10 Prescription + 2 OTC Drugs Worksheet

526 P2 Institutional IPPE

Prescription Drug Name (generic & brand)	Pharmacologic Class & Mechanism of Action	Indication(s)	Dose & Dosage Form	Adverse Effects	Contraindications	Drug-Drug Interactions	Renal/Hepatic Dose Adjustments
Example 1: Lisinopril; Prinivil, Zestril	ACE inhibitor; inhibit conversion of angiotensin I to angiotensin II	HTN HFrEF	Solution (1 mg/mL) PO (2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg)	Hypotension Cough Dizziness Hyperkalemia Angioedema	Use of other ACE/aldosterone agents	Additional antihypertensive agents may result in hypotension.	Renal: decrease dose for CrCl <30 mL/min Hepatic: none
	Example 1 Clinical Pearls: Monitor potassium; The typical blood pressure goal is <130/80 because pressures above this threshold are associated with risk of cardiovascular events.; ACE inhibitors, ARBs, thiazide diuretics, and calcium-channel blockers are all considered first-line agents in the treatment of hypertension.						
Example 2: Metformin; Glucophage	Biguanide; decrease hepatic glucose production and intestinal absorption of glucose and improve insulin sensitivity.	T2DM	PO Initial: 500 mg QD-BID, up to 2 g daily	Diarrhea Flatulence Nausea Vomiting	Hypersensitivity to metformin or ingredients Severe renal impairment Metabolic acidosis	No significant interactions exist.	Renal: avoid if CrCl <30 mL/min, adjust dose for CrCl < 45 mL/ Hepatic: avoid if severe
	Example 2 Clinical Pearls: A1C goals are often individualized for each patient based on goals of care and patient characteristics, however a good goal for the majority of patients is < 7%; An A1C is typically measured 1-2 times per year in patients who have a stable regimen and are meeting glucose goals. An A1C should be measured before and after initiation of new hypoglycemic agents to assess efficacy and therefore an A1C is typically measured more often in patients with frequently changing regimens; Overall, considered safe, cardioprotective, and enables weight loss; rarely causes lactic acidosis; long-term use is associated with decreased vitamin B12 levels, causing neuropathies.						
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1.							
	Drug 1 Clinical Pearls:						
2.							
	Drug 2 Clinical Pearls:						
3.							

	Drug 3 Clinical Pearls:						
4.							
	Drug 4 Clinical Pearls:						
5.							
	Drug 5 Clinical Pearls:						
6.							
	Drug 6 Clinical Pearls:						
7.							
	Drug 7 Clinical Pearls:						
8.							
	Drug 8 Clinical Pearls:						
9.							
	Drug 9 Clinical Pearls:						
10.							
	Drug 10 Clinical Pearls:						

In addition to exploring the 10 most commonly used prescription medications in your practice area (above), please use a similar format to discover and learn about the 2 most commonly used over-the-counter (OTC) medications in your observed practice area.

OTC Drug Name (generic & brand)	**Pharmacologic Class & Mechanism of Action**	**Indication(s)**	**Dose & Dosage Form**	**Adverse Effects**	**Contraindications**	**Drug-Drug Interactions**	**Renal/Hepatic Dose Adjustments**
1.							
	OTC Drug 1 Clinical Pearls:						

2.							
	OTC Drug 2 Clinical Pearls:						

References Used: _____