acebutolol (a-se-byoo-toe-lole)  
Monitan, Sectral  
Classification  
Therapeutic: antiarrhythmics (class II), antihypertensives  
Pharmacologic: beta blockers

Indications  
Treatment of hypertension (single agent or with other antihypertensives). Treatment of ventricular tachyarrhythmias. Unlabeled Use: Prophylaxis of MI, treatment of angina pectoris, management of anxiety, tremors, thyrotoxicosis, mitral valve prolapse, sleep-related hypotensive obstructive snoring.

Action  
Blocks stimulation of beta1- (myocardial)-adrenergic receptors. Does not usually affect beta2 (pulmonary, vascular, or uterine) receptor sites. Mild intrinsic sympathomimetic activity (ISA).

Therapeutic Effects:  
Decreased heart rate. Decreased AV conduction. Decreased BP.

Pharmacokinetics  
Absorption: Well absorbed following oral administration but rapidly undergoes metabolism.  
Distribution: Minimal penetration of the CNS. Crosses the placenta and enters breast milk in small amounts.  
Metabolism and Excretion: Mostly metabolized to diacetolol, which is also a beta blocker.  
Half-life: 3–4 hr (8–13 hr for diacetolol).

TIME/ACTION PROFILE  
ROUTE ONSET PEAK DURATION  
PO (effect on BP) 1–1.5 hr 2–8 hr 12–24 hr  
PO (antiarrhythmic) 1 hr 4–6 hr up to 10 hr

Contraindications/Precautions  
Contraindicated in: Uncompensated HF; Pulmonary edema; Cardiogenic shock; Bradycardia or heart block; Obstructive airway disease including asthma.

Use Cautiously in: Renal or hepatic impairment (dose reduction recommended if CrCl <50 ml/min/1.73 m²). Geri: Increased sensitivity. Prematurity (preterm neonates). Diabetes mellitus (preterm neonates of hypoglycemia). History of severe allergic reactions (intensity of reactions may be increased). OB, Lactation: Safe use not established; neonatal bradycardia, hypotension, hypoglycemia, and respiratory depression may occur rarely.

Adverse Reactions/Side Effects  

Interactions  
Drug-Drug: General anesthetics, IV phenytoin, and verapamil may cause additive myocardial depression. Concurrent use with digoxin may increase bradycardia. Antihypertensives, acute ingestion of alcohol, or nitrates may cause additive hypotension. Use with sympathomimetics may result in unopposed alpha-adrenergic stimulation. Concurrent use with thyroid preparations may decrease effectiveness. Concurrent use with insulin may result in prolonged hypoglycemia. May decrease effectiveness of theophylline.

Route/Dosage  
PO (Adults): 400–800 mg/day—single dose or twice daily (up to 1200 mg/day or 800 mg/day in geriatric patients).

Renal Impairment  
PO (Adults): If CrCl <50 ml/min/1.73 m², use 50% of normal dose. If CrCl <25 ml/min/1.73 m², use 25% of normal dose.

NURSING IMPLICATIONS  
Assessment  
Monitor BP, ECG, and pulse frequently during dosage adjustment period and periodically throughout therapy.  
Monitor intake and output ratios and daily weights. Assess routinely for signs and symptoms of HF (dyspnea, edema, rales/crackles, weight gain, peripheral edema, jugular venous distention).

Use cautiously in: Renal or hepatic impairment (dose reduction recommended if CrCl <50 ml/min/1.73 m²). Geri: Increased sensitivity. Prematurity (preterm neonates). Diabetes mellitus (preterm neonates of hypoglycemia). History of severe allergic reactions (intensity of reactions may be increased). OB, Lactation: Safe use not established; neonatal bradycardia, hypotension, hypoglycemia, and respiratory depression may occur rarely.
Monitor frequency of prescription refills to determine compliance.

Lab Test Considerations:
- May cause increased BUN, serum potassium, and uric acid levels.
- May cause increased serum alkaline phosphatase, LDH, AST, and ALT levels.
- May cause increased lactic dehydrogenase.
- May cause increase in blood glucose levels.

Potential Nursing Diagnoses
- Decreased cardiac output (Side Effects)
- Noncompliance, related to medication regimen (Patient/Family Teaching)

Implementation
- PO: Take apical pulse prior to administering. If 50 bpm or if arrhythmia occurs, withhold medication and notify physician or other health care professional.
- May be administered with food or on an empty stomach.

Patient/Family Teaching
- Instruct patient to take medication exactly as directed, at the same time each day, even if feeling well. Do not skip or double up on missed doses. If a dose is missed, it should be taken as soon as possible up to 4 hr before next dose. Avoid withdrawal symptoms like symptoms of heart disease.
- Teach patient and family how to check pulse and BP. Instruct them to check pulse daily and BP biweekly and to report significant changes to health care professional.
- May cause drowsiness or dizziness. Caution patients to avoid driving or other activities that require alertness until response to the drug is known.
- Caution patient that this medication may increase sensitivity to cold.
- Instruct patient to consult health care professional before taking any over-the-counter medications, especially cold preparations, concurrently with this medication.
- Teach patient to notify health care professional if slow pulse, difficulty breathing, swelling, cough, and sore throat occur. Notify health care professional if slow pulse, difficulty breathing, swelling, cough, and sore throat occur.
- Advise patient to notify health care professional if slow pulse, difficulty breathing, swelling, cough, and sore throat occur. Notify health care professional if slow pulse, difficulty breathing, swelling, cough, and sore throat occur.
- Diabetic patients should closely monitor blood glucose, especially if weakness, nausea, tremors, or fatigue occurs. May mask symptoms of hypoglycemia, but dizziness and sweating may still occur.

Evaluation/Desired Outcomes
- Decrease in BP.
- Control of arrhythmias without appearance of detrimental side effects.

Why was this drug prescribed for your patient?