**Nursing Process Focus:**
**Patients Receiving Valproic Acid (Depakene)**

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<tr>
<th><strong>Assessment</strong></th>
<th><strong>Potential Nursing Diagnoses</strong></th>
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| Prior to administration:  
- Obtain complete health history including allergies, neurological, hematological, pulmonary, cardiac, renal, biliary, and mental disorders including blood studies: CBC, BUN, creatinine, electrolytes, PT, PTT, liver enzymes, etc.  
- Obtain patient’s drug history to determine possible drug interactions and allergies.  
- Assess neurological status, including identification of recent seizure activity.  
- Assess mental status, including affect and lucidity.  
- Assess gastrointestinal status, including identification of biliary tract or upper digestive discomfort.  
- Assess growth and development. |  
- Ineffective Health Maintenance, related to seizure activity  
- Deficient Knowledge, related to drug action, and adverse effects  
- Disturbed Thought Processes, related to bipolar disorder  
- Imbalanced Nutrition: More than Body Requirements, related to weight gain  
- Risk for Injury, related to drug side effects |

**Planning: Patient Goals and Outcomes**

Patient will:  
- Experience the absence of, or reduction in the number or severity of seizures.  
- Avoid physical injury related to seizure activity or medication induced sensory changes.  
- Demonstrate understanding of the drug's action by accurately describing drug effects and precautions.  
- Maintain weight within expected range.

**Implementation**

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<tr>
<th><strong>Interventions and (Rationales)</strong></th>
<th><strong>Patient Education/Discharge Planning</strong></th>
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| *Monitor neurological status, especially changes in level of consciousness and/or mental status.*  
*Observe for signs of mania and/or mental depression. Obtain a verbal "no-self-harm" contract from patients with significant mental depression.* | Instruct the patient to:  
*Report any significant change in sensorium, such as diplopia, confusion, hallucinations, or psychomotor agitation.*  
*Report any severe dysphoria, especially suicidal ideation.*  
*Report any changes in seizure quality or unexpected involuntary muscle movement, such as twitching, tremor or nystagmus, or muscle weakness and profound lethargy.*  
*Avoid driving and other activities requiring mental alertness and physical coordination until effects of the medication are known.* |

*Ensure patient safety. Raise bed rails. Place call bell within patient's reach. (Postural| Instruct the patient to:  
*Call for assistance before getting out of bed or...* |
hypotension related to CNS depressant effects of valproic acid may occur.)

attempting to ambulate alone.

*Avoid sudden changes of position to prevent dizziness caused by postural hypotension.

*Remove tripping hazards from the home environment.

*Review emergency actions and safety precautions when responding to a seizure.

- Monitor for adverse effects, including severe hepatotoxicity. Life-threatening hepatotoxicity may occur in the presence of vague symptoms such as fever, malaise, and lethargy.
- Monitor laboratory studies including CBC, chemistry panel, PT, PTT, liver enzymes, etc.

Instruct the patient to:

- Immediately report fever, arthralgia, malaise, lethargy, pruritis, anorexia, nausea, diffuse abdominal pain, tenderness, distention or rigidity, jaundice, a change in the color and character of stools or urine.
- Explain that hepatotoxicity may have an insidious onset, so any vague "flu-like" illness, should be reported.

*Observe for tremors. (Tremors may indicate the need for a reduced dosage.)

*Instruct patient/caregiver to report tremors immediately to the health care provider.

*Monitor gastrointestinal status; observe for bleeding. (Valproic acid is a gastrointestinal irritant and anticoagulant.)
*Conduct guiac stool testing for occult blood.

Inform the patient:

- That vomiting brown emesis that looks like coffee grounds or passing tarry stools are signs of gastrointestinal bleeding.
- To adhere to a regimen of laboratory testing as ordered by the health care provider.
- To keep all follow-up appointments as directed by the health-care provider.

*Monitor CBC for signs of anemia related to blood loss.

Instruct patient to:

- Immediately report frank bleeding or heartburn, nausea and vomiting with "coffee grounds" emesis, epistaxis, hematuria, melena, menorrhagia, excessive bruising, bleeding gums, weakness and pallor.
- Regarding the method of obtaining stool samples and home testing for occult blood as indicated by the health care provider.

*Monitor effectiveness of drug therapy. *Observe for developmental changes indicating the need for dose adjustment. (Valproic acid needs increase with initial maturing, especially at puberty, a time of rapid growth.)

Instruct patient to:

* Keep a "seizure diary" during drug initiation phase, or during dose adjustment.
* Take the medication exactly as ordered, including the same manufacturer's drug each time the prescription is refilled. Switching brands may result in alterations in seizure control.
* Take a missed dose as soon as remembered, but do not double doses to "catch up" (doubling
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<tr>
<th>Clinical Considerations</th>
<th>Patient Instructions/Considerations</th>
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<tr>
<td>*Monitor nutritional status. Observe for changes in appetite and eating patterns.</td>
<td>Instruct the patient:</td>
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<td>* Report dysuria, oliguria, lower abdominal or flank pain, urine quality and color changes</td>
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<tr>
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<td>including hematuria.</td>
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<td></td>
<td>*Monitor fluid intake and output.</td>
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<td>*Adhere to a regular regimen of blood and urine testing as directed by the health care provider.</td>
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<td>*Use with caution in patients who are pregnant and lactating. As stated in the Prototype Drug box, this drug is pregnancy category D.</td>
<td>Instruct the patient to:</td>
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<td>*Remain abstinent or use reliable birth control while taking this medication.</td>
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<td>*Inform the health care provider if pregnancy occurs.</td>
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<td>*Avoid abrupt cessation of the drug; rebound seizures may cause harm to the fetus.</td>
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<td>*Use cautiously in the elderly. (Diminished kidney and liver function related to aging result in lowered drug clearance and increased serum drug levels.)</td>
<td>*Instruct patient to report changes in amount and characteristics of urinary output.</td>
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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”).