**NURSING PROCESS FOCUS**  Clients Receiving Drugs for Muscle Spasms or Spasticity

**Assessment**
- Prior to administration:
  - Obtain a complete health history including allergies, drug history, and possible drug interactions.
  - Obtain a complete physical examination.
  - Establish baseline level of consciousness and vital signs.

**Potential Nursing Diagnoses**
- Pain (acute/chronic), related to muscle spasms
- Physical Mobility, Impaired, related to acute/chronic pain
- Injury, Risk for, related to drug side effects
- Knowledge, Deficient, related to drug therapy

**Planning: Client Goals and Expected Outcomes**
- The client will:
  - Report a decrease in pain, increase in range of motion, and reduction of muscle spasm.
  - Exhibit no adverse effects from the therapeutic regimen.
  - Demonstrate an understanding of the drug’s action by accurately describing drug side effects and precautions.

**Implementation**

**Interventions and (Rationales)**
- Monitor LOC and vital signs. (Some skeletal muscle relaxants alter the client's LOC. Others within this class may alter blood pressure and heart rate.)

**Client Education/Discharge Planning**
- Instruct client to:
  - Avoid driving and other activities requiring mental alertness until effects of the medication are known.
  - Report any significant change in sensorium, such as slurred speech, confusion, hallucinations, or extreme lethargy.
  - Report palpitations, chest pain, dyspnea, unusual fatigue, weakness, and visual disturbances.
  - Avoid using other CNS depressants such as alcohol that will intensify sedation.

- Monitor pain and determine location, duration, and precipitating factors. (Drugs should diminish client’s pain.)
  - Instruct client to:
    - Report the development of new sites of muscle pain.
    - Use relaxation techniques, deep breathing, and meditation methods to facilitate relaxation and reduce pain.

- Monitor for withdrawal reactions. (Abrupt withdrawal of baclofen may cause visual hallucinations, paranoid ideation, and seizures.)
  - Advise client not to abruptly discontinue treatment.

- Monitor muscle tone, range of motion, and degree of muscle spasm. (This will determine effectiveness of drug therapy.)
  - Instruct client to perform gentle range-of-motion exercises, only to the point of mild physical discomfort, throughout the day.

- Provide additional pain relief measures such as positional support, gentle massage, and moist heat or ice packs. (Drugs alone may not be sufficient in providing pain relief.)
  - Instruct client in complementary pain interventions such as positioning, gentle massage, and the application of heat or cold to the painful area.

- Monitor for side effects such as drowsiness, dry mouth, dizziness, nausea, vomiting, faintness, headache, nervousness, diplopia, and urinary retention. (Cyclobenzaprine may cause these side effects.)
  - Instruct client to:
    - Report side effects.
    - Take medication with food to decrease GI upset.
    - Report signs of urine retention such as a feeling of urinary bladder fullness, distended abdomen, and discomfort.

- Monitor for side effects such as muscle weakness, dry mouth, dizziness, nausea, diarrhea, tachycardia, erratic blood pressure, photosensitivity, and urine retention. (These adverse effects occur with certain drugs in this class.)
  - Instruct client:
    - That frequent mouth rinses, sips of water, and sugar-free candy or gum may help relieve dry mouth.
    - That medication may cause a decrease in muscle strength, and dosage may need to be reduced.
    - To use sunscreen and protective clothing when outdoors.

**Evaluation of Outcome Criteria**
- Evaluate the effectiveness of drug therapy by confirming that patient goals and expected outcomes have been met (see “Planning”).
  - The client reports a decrease in pain, increase in range of motion, and reduction of muscle spasm.
  - The client is free of adverse effects from the therapeutic regimen.
  - The client demonstrates an understanding of the drug’s action by accurately describing drug side effects and precautions.

See Tables 21.1 and 21.2 for lists of drugs to which these nursing actions apply.