carboprost  (kar-bo-prost)  

**Classification**  
Therapeutic: abortifacients  
Pharmacologic: oxytocics, prostaglandins  

**Pregnancy Category C**  

**Indications**  
Induction of mid-trimester abortion. Treatment of postpartum hemorrhage that has not responded to conventional therapy.  

**Action**  
Causes uterine contractions by directly stimulating the myometrium. Therapeutic Effects: Expulsion of fetus. Control of postpartum bleeding.  

**Pharmacokinetics**  
Absorption: Well absorbed following IM administration.  
Distribution: Unknown.  
Metabolism and Excretion: Unknown.  
Half-life: Unknown.  

**TIME/ACTION PROFILE (peak noted as mean abortion time)**  

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>IM</td>
<td>unknown</td>
<td>16 hr</td>
<td>unknown</td>
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</tbody>
</table>

**Contraindications/Precautions**  
Contraindicated in: Hypersensitivity; Acute pelvic inflammatory disease; Active pulmonary, renal, or hepatic disease.  
Use Cautiously in: Uterine scarring; Asthma; Hypotension; Hypertension; Cardiac disease; Adrenal disease; Anemia; Jaundice; Diabetes mellitus; Epilepsy.  

**Adverse Reactions/Side Effects**  
Misc: fever, chills, shivering.  

**Interactions**  
Drug-Drug: Augments the effects of other oxytocic agents.  

**Route/Dosage**  
**Test Dose**  
IM (Adults): 100 mcg.  

**Abortifacient**  
IM (Adults): 250 mcg every 1.5–3.5 hr depending upon uterine response; may be increased to 500 mcg if several doses of 250 mcg produce inadequate response (not to exceed 2 mg). Refractory Postpartum Uterine Bleeding  
IM (Adults): 250 mcg; may be repeated every 15–90 min (total dose not to exceed 2 mg).  

**NURSING IMPLICATIONS**  
**Assessment**  
- Monitor frequency, duration, and force of contractions and uterine resting tone. Notify physician or other health care professional if contractions are absent or last more than 1 min.  
- Monitor temperature, pulse, and BP periodically throughout course of therapy. Large dose may cause hypertension. Temperature elevation beginning 2 to 16 hr after initiation of therapy and lasting for several hours is not unusual.  
- Auscultate breath sounds. Wheezing and sensation of chest tightness may indicate hypersensitivity reaction.  
- Assess for nausea, vomiting, and diarrhea. Vomiting and diarrhea occur in approximately two-thirds of patients. Premedication with antiseptic and antidiarrheal is recommended.  
- Monitor amount and type of vaginal discharge. Notify physician or other health care professional immediately if symptoms of hemorrhage (increased bleeding, hypotension, pallor, tachycardia) occur.  

**Potential Nursing Diagnoses**  
- Deficient knowledge, related to medication regimen (Patient/Family Teaching)  

**Implementation**  
- Avoid contact with skin. Thoroughly wash skin immediately after spillage.  
- Opioid analgesic may be given for uterine cramping.
Store in refrigerator.

IM: Administer deep IM. Dose may be repeated every 1.5–3.5 hr. Rotate sites.

Patient/Family Teaching

- Explain purpose of vaginal examinations (to assess for trauma to cervix).
- Instruct patient to notify health care professional immediately if fever and chills, foul-smelling vaginal discharge, lower abdominal pain, or increased bleeding occurs.

Evaluation/Desired Outcomes

- Complete abortion.
- Control of postpartum or post-abortal hemorrhage.

Why was this drug prescribed for your patient?