### Nursing Process Focus:
**Patients Receiving Metoprolol tartrate (Lopressor)**

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Potential Nursing Diagnoses</th>
</tr>
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</table>
| Prior to administration:  
  - Assess standing and lying blood pressure, EKG, apical pulse, blood glucose, CBC, liver and kidney function.  
  - Obtain complete health history including allergies, drug history and possible drug interactions.  
  - Assess for presence/history of hypertension, angina, and cardiac dysrhythmias.  
  - Obtain vital signs.  
  - Obtain EKG, observe for presence of sinus bradycardia, AV heart block, and heart failure. |  
  - Ineffective Tissue Perfusion, related to adverse effects of drug  
  - Risk for Injury (dizziness/vertigo), related to adverse effects of drug  
  - Deficient Knowledge, related to drug therapy |

### Planning: Patient Goals and Expected Outcomes

Patient will:  
  - Demonstrate understanding of the risks and benefits of drug therapy.  
  - Maintain adequate tissue perfusion.  
  - Avoid physical injury during drug therapy.

### Implementation

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<thead>
<tr>
<th>Interventions and (Rationales)</th>
<th>Patient Education/Discharge Planning</th>
</tr>
</thead>
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| *Obtain apical pulse and blood pressure prior to each dose. Withhold medication if pulse is less than 60 bpm and systolic blood pressure is less than 100. | Instruct patient:  
  - in self-monitoring of blood pressure and pulse.  
  - to keep a record of blood pressure and pulse.  
  - to take blood pressure and pulse prior to taking medication and to withhold medication if pulse is less than 60 bpm or systolic blood pressure is less than 100. |
| *Encourage compliance with treatment regimen. (Ventricular dyrhythmias or thyroid storm may result if medication is abruptly discontinued.) | Instruct patient:  
  - to take medication as directed by the health care provider.  
  - to avoid abrupt discontinuation of medication. |
| *Observe for mood changes. (Depression may result from this medication.) | *Instruct patient to notify health care provider at the first signs and symptoms of depression (difficulty sleeping, weight loss, apathy, sadness.) |
| *Monitor intake and output, and observe for signs of heart failure. | *Advise patient of early signs and symptoms of heart failure (shortness of breath, swelling of |
| *Monitor patients with asthma for respiratory distress. (Use cautiously with patients with asthma because bronchospasm may occur.) | *Instruct patients to report immediately any wheezing or difficulty breathing. |
| *Monitor patients with diabetes mellitus for signs of hypoglycemia. (Patients with diabetes mellitus may need to reduce insulin dosage. More frequent monitoring of blood sugar may be needed because medication may mask signs and symptoms of hypoglycemia.) | Advise diabetic patients:  
• to monitor blood sugar frequently. Usual insulin dosage may need to be reduced.  
• that medication may mask tachycardia that accompanies hypoglycemia. |

**Evaluation of Outcome Criteria**

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