### Nursing Process Focus:
**Patients Receiving Spironolactone (Aldactone)**

#### Assessment
Prior to administration:
- Obtain complete health history including allergies, drug history and possible drug interactions.
- Vital signs
- Serum, electrolytes, creatinine, CBC, ABGs, BUN.
- Obtain body weight.
- Assess for presence/history of decreased liver or kidney function.

#### Potential Nursing Diagnoses
- Disturbed Body Image (gynecomastia in males, hirsutism in females), related to anti-estrogen effects of spironolactone
- Diarrhea, related to side effects of drug
- Risk for Deficient Fluid Volume, related to excessive doses of spironolactone
- Deficient Knowledge, related to no previous experience with this drug

#### Planning: Patient Goals and Expected Outcomes
The patient will:
- Experience increased diuresis.
- Exhibit decreased or absent edema or rales.
- Demonstrate blood pressure and potassium values within normal limits.
- Demonstrate knowledge of mechanisms of action of spironolactone, side effects and adverse reactions.
- Maintain absence of diarrhea.

#### Implementation

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<tr>
<th>Interventions and (Rationales)</th>
<th>Patient Education/Discharge Planning</th>
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<td><em>Monitor renal function. (Spironolactone cannot be used if anuria, worsening decreased kidney function, or acute renal insufficiency is present. Use cautiously if BUN is 40 or above.)</em></td>
<td><em>Instruct patient to report changes in urinary output to the health care provider.</em></td>
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<td><em>Monitor serum potassium levels.</em> <em>Monitor serum potassium results for impending hypokalemia or hyperkalemia. (The patient is at risk for cardiac dysrhythmias.)</em></td>
<td><em>Advise patient regarding signs and symptoms of hypokalemia/hyperkalemia including leg cramps, nausea, vomiting, irregular heart rhythm.</em></td>
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| *Monitor daily weight and intake and output (to determine fluid loss.)* | Instruct patient/caregivers:  
- to weigh daily or on schedule recommended by health care provider, and record, and report changes of >3 pounds if doing daily weights, or >5 pounds if once weekly weights.  
- to weigh at same time every day, same scale, and in same amount of clothing, in order to get most accurate weight possible. |
<p>| <em>Monitor for symptoms of metabolic</em> | <em>Instruct patient caregivers to monitor for</em> |</p>
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<th><strong>acidosis.</strong></th>
<th><strong>drowsiness, restlessness.</strong></th>
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| **Monitor diet for food high in potassium (may lead to hyperkalemia.)** | **Instruct patient:**
  - to avoid foods with high potassium content (bananas, oranges, orange juice, dried apricots, Sanka, etc.)
  - to avoid use of potassium-based salt substitutes, and to get permission of health care provider before using any salt substitute. |
| **Monitor for side effects/adverse reactions.** | **Advise patient/caregiver to be aware of and report:** nausea/vomiting, diarrhea, burning of tongue, lethargy, confusion, headache, dizziness, drowsiness, gout, rash, urticaria. |
| **Monitor for sexual changes. (Patient may experience decreased libido, hirsutism in females, gynecomastia and/or impotence in males, irregular menses or possibly amenorrhea, post-menopausal bleeding, or deepening of the voice in females.)** | **Instruct patient/caregiver to report changes to health care provider immediately, but not to abruptly discontinue taking spironolactone unless recommended by health care provider.** |

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