Nursing Process Focus: Patients Receiving Donepezil (Aricept)

**Assessment**
Prior to administration:
- Severity of Alzheimer’s disease as baseline in order to determine effectiveness.
- Use of other medications, especially anticholinergics, NSAIDS, carbamazepines dexamethasone phytoin phenobarbital or rifampin.
- Lab work to include a complete blood count, liver and renal function studies.
- Baseline vital signs, especially blood pressure and pulse. May cause changes in BP and atrial fibrillation.

**Potential Nursing Diagnoses**
- Risk for Injury, related to effects of drug
- Deficient Knowledge, related to drug action and side effects
- Impaired Memory, related to ineffective drug therapy
- Self-Care Deficit: Bathing/Hygiene, Feeding, Toileting, related to disease process
- Compromised Family Coping, related to ineffective drug therapy

**Planning: Patient Goals and Expected Outcomes**
Patient will
- Experience improved cognitive functioning and memory.
- Demonstrate an understanding of the drug’s action by accurately describing drug side effects and precautions, and measures to take to decrease any side effects.
- Adhere strictly to the recommended treatment.
- Immediately report any occurrence of any adverse reactions
- Demonstrate ability to complete ADLs

**Implementation**

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<tr>
<th>Interventions and (Rationales)</th>
<th>Patient Education/Discharge Planning</th>
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<tbody>
<tr>
<td>*Investigate any other conditions patient may have that could be mistaken for Alzheimer’s disease: electrolyte imbalances, dehydration, psychiatric disorder, adverse reaction to a medication, or other metabolic problem.</td>
<td>*Advise patient/family to have complete medical work-up prior to beginning donepezil therapy.</td>
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<td>*Evaluate for COPD or asthma. (Must be used cautiously if they exist; may further decrease diameter of bronchioles, thus decreasing already compromised air exchange.)</td>
<td>*Instruct patient/family on the importance of complete disclosure of all medical conditions.</td>
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<td>*Evaluate for cardiovascular problems. (Donepezil may cause bradycardia secondary to vagotonic effects on heart, especially if patient also has conduction abnormalities.)</td>
<td>*Instruct patient/family to be aware of and report any signs of bradycardia, faintness, weakness, fatigue, dizziness, light-headedness.</td>
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| *Monitor for safety. (Donepezil may cause dizziness or bradycardia. See previous section regarding assessing for | Instruct patient/family:  
  - to use caution with ambulation and exercise, and to closely supervise patient. |
<table>
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<tr>
<th>cardiovascular problems.</th>
<th>• that as disease progresses, patient will become less aware of safety hazards, and family will have to intervene to keep patient safe.</th>
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<td>*Monitor for seizures. (Donepezil and any other drug in the category of cholinomimetic medications can cause general seizures. Seizures may also be due to Alzheimer’s disease itself.)</td>
<td>*Teach family measures to take to protect patient during seizure activity.</td>
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| *Monitor for GI problems. (Donepezil may increase gastric acid secretion, leading to increased risk for developing ulcers with resultant GI bleeding. Donezepil may cause anorexia.) | Explain to patient and family:  
• that nausea/vomiting/diarrhea may occur with early therapy but usually resolve in 1-3 weeks of continued therapy.  
• measures to counteract any anorexia.  
• to watch for and immediately report signs of GI bleeding, such as black, tarry stools. |
| *Monitor for side effects/adverse reactions. | Instruct family:  
• on symptoms of CNS and musculoskeletal side effects.  
• that CNS changes may be secondary to disease itself, not medication |
| *Monitor for worsening of symptoms of Alzheimer’s disease. (Donepezil is not effective for every patient who takes it; patient may not be taking medication as ordered, or medication may not have reached therapeutic levels; disease may be progressing despite treatment.) | Instruct patient/family:  
*correct way to take medication  
*to notify health care provider if no improvement is noticed within 2 weeks. |
| *Monitor for symptoms of overdose: severe nausea/vomiting, sweating, salivation, hypotension, bradycardia, convulsions, increased muscle weakness, including respiratory muscles | Teach patient and family:  
• symptoms of cholinergic side effects.  
• patient may need to be hospitalized for treatment of overdose. |

**Evaluation of Outcome Criteria**

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