**Nursing Process Focus:**
**Patients Receiving Phenylephrine**

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| Prior to administration: | • Deficient Knowledge, related to drug administration and effects related to newly prescribed drug  
• Decreased Cardiac Output, related to effect of drug on heart muscle  
• Ineffective Tissue Perfusion, related to drug effect  
• Ineffective Breathing Pattern, related to nasal congestion |
| • Monitor cardiac output, central venous pressure, pulmonary artery wedge pressure, standard vital signs and urinary output.  
• Monitor vital signs and observe the nasal mucosa for changes such as excoriating or bleeding.  
• Obtain complete health history including cardiac, visual, pulmonary, GI, urinary disorders including blood studies: CBC, electrolytes, cardiac enzymes, BUN, creatinine. May include EKG, pulmonary functions, and x-rays of the chest or nasal sinuses.  
• Obtain patient’s drug history to determine possible drug interactions and allergies. | |

**Planning: Patient Goals and Expected Outcomes**

The patient will:  
• Demonstrate understanding of the drug's action.  
• Return demonstrate proper nasal medication instillation technique.  
• Demonstrate effective nasal airway clearance.  
• Maintain vital signs within normal range.  
• Maintain effective tissue perfusion.

**Implementation**

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| *Use with extreme caution in patients with coronary artery disease, heart disease—especially heart block and hypertension. (Drug stimulates alpha, receptors, causing an increase in blood pressure.)* | Inform patients:  
• to immediately report shortness of breath, palpitations, dizziness, chest/arm pain or pressure or other "angina-like" symptoms.  
• to consult their health care provider before attempting to use phenylephrine to treat nasal stuffiness or eye irritation.  
• to monitor blood pressure, pulse and temperature ensuring proper use of home equipment. |
| *Monitor patients with diabetes mellitus and hyperthyroidism carefully. (Patients with diabetes are at increased risk of coronary artery disease; patients with hyperthyroidism experience a severe increase in basal metabolic rate, resulting in increased blood pressure and tachycardia. Therefore, both are at increased risk of malignant hypertension and myocardial infarction.)* | Instruct patient:  
• to report change in heart rate and rhythm, or chest pain.  
• to report elevated temperature, increased heart rate, and behavioral changes to the health care provider. |
**Monitor breathing patterns and observe for shortness of breath and/or audible wheezing.** (Phenylephrine may trigger asthma.)

Instruct the patient:
- to immediately report any difficulty breathing.
- with a history of asthma to consult their health care provider before attempting to use phenylephrine to treat nasal stuffiness.

**In hypotensive emergencies, monitor all vital signs, including cardiac output, central venous pressure, and pulmonary wedge pressure. Monitor urine output and tissue perfusion (via pulse oximetry and/or arterial blood gases per ICU/ED protocol).**

*Instruct patients to report all drug side effects, especially headache, weakness or changes in sensorium like dizziness or altered level of consciousness.*

- **Observe the patient's responsiveness to light.** (Phenylephrine causes photosensitivity by affecting the pupillary light accommodation/response.)
- **For patients receiving parenteral phenylephrine, provide eye comfort by reducing exposure to direct bright light in the environment, shield the eyes with a rolled washcloth or eye bandages for severe photosensitivity.**

Instruct patient:
- if using ophthalmic phenylephrine, that transient "stinging" and blurred vision upon instillation is normal. Headache and/or brow pain may also occur.
- to avoid driving and other activities requiring visual acuity until blurring subsides.

**Monitor patient's eyes for redness, excessive lacrimation, or other signs of a local reaction.** (Phenylephrine can lower intra-ocular pressure, affecting open (wide)-angle glaucoma.)

Instruct patient that persistent redness, blurring or other symptoms occurring 12 or more hours after discontinuation of the drug should be reported to the health care provider.

**Observe the patient's nasal cavity. Monitor for rhinorrhea/epistaxis.**

**Use cautiously with the elderly or young. Symptoms that might be more pronounced in the elderly are hypertension and dysrhythmias due to aging. For the very young, body systems are not fully developed so assess all systems in order to decrease possible complications.**

*Instruct patient and caregivers to report any adverse reactions to the health care provider.*

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**Evaluation of Outcome Criteria**

Evaluate the effectiveness of drug therapy by confirming that patient goals and expected outcomes have been met (see “Planning”).