**Tamsulosin (tam-soo-loe-sin)**

**Flora:**

**Classification:** Therapeutic: none assigned

Pharmacologic: peripherally acting antihypertensives

**Pregnancy Category:** B

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**Indications**

Management of outflow obstruction in male patients with prostatic hyperplasia.

**Action**

Decreases contractions in smooth muscle of the prostatic capsule by preferentially binding to alpha1-adrenergic receptors.

**Pharmacokinetics**

**Absorption:** Slowly absorbed after oral administration.

**Distribution:** Widely distributed.

**Protein Binding:** 94–99%.

**Metabolism and Excretion:** Extensively metabolized by the liver; 10% excreted unchanged in urine.

**Half-life:** 14 hr.

**TIME/ACTION PROFILE (1 capsule orally)**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>unknown</td>
<td>2 wk</td>
<td>unknown</td>
</tr>
</tbody>
</table>

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**Contraindications/Precautions**

Contraindicated in: Hypersensitivity.

Use Cautiously in: Patients at risk for prostate carcinoma (symptoms may be similar); Patients undergoing cataract surgery (risk of intraoperative floppy iris syndrome); Sulfa allergy.

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**Adverse Reactions/Side Effects**

**CNS:** dizziness, headache.

**EENT:** rhinitis.

**CV:** orthostatic hypotension.

**GU:** priapism, retrograde/diminished ejaculation.

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**Interactions**

**Drug-Drug:** Cimetidine may ↑ blood levels and the risk of toxicity. ↑ risk of hypotension with other peripherally acting anti-adrenergics (dexamphetamine, prazosin, terazosin); concurrent use should be avoided. ↑ risk of hypotension with sildenafil, tadalafil, and vardenafil. Strong CYP3A4 inhibitors and CYP2D6 inhibitors may ↑ blood levels (concurrent use should be avoided).

**Route/Dosage**

**PO (Adults):** 0.4 mg once daily after meals; may be ↑ after 2–4 wk to 0.8 mg/day.

**NURSING IMPLICATIONS**

**Assessment:**

- Assess patient for symptoms of prostatic hyperplasia (urinary hesitancy, feeling of incomplete bladder emptying, hesitation, difficulty in starting flow, poor urinary stream, urgency) before and periodically during therapy.
- Assess patient for first-dose orthostatic hypotension and syncope. Incidence may be dose related. Observe patient closely during this period and take precautions to prevent syncope.
- Monitor intake and output ratios and daily weight, and assess for edema daily, especially at beginning of therapy. Report weight gain or edema.
- Rectal exams prior to and periodically throughout therapy to assess prostate size are recommended.

**Potential Nursing Diagnoses**

Risk for injury (Side Effects)

Impaired urinary elimination (Indications)

**Implementation**

- **PO:** Administer daily dose with or after the same meal each day. Swallow capsules whole; do not open, crush, or chew.

- If dose is interrupted for several days at either the 0.4-mg or 0.8-mg dose, restart therapy with the 0.4-mg/day dose.

**Patient/Family Teaching**

- Emphasize the importance of continuing to take this medication, even if feeling well. Instruct patient to take medication at the same time each day. If a dose is missed, take as soon as remembered unless almost time for next dose. Do not double doses.

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**CNS:** central nervous system (EENT) effects, CV: orthostatic hypotension, GI: priapism, RETENTION, urinary retention

**GEN:** genitourinary disturbance

**OPHTH:** intraocular pressure increase

**OTC:** over-the-counter

**Rx only:** prescription only

**SS:** substance-specific

**UDDI:** un insured disclosure information

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**DISCONTINUED**
May cause dizziness. Advise patient to avoid driving or other activities requiring alertness until response to medication is known.

Caution patient to change positions slowly to minimize orthostatic hypotension.

Instruct patient to notify health care professional if all Rx or OTC medications, vitamins, or herbal products being taken and consult health care professional before taking any new medications, especially cough, cold, or allergy remedies.

Emphasize the importance of follow-up visits to determine effectiveness of therapy.

Evaluation/Desired Outcomes
- Decrease in urinary symptoms of benign prostatic hyperplasia.

Why was this drug prescribed for your patient?