Indapamide (in-dap-a-mide)

Classification
Therapeutic: antihypertensives, diuretics
Pharmacologic: thiazide-like diuretics

Pregnancy Category: B

Indications
Mild to moderate hypertension. Edema associated with HF and other causes.

Action
Inhibits exchange of sodium and water by inhibiting sodium reabsorption in the distal tubule. May produce arteriolar dilation.

Therapeutic Effects:
Lowering of BP in hypertensive patients and diuresis with subsequent mobilization of edema.

Pharmacokinetics
Absorption: Well absorbed from the GI tract after oral administration.
Distribution: Widely distributed.
Metabolism and Excretion: Mostly metabolized by the liver. Small amounts (7%) excreted unchanged by the kidneys.
Half-life: 14–18 hr.

TIME/ACTION PROFILE (antihypertensive effect)

ROUTE ONSET PEAK DURATION
PO (single dose) unknown 24 hr unknown
PO (multiple dose) 1–2 wk 8–12 wk up to 8 wk

Contraindications/Precautions
Contraindicated in: Hypersensitivity; Cross-sensitivity with sulfonamides may occur; Anuria.
Use Cautiously in: Renal or severe hepatic impairment; Lactation: May be taken while breast-feeding although higher doses followed by significant diuresis may reduce milk production; Pregnancy: Safety is not established; Geri: q sensitivity to drug effects.

Adverse Reactions/Side Effects
CNS: dizziness, drowsiness, lethargy.
CV: arrhythmias, hypotension.
GI: anorexia, cramping, nausea, vomiting.
Derm: photosensitivity, rashes.
Endo: hyperglycemia.
F and E: hypokalemia, dehydration, hypocalcemia, alkalosis, hypovolemia.
Mus: muscle cramps.

Interactions
Drug-Drug: Additive hypotension with other antihypertensives, nitrates, or acute ingestion of alcohol. Additive hypokalemia with corticosteroids, amphotericin B, piperacillin, or ticarcillin. Excretion of lithium may cause toxicity. Hypokalemia causes risk of digoxin toxicity.
Drug-Natural Products: Licorice and stimulant laxative herbs (aloe, senna) may cause toxicity.

Route/Dosage
PO (Adults): Hypertension—1.25–5 mg once daily in the morning; may be q at 4-wk intervals up to 5 mg/day. Edema secondary to HF—2.5 mg once daily in the morning; may be q at 7–14-day intervals.

NURSING IMPLICATIONS
Assessment
● Monitor BP, intake and output, and daily weight and assess feet, legs, and sacral area for edema.
● Assess patient, especially if taking digoxin, for anorexia, nausea, vomiting, muscle cramps, paresthesia, and confusion; report signs of electrolyte imbalance. Patients taking digoxin have an increased risk of digitalis toxicity due to the potassium-depleting effect of the diuretic.
● Assess patient for allergy to sulfonamides.

Lab Test Considerations: Monitor electrolytes (especially potassium); blood glucose; BUN, serum creatinine, and uric acid levels periodically during therapy. May cause: potassium, sodium, and chloride concentrations. May cause gout.

Potential Nursing Diagnoses
Excess fluid volume (Indications)
Risk for deficient fluid volume (Side Effects)

Nursing Considerations
Control fluid intake; fluids may not be taken while hypotension is occurring. Assess edema before treatment and periodically during therapy. Monitor electrolytes (especially potassium), glucose, BUN, serum creatinine, and uric acid levels periodically during therapy. May cause hyperglycemia; diabetic patients may require oral hypoglycemic or insulin dose. May cause an average of 1–2 mg/100 mL of urine, which may precipitate an episode of gout.

Nursing Process
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Implementation

- Administer in the morning to prevent disruption of sleep cycle.
- PO: May be given with food or milk to minimize GI irritation.

Patient/Family Teaching

- Instruct patient to take this medication at the same time each day. Take missed doses as soon as remembered but not just before next dose is due. Do not double doses. Advise patient using indapamide for hypertension to continue taking the medication even if feeling well. Indapamide controls but does not cure hypertension.
- Caution patient to change positions slowly to minimize orthostatic hypotension. This may be potentiated by alcohol.
- Advise patient to use sunscreen (avoid those containing PABA) and protective clothing when in the sun to prevent photosensitivity reactions.
- Instruct patient to follow a diet high in potassium.
- Advise patient to report muscle weakness, cramps, nausea, or dizziness to health care professional.
- Instruct patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and to consult health care professional before taking other Rx, OTC, or herbal products.
- Emphasize the importance of routine follow-up exams.
- Instruct patient and family on proper technique of BP monitoring. Allow them to check BP at least weekly and to report significant changes.
- Emphasize the importance of additional interventions for hypertension (weight reduction, low-sodium diet, regular exercise, smoking cessation, moderation of alcohol consumption, and stress management).

Evaluation/Desired Outcomes

- Control of hypertension.
- Decrease in edema secondary to HF.

Why was this drug prescribed for your patient?