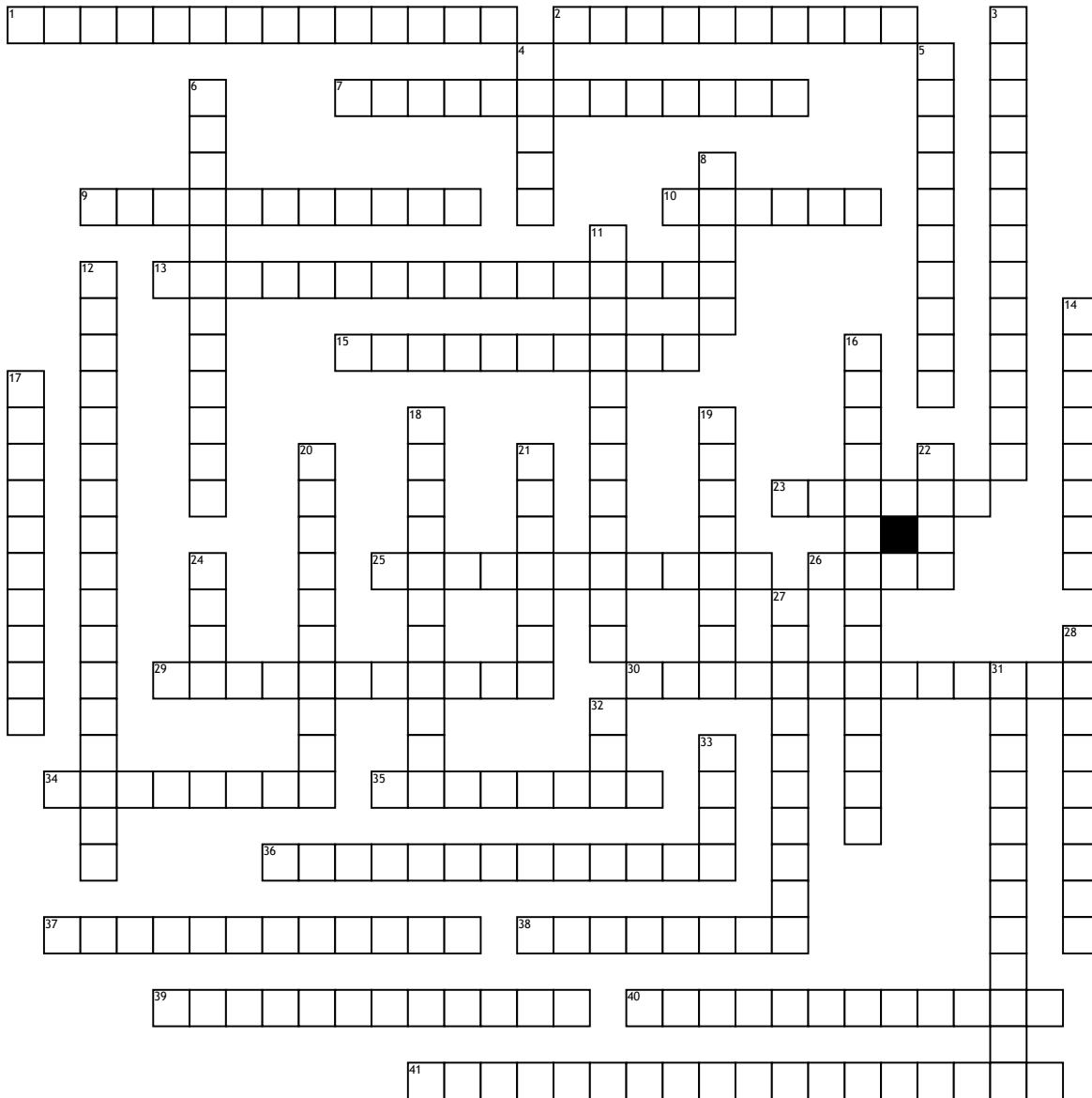


# GI medications



## Across

- MOA: Lowers surface tension of the stool to allow penetration of water
- Should be used in combination with a glucocorticoid or a serotonin antagonist to prevent postoperative nausea and vomiting
- This is the MOA for what drug class: Activates opioid receptors to decrease intestinal motility and to increase the absorption of fluid and sodium in the intestine
- What drug class is needed to eliminate H. pylori bacteria?
- Which of these is not a use for 5-aminosalicylates? nausea, IBS, Crohn's disease, ulcerative colitis
- The MOA of \_\_\_\_\_ is activating the vomiting center to expel gastric contents and causes increase of upper GI motility, increasing peristalsis.
- This is the prototype for mucosal protectants
- Therapeutic use of Misoprostol in relation to GI: is prevention of gastric \_\_\_\_\_ in patients taking long term NSAIDS
- Which med can cause prolonged QT interval and can lead to serious dysrhythmia?
- Is Aprepitant safe for children?
- OSMOTIC diuretics can cause\_\_\_\_\_.
- What would you not want to give with Alosetron because it will decrease the levels and therapeutic effects?
- For Administration of Antidiarrheals: nurses should educate patient to drink something with electrolytes and no \_\_\_\_\_.
- Would digoxin levels increase or decrease with omeprazole?

## Down

- You would not give mucosal protectants in what patients: liver failure, diabetics, pregnancy, and kidney failure
- What is the therapeutic use of Docusate Sodium?
- With a patient taking a probiotic and an antibiotic; how long should the nurse instruct her patient to take these apart?
- Which patient would you not want to give Aprepitant: pt with seizures, diabetic, or liver failure
- 5-Amino Salicylates MOA is it decreases \_\_\_\_\_ by inhibiting prostaglandin synthesis?
- For this drug, we use low dose for painful elimination of stool, and large doses for colon surgery or diagnostic testing
- How would you know the laxative was effective? The patient had a \_\_\_\_\_.
- In addition to stool softeners/laxatives, the nurse should encourage the patient to eat a diet high in \_\_\_\_\_.
- This Histamine receptor antagonist drug can be given PO or IV: IV is given in acute situations; Cimetidine, Verapamil, and Labetalol
- What is the drug of choice for women who struggle daily with IBS/C?
- True or False: Administration of Magnesium Hydroxide can lead deficient levels of magnesium
- Which of these is not a contraindication for 5-Aminosalicylates? pregnancy, sensitivity to sulphonamides, thiazide diuretics, beta blockers, and salicylates,
- This is used for a patient suffering from acute duodenal ulcers?
- MOA: neutralized gastric acid by producing neutral salts and inactivated pepsin
- Which drug is a prokinetic agent? Metoclopramide, Ondansetron, Docusate
- A proton pump inhibitor that works by blocking basal and stimulated acid production and inhibits the enzyme that produces gastric acid
- This drug can be administered PO, IM, or IV and is primarily used for nausea and vomiting related to surgery or other treatments.
- Do not crush or chew tablets of sucralfate, you should \_\_\_\_\_ - in water.
- Histamine 2 receptor antagonized that works by blocking H2 receptors to reduce gastric acid and hydrogen ions in the stomach
- What is the pharmacological action of dexamethasone?
- True or False: Ranitidine can be taken with or without food?
- True or False: Metoclopramide is contraindicated in GI bleed, seizures, and those at risk EPS(such as elderly and young children)
- Which drug class helps restore the normal flora in the gut?
- This drug is approved only for female clients who suffer from IBS/D that has lasted more than 6 months
- As a nurse, what should instruct your patient to do when taking the medication, Lubiprostone to decrease nausea?
- Antidiarrheal medications are pregnancy category C. Would they contraindicated?
- True or False: Inform client they can have pneumonia, osteoporosis, rebound acid hypersecretion, and hypomagnesemia when taking Omeprazole