### Nursing Process Focus: Clients Receiving NSAID Therapy

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| Prior to administration:  
- Obtain a complete health history including allergies, drug history, and possible drug interactions.  
- Determine pain and analgesic usage patterns.  
- Identify infectious agents or other factors responsible for inflammation or pain. |  
- Pain, Acute, related to injury or surgical procedure  
- Pain, Chronic, related to back injury  
- Knowledge, Deficient, related to drug therapy  
- Health Maintenance, Ineffective, related to chronic pain |

**Planning: Client Goals and Expected Outcomes**

- The client will:  
  - Report pain relief or a reduction in pain intensity.  
  - Demonstrate an understanding of the drug’s action by accurately describing drug side effects and precautions.  
  - Report ability to manage activities of daily living.  
  - Immediately report unresolved, untoward, or rebound pain; persistent fever; blurred vision; tinnitus; bleeding; changes in color of stool or urine.

**Implementation**

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| NSAI Ds may be administered PO or PR. When suppositories are used, monitor integrity of rectum. (Rectal bleeding may occur.) | Instruct client to:  
- Not cut or crush enteric-coated tablets. Regular tablets may be broken or pulverized and mixed with food.  
- Administer liquid aspirin immediately after mixing because it breaks down rapidly.  
- Not take ibuprofen and naproxen concurrently.  
- Consult the healthcare provider regarding appropriate OTC analgesics for specific types of pain.  
- Consult the nurse regarding aspirin therapy following surgery.  
- Advise laboratory personnel of aspirin therapy when providing urine samples. |

| Monitor vital signs, especially temperature. (Increased pulse and blood pressure may indicate discomfort; when accompanied by pallor and/or dizziness may indicate bleeding.) | Instruct client to:  
- Report rapid heartbeat, palpitations, dizziness, or pallor.  
- Properly monitor blood pressure and temperature using home equipment. |

| Monitor for signs of GI bleeding or hepatic toxicity. (NSAI Ds can be a local irritant to the GI tract with anticoagulant action that is metabolized in the liver.) | Instruct client to:  
- Report any bleeding, abdominal pain, anorexia, heartburn, nausea, vomiting, jaundice, or a change in the color or character of stools.  
- Use the proper method of obtaining stool samples and home testing for occult blood. |

| Monitor complete blood count (CBC) for signs of anemia related to blood loss. (Nonopioids may cause GI bleeding.) | Instruct client to:  
- Keep scheduled laboratory appointments for testing as ordered by the healthcare provider.  
- Take NSAIDs with food to reduce stomach upset. |

| Assess for character, duration, location, and intensity of pain and the presence of inflammation. (Pain assessment may indicate need for additional therapies.) | Instruct client to:  
- Notify the healthcare provider if pain or inflammation remains unresolved.  
- Take only the prescribed amount to decrease the potential for adverse effects. |

| Monitor for hypersensitivity reaction. (Hypersensitivity reactions may be a medical emergency.) | Instruct client to immediately report shortness of breath, wheezing, throat tightness, itching, or hives. If these occur, stop taking aspirin immediately and inform the healthcare provider. |

| Monitor urine output and edema in feet/ankles. (Medication is excreted through the kidneys. Long-term use may lead to renal dysfunction.) | Instruct client to immediately report changes in urination, flank pain, or pitting edema. |
caring for home and family. When the headaches are persistent, or occur as migraines, drug therapy is warranted.

18.9 Classification of Headaches

Of the several varieties of headaches, the most common type is the tension headache. This condition occurs when muscles of the head and neck become very tight because of stress, causing a steady and lingering pain. Although quite painful, tension headaches are self-limiting and generally considered an annoyance rather than a medical emergency. Tension headaches can usually be effectively treated with OTC analgesics such as aspirin, acetaminophen, or ibuprofen.

The most painful type of headache is the migraine, which is characterized by throbbing or pulsating pain, sometimes preceded by an aura. Auras are sensory cues that let the client know that a migraine attack is coming soon. Examples of sensory cues are jagged lines or flashing lights, or special smells, tastes, or sounds. Most migraines are accompanied by nausea and vomiting. Triggers for migraines include nitrates, monosodium glutamate (MSG)—found in many Asian foods, red wine, perfumes, food additives, caffeine, chocolate, and aspartame. By avoiding foods containing these substances, some clients can prevent the onset of a migraine attack.

18.10 Drug Therapy for Migraine Headaches

There are two primary goals for the pharmacological therapy of migraines (Table 18.4). The first is to stop migraines in progress, and the second is to prevent migraines from occurring. For the most part, the drugs used to abort migraines are different from those used for prophylaxis. Drug therapy is most effective if begun before a migraine has reached a severe level.

The two major drug classes used as antimigraine agents, the triptans and the ergot alkaloids, are both serotonin (5-HT) agonists. Serotonergic receptors are found throughout the CNS, and in the cardiovascular and GI systems. At least five receptor subtypes have been identified. In addition to the triptans, other drugs acting at serotonergic receptors include the popular antianxiety agents fluoxetine (Prozac) and buspirone (BuSpar).

Pharmacotherapy of migraine termination generally begins with acetaminophen or NSAIDs. If OTC analgesics are unable to abort the migraine, the drugs of choice are often the triptans. The first of the triptans, sumatriptan (Imitrex), was marketed in the United States in 1993. These agents are selective for the 5-HT1-receptor subtype, and they are thought to act by constricting certain intracranial vessels. They are effective in aborting migraines with or without auras. Although oral forms of the triptans are most convenient, clients who experience nausea and vomiting during the migraine may require an alternative dosage form. Intranasal formulations and prefilled syringes of triptans are available for clients who are able to self-administer the medication.

For clients who are unresponsive to triptans, the ergot alkaloids may be used to abort migraines. The first purified