamines are "inverse asonists": keep H1 receptors in their inactive states BUACTIVE to prevent mast cell degranulation & NF-kB activation -> reduce nasal

discharge, skinleye itchiness, etc.

 Some H1 antihistamines also have other. non-histamine receptor effects (ex: anti-tussive effects).

Use caution in pregnancy, cardiovascular disease,

hypertension, urinary retention, elevated ocular pressure.

Tet Gen Diphenhydramine (benaden), chlorpheniramine, BROWFHENIKAMINE, NYDRONYZINE, ETC.

 Cross the blood-brain barrier and cause sexution headaches, poss, weight gain.



(dry eyes/mouth).

Used for insomnia and motion sickness

2nd Gen LORATADINE, CETIFICINE, AZELASTINE, QUOPATADINE,

Less sedution/anticholineraic effects.

"3nd Gen" FEXOFADINE, DESLORATADINE, LEVOCETIFIZINE. These drugs are metabolites of 2nd gen. H1 antihistamines.

√ Saline:

- OTC nasal sprays, irrigation
- Flushes away mucus & iritants. soothes membranes.



HIS INVERSE ACCRUST

 Targets medullary cough center. NMDA receptor antagonia Siama-1 Receptor agonist

 Suppresses cough caused by bronchial irritation from Flui Colds

 Ineffective against chronic count caused by shoking & lung disorders

DESTROMETHORPHAN (DX, DM) - OTC

 Adverse effects (rare): Glupset. drowsiness dizziness

Contraindications: MAOI use, children < 4 y.o.

Oriops

* Codeine, hydrocodone

15 18 v.a.

 Modify production, secretion, or components of mucus lollis to facilitate easier removal

GUARTERSIN

. Expectorant: Increases watery mucus volume to facilitate productive coushing

N-ACETYLCYSTEINE

- Mucolytic: Breaks down mucus components to reduce viscosity.
- Often useful for chronic cough in COPD and Chronic Branchitis.
- IV form treats acetaminophen overdose

AMBROSOL

· Mucokinetic increases transportability of mucus, often by acting on the cilia. -



































Pharmacology Of Respiratory Therapy Medications

Douglas S. Gardenhire

Pharmacology Of Respiratory Therapy Medications:

Principles of Pharmacology for Respiratory Care Georgine Bills, Christina Rose, 2019-09-13 An invaluable role of the Respiratory Therapist is to administer and educate patients on aerosolized and systemic medications used in the treatment of respiratory diseases and other therapies affecting the cardiopulmonary system Principles of Pharmacology for Respiratory Care Third Edition is an ideal resource for Respiratory Therapists to understand the role of cardiopulmonary targeted medication therapies and the mechanism of action drugs used in the treatment of the conditions they are treating Mode of action clinical indications dosages hazards and side effects of multiple classifications of drugs are extensively addressed As such this text also serves a comprehensive reference on drug therapies used in the treatment of respiratory diseases as well as other medical conditions The layout of this text in organized into three distinct sections to facilitate the understanding of the material The first section includes general pharmacologic principles required to understand Rau's Respiratory Care Pharmacology E-Book Douglas S. Gardenhire, 2023-05-12 Selected for Doody's Core Titles 2024 in Respiratory Therapy You can breathe a little easier knowing there s a proven way to master respiratory pharmacology For more than 30 years Rau s Respiratory Care Pharmacology has been the preeminent text on the subject With easy to grasp terminology relatable explanations and reader friendly writing it simplifies the process of learning pharmacology material like never before Rau s is organized into three logical sections covering the basics of respiratory care frequently used drugs and critical care medications New to the 11th edition are recently approved FDA drugs information on drug approvals COVID 19 coverage and new and updated Clinical Connection boxes that focus on important clinical guestions assisting you in connecting the information in the text to the clinical setting and addressing how Respiratory Therapists can help educate patients Clinical scenarios with follow up SOAP assessment help you assess your comprehension of the material Self assessment questions offer you thought provoking opportunities to test your comprehension of key concepts Learning objectives parallel the levels tested by the NBRC exams to help you identify important information that goes beyond memorization and recall Key terms with definitions provide easy access to the pharmacologic vocabulary you should embrace Key points boxes in each chapter highlight important concepts in the lesson Glossary of all key terms in the text aids you in understanding the terminology associated with respiratory care pharmacology Appendices on common Units and Systems of Measurement and Acceptable Mixtures provide references to need to know information such as abbreviations conversion charts for temperatures liquid metric and solids and a simple drug compatibility chart for drug mixtures Alphabetical drug index provides a direct index to look up information based on drug name NEW and UPDATED Clinical Connection boxes assist you in connecting information in the text to the clinical setting including providing patients a better understanding of their clinical conditions as related to their drug treatments UPDATED Chapter 1 reflects changes to drug approval UPDATED Chapter 3 reflects changes in aerosol medication devices and addresses aerosol generating device issues and COVID 19 UPDATED The latest FDA

approved medications are referenced in all chapters UPDATED Current asthma GINA and COPD GOLD guidelines include COVID 19 treatment protocols Enhanced readability helps you more easily understand difficult material *Pharmacology of Respiratory Therapy Medications* Michael J. Strauch, *Principles of Pharmacology for Respiratory Care* Georgine W. Bills, Robert C. Soderberg, 1997 This updated edition combines a thorough overview of general pharmacologic principles with specific usages and dosages for drugs used in the clinical practice of respiratory care The book is formatted toward the user who is trying to master the complexities of pharmacology as well as the demands of patient education and the consultative role of the respiratory care practitioner General pharmacology content includes routes of administration and drug actions in the central and autonomic nervous systems with chapters organized by diseases or organ systems being treated The respiratory care pharmacology content includes practical information relating to clinical decisions and drug selection for all respiratory care situations with chapter organization by drug category or action Experienced practitioners will find this a comprehensive reference text with an extensive current bibliography and also appropriate for selected instruction of other allied health and nursing personnel RT RC Resp Care Respiratory therapy RTT A P Anatomy Physiology ALSO AVAILABLE INSTRUCTOR SUPPLEMENTS CALL CUSTOMER SUPPORT TO ORDERInstructor's Guide ISBN 0 8273 8300 2

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in any event in this new classification the basal angiosperms contain three superorders or five if one includes magnolianae and ceratophyllanae that are coordinate with the monocots also placed in their own su perorder and ten additional superorders eudicots for a

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