## Drug Information Table

**Methylxanthines – theophylline (Theolair, Theochron, Theo-24)**

<table>
<thead>
<tr>
<th>Therapeutic Use</th>
<th>Administration</th>
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</table>
| • Long-term management of chronic asthma as well as chronic bronchitis and emphysema. | • If a dose is missed, do not double the dose.  
• Chew chewable tablets thoroughly.  
• Do not crush or chew sustained-release or enteric-coated preparations.  
• Maintain scheduled interval between doses. |

<table>
<thead>
<tr>
<th>Side/Adverse Effects</th>
<th>Interventions</th>
<th>Patient Instructions</th>
</tr>
</thead>
</table>
| • Rare at therapeutic levels  
• When therapeutic levels are exceeded:  
  ◦ Restlessness, insomnia | • Monitor plasma drug levels. | • Reduce or eliminate caffeine intake.  
• Have periodic laboratory testing of drug levels. |
| • Nausea, vomiting, diarrhea | • Monitor plasma drug levels. | • Have periodic laboratory testing of drug levels. |
| • When reaches toxic levels:  
  ◦ Seizures | • Monitor plasma drug levels.  
• Discontinue drug therapy.  
• Give activated charcoal to decrease absorption.  
• Prepare to initiate anticonvulsant therapy and institute seizure precautions. | • Stop taking the drug and notify provider if experience seizure. |
| • Dysrhythmias | • Monitor plasma drug levels.  
• Discontinue drug therapy.  
• Monitor heart rate and rhythm.  
• Give antidysrhythmics to restore heart rate and rhythm.  
• Initiate anticonvulsant therapy and institute seizure precautions. | • Stop taking the drug and notify provider if begin experiencing dysrhythmias. |

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<tr>
<th>Contraindications</th>
<th>Precautions</th>
<th>Interactions</th>
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</thead>
</table>
| • Cardiac disorders that cannot withstand myocardial stimulation  
• Severe liver or renal impairment | • Heart disease  
• Liver dysfunction  
• Acute pulmonary edema  
• Hyperthyroidism  
• Diabetes mellitus  
• Peptic ulcer disease | • Cimetidine (Tagamet), some fluoroquinolones, and caffeine increase the risk of toxicity.  
• Phenobarbital, phenytoin (Dilantin), and nicotine increase metabolism of theophylline. |