propantheline (proe-pan-the-leen)

Therapeutic: antiulcer agents
Pharmacologic: anticholinergics, antimuscarinics

Classification

Pregnancy Category C

Indications

Action
Competitively inhibits the muscarinic action of acetylcholine, resulting in decreased GI secretions.

Pharmacokinetics
Absorption: Incompletely absorbed from the GI tract.
Distribution: Distribution not known. Does not cross the blood-brain barrier.
Metabolism and Excretion: Inactivated in the upper small intestine.
Half-life: Unknown.

TIME/ACTION PROFILE (anticholinergic effects)

ROUTE ONSET PEAK DURATION
PO 30–60min 2–6hr 6hr

Contraindications/Precautions
Contraindicated in: Hypersensitivity; Angle-closure glaucoma; Tachycardia secondary to cardiac insufficiency or thyrotoxicosis; Myasthenia gravis.
Use Cautiously in: Prostatic hypertrophy; Chronic renal, cardiac, or pulmonary disease; Patients who may have intra-abdominal infections; Geri: Appears on Beers list; may have q sensitive to anticholinergics; Geri: Geriatric patients or patients of small stature (dose p required); OB, Lactation, Pedi: Safety not established.

Adverse Reactions/Side Effects
CNS: confusion, dizziness, drowsiness, excitement.
EENT: blurred vision, mydriasis, photophobia.
CV: tachycardia, orthostatic hypotension, palpitations.

Interactions
Drug-Drug: Additive anticholinergic effects with other drugs possessing anticholinergic properties, including antihistamines, antidepressants, atropine, haloperidol, phenothiazines, quinidine, and disopyramide. May alter the absorption of other orally administered drugs by slowing motility of the GI tract. Antacids and adsorbent antidiarrheals t the absorption of anticholinergics (avoid taking within 2–3 hr of propantheline). May t GI mucosal lesions in patients taking oral potassium chloride supplements.
Drug-Natural Products: Additive anticholinergic effects with angel's trumpet, jimson weed, and scopolia.

Route/Dosage
PO (Adults): 15 mg 3 times daily before meals and 30 mg at bedtime.
PO (Geriatric Patients , Patients with Mild Symptoms, or Small Stature): 7.5 mg 3–4 times daily.
PO (Children): 0.375 mg/kg (10 mg/m2) 4 times daily.

NURSING IMPLICATIONS

Assessment
● Assess for abdominal pain prior to and periodically throughout therapy.
● Lab Test Considerations: Monitor effects of penicillin and histamine during gastric secretion test. Avoid administration for 24 hr preceding the test.

Potential Nursing Diagnoses
Acute pain (Indications)
Constipation (Side Effects)
Deficient knowledge, related to medication regimen (Patient/Family Teaching)

Implementation
● PO: Administer 30 min before meals. Bedtime dose should be administered at least 2 hr after last meal of the day.
● Do not administer within 1 hr of antacids or antidiarrheal medications.

Patient/Family Teaching
● Instruct patient to take medication as directed. If a dose is missed, take as soon as remembered unless almost time for next dose. Do not double doses.

Nursing considerations indicate most frequent. Discontinued.
May cause drowsiness or blurred vision. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.

Instruct patient that frequent oral rinses, sugarless gum or candy, and good oral hygiene may help relieve dry mouth. Consult health care professional regarding use of saliva substitute daily for up to 2 wks.

Advise patient that increasing fluid intake, adding bulk to the diet, and exercise may help alleviate the constipating effects of the drug.

Advise elderly patients to change positions slowly to minimize the effects of drug-induced orthostatic hypotension.

Caution patient to avoid extremes of temperature. This medication decreases the ability to sweat and may increase the risk of heat stroke.

Advise patient to wear sunglasses and avoid bright lights to prevent photosensitivity.

Instruct patient to notify health care professional if confusion, excitement, dizziness, rash, difficulty with urination, or eye pain occurs. Health care professional may recommend periodic ophthalmic examinations to monitor intraocular pressure, especially in elderly patients.

Evaluation/Desired Outcomes

Decrease in GI pain in patients with peptic ulcer disease.

Why was this drug prescribed for your patient?