Nursing Process Focus:
Patients Receiving Doxazosin

<table>
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<tr>
<th>Assessment</th>
<th>Potential Nursing Diagnoses</th>
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<tr>
<td>Prior to administration:</td>
<td>• Ineffective Health Maintenance, related to disease process</td>
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<td>• Obtain complete health history, including allergies, history: cardiac, pulmonary, renal/urogenital, biliary, and mental or sleep disorders, including EKG and laboratory studies: CBC, BUN, creatinine, electrolytes, liver enzymes.</td>
<td>• Ineffective Tissue Perfusion, related to decreased contractility</td>
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<td>• Obtain patient’s drug history to determine possible drug interactions and allergies.</td>
<td>• Deficient Knowledge, related to drug action and side effects</td>
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<td>• Assess vital signs including heart sounds and EKG.</td>
<td>• Risk for Injury, related to falls</td>
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<td>• Sexual Dysfunction, related to side effect of medication</td>
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<td>• Noncompliance, related to drug side effects</td>
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Planning: Patient Goals and Expected Outcomes
The patient will
• Exhibit a reduction in systolic/diastolic blood pressure.
• Demonstrate understanding of the drug's action by accurately describing drug side effects and precautions.
• Continue drug regimen as prescribed.
• Maintain usual sexual function.

Implementation

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<th>Interventions and (Rationales)</th>
<th>Patient Education/Discharge Planning</th>
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<tr>
<td>*Ensure patient safety.</td>
<td>Instruct the patient to</td>
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<td>*Monitor ambulation until response of the drug is known. (Drug may cause drowsiness, hypotension.)</td>
<td>*call for assistance when getting out of bed or attempting to walk.</td>
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<td>*to remove any tripping hazards from the home environment. Drowsiness or dizziness increases the risk of falls.</td>
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<td>*avoid activities that require mental alertness and physical coordination until effect of drug is known.</td>
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*Monitor vital signs and cardiovascular status. (In hypotensive emergencies, monitor ALL vital signs, including EKG, according to intensive care unit and or emergency department protocols.)

*Monitor neurological status, including level of consciousness and mood. (Observe carefully for dizziness, drowsiness or lightheadedness, which are signs of decreased blood flow to the brain due to the drug’s hypotensive action.)

*Monitor emotional status. (Doxazosin can exacerbate existing mental depression due to

*Interview patient:  
• regarding suicide potential.
its depressant action on the central nervous system.)

- to obtain a "no-self harm" verbal contract from the patient.

**Monitor genito-urinary and renal status.**
(Doxazosin relaxes smooth muscle in the prostate and bladder neck, reducing urethral resistance. The adrenergic blocking action of Doxazosin produces vasodilation in the penis, which may result in priaprism.)

*Instruct the patient to immediately report any persistent painful erection (*priaprism*) to the health care provider.

**Monitor fluid intake and (especially) urine output.**
*Monitor laboratory studies for kidney function: CBC, BUN, Uric Acid, Creatinine, urinalysis, etc. (Doxazosin is excreted by the kidneys.)

Instruct the patient to:
- report changes in urinary output to the health care provider.
- keep appointments for follow up lab studies.

**Monitor effectiveness of drug therapy.**
Monitor BP and pulse in both arms while patient is lying, sitting, and standing. Monitor BP 2-3 hours after dosing and at end of dosing interval to ensure maintained BP control.
*Document changes in blood pressure and pulse in response to drug administration.

*Instruct patient to monitor BP and pulse, in both arms while lying, sitting and standing, at regular intervals as advised.

**Monitor liver function.** (Due to an increased risk for liver toxicity.)
*Monitor laboratory tests for liver function: PT, PTT, alkaline phosphotase, amylase, SGOT, SGPT, etc. (Doxazosin is metabolized in the liver.)

Instruct the patient to
- report signs and symptoms of hepatic toxicity.
- to report nausea, vomiting, diarrhea, rash, jaundice, abdominal pain, tenderness or distention, or change in color of stool.

*Use cautiously with the elderly.

*Inform the patient or caregiver that elderly adults may require lower dosages.

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