Felodipine (fe-loe-di-pen)
Pharn. - Rendil
Classification: antihypertensives
Pharmacologic: calcium channel blockers

Pregnancy Category C

Indications: Management of hypertension, angina pectoris, and vasospastic (Prinzmetal's) angina.

Action: Inhibits the transport of calcium into myocardial and vascular smooth muscle cells, resulting in inhibition of excitation-contraction coupling and subsequent contraction. Therapeutic Effects: Systemic vasodilation resulting in decreased BP. Coronary vasodilation resulting in decreased frequency and severity of attacks of angina.

Pharmacokinetics

Absorption: Well absorbed after oral administration, but extensively metabolized, resulting in decreased bioavailability.

Distribution: Unknown.

Protein Binding: 99%.

Metabolism and Excretion: Mostly metabolized; minimal amounts excreted unchanged by kidneys.

Half-life: 11–16 hr.

TIME/ACTION PROFILE (antihypertensive effect)

ROUTE ONSET PEAK DURATION
PO 1 hr 2–4 hr up to 24 hr

Contraindications/Precautions

Contraindicated in: Hypersensitivity (cross-sensitivity may occur); Severe hepatic impairment (dose recommended); GerDose recommended; Risk of hyperkalemia; Systemic lupus erythematosus; Prior cyclosporine, tacrolimus, nivolumab, pembrolizumab, rituximab therapy; Pregnancy Category C.

Use Cautiously in: Severe hepatic impairment (dose recommended); GerDose recommended; Risk of hyperkalemia; Systemic lupus erythematosus; Prior cyclosporine, tacrolimus, nivolumab, pembrolizumab, rituximab therapy; Pregnancy Category C.

Adverse Reactions/Side Effects

CNS: headache, abnormal dreams, anxiety, confusion, dizziness, drowsiness, tremor, ataxia, nystagmus.
CV: hypotension, chest pain, orthostatic hypotension, palpitations, syncope, cleft lip, and palate.
Derm: rash, erythema multiforme, Steven-Johnson syndrome.
GI: nausea, vomiting, constipation, anorexia, diarrhea, dry mouth.
GU: erectile dysfunction, nocturnal enuresis, decreased libido.
Musculoskeletal: joint stiffness.
Neuro: tremor, paresthesia.
Endo: hyperglycemia.
Hemat: anemia, leukopenia, thrombocytopenia.
Musculoskeletal: joint stiffness.

Interactions

Drug-Drug: Additive hypotension may occur when used concurrently with fentanyl, other antihypertensives, nitrates, acute ingestion of alcohol, or quinidine. Antihypertensive effects may be reduced by concurrent use of NSAIDs, ketocancazole, itraconazole, propranolol, and erythromycin. Increased blood levels and risk of toxicity (dose may be necessary).

Drug-Food: Grapefruit juice increases serum levels and effect.

Route/Dosage

PO (Adults): 5 mg/day (2.5 mg/day in geriatric patients); may q2 wk (range 5–10 mg/day; not to exceed 10 mg/day).

NURSING IMPLICATIONS

Assessment

● Monitor BP and pulse before therapy, during dosage titration, and periodically during therapy. Monitor ECG periodically during prolonged therapy.

● Monitor intake and output ratios and daily weight. Assess for signs of HF (peripheral edema, rubor, tachycardia, dyspnea, weight gain, jugular venous distention).

● Assess for rash periodically during therapy. May cause Steven-Johnson syndrome. Discontinue therapy if severe or if accompanied with fever, malaise, or eosinophilia.

Patient/family Teaching

● May cause dizziness. Caution patient to avoid driving and other activities requiring alertness until response to medication is known.

● Instruct patient to take medication as directed. May be taken with or without food. Take missed doses as soon as remembered unless almost time for next dose; do not double doses.

● Instruct patient to notify health care professional promptly if signs and symptoms of hypersensitivity occur, suicidal ideation, new or worsening depression, chest pain, or dyspnea occur.

● Advise patient to consult health care professional before taking other OTC or prescription drugs. Patients should be advised to avoid alcohol, grapefruit juice, or foods high in sodium while taking this medication. Advise patient to use sunscreen and protective clothing to prevent photosensitivity reactions.

● Instruct patient and family to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and to consult with health care professional before using any other medications.

● Advise patient to wear sunscreen and protective clothing to prevent photosensitivity reactions.

● Instruct patient to notify health care professional if unusual bleeding or bruising occurs.

● Advise patient to stop taking medication and consult health care professional before surgery.

Pharmacologic Class: Antihypertensives, calcium channel blockers
general malaise, fatigue, muscle or joint aches, blisters, oral lesions, conjunctivitis, hepatitis and/or eosinophilia.

**Angina:** Assess location, duration, intensity, and precipitating factors of patient’s anginal pain.

**Hypertension:**
- Assess frequency of refills to monitor adherence.
- Check location, duration, intensity, and precipitating factors of patient’s anginal pain.
- Measure blood pressure periodically.
- Monitor renal and hepatic functions periodically during long-term therapy. May cause elevation in hepatic enzymes after several days of therapy, which return to normal upon discontinuation of therapy.

**Potential Nursing Diagnoses**
- Ineffective tissue perfusion (Indications)
- Acute pain (Indications)

**Implementation**

- Do not confuse Plendil with Isordil.
- **PO:** May be administered without regard to meals. May be administered with meals if GI irritation becomes a problem.
- Swallow tablets whole; do not break, crush, or chew. Empty tablets that appear in stool are not significant.

**Patient/Family Teaching**

- Advise patient to take medication as directed, even if feeling well. If a dose is missed, take as soon as possible unless almost time for next dose; do not double doses.
- Instruct patient on correct technique for monitoring pulse. Instruct patient to contact health care professional if pulse rate is >50 bpm.
- Advise patient to avoid grapefruit or grapefruit juice during therapy.
- May cause drowsiness or dizziness. Advise patient to avoid driving or other activities requiring alertness and to use sunscreen to prevent photosensitivity reactions.
- Advise patient to inform health care professional of medication regimen before treatment or surgery.
- Instruct patient to contact health care professional if chest pain does not improve or worsens after therapy, occurs with diaphoresis or shortness of breath, or is severe, persistent, or headache occurs.
- Instruct patient on importance of maintaining good dental hygiene and seeing dentist frequently for teeth cleaning to prevent tenderness, bleeding, and gingival hyperplasia (gum enlargement).

- Caution patient to avoid grapefruit or grapefruit juice during therapy.
- Instruct patient to notify health care professional if rash, irregular heartbeats, dyspnea, swelling of hands and feet, pronounced dizziness, nausea, constipation, rash, or hypotension occurs or if headache is severe or persistent.

**Evaluation/Desired Outcomes**

- Decrease in BP.
- Decrease in frequency and severity of anginal attacks.
- Decrease in need for nitrate therapy.
- Increase in activity tolerance and sense of well-being.

Why was this drug prescribed for your patient?