

## Drug Information Table

### Class II/Beta adrenergic blockers – propranolol (Inderal)

Therapeutic Use	Administration	
<ul style="list-style-type: none"> <li>Management of cardiac tachydysrhythmias, such as atrial and ventricular tachycardia and tachycardia caused by exercise or emotion</li> <li>Treats hypertension alone or along with other drugs, such as diuretics</li> <li>Prevents pain from angina pectoris</li> <li>Treatment to decrease mortality following MI</li> <li>Used for prophylaxis against migraine headaches</li> </ul> <p>See the section on hypertension in this Module for information on the beta blockers, metoprolol and atenolol.</p>	<ul style="list-style-type: none"> <li>Available for oral or IV use</li> <li>Use the IV route to treat life-threatening dysrhythmias</li> <li>Take either with or without food at consistent times during the day to minimize adverse effects</li> <li>Take patient's BP and pulse before administering propranolol; withhold drug and notify provider if BP is below 90 mm/Hg systolic or if pulse is slower than 60 beats/min</li> <li>Give IV dose either directly by IV bolus over 1 minute or give an intermittent infusion over 15 to 20 minutes</li> </ul>	
Side/Adverse Effects	Interventions	Patient Instructions
<ul style="list-style-type: none"> <li>Bradycardia due to blockade of beta<sub>1</sub> receptors; may lead to reduced cardiac output</li> </ul>	<ul style="list-style-type: none"> <li>Monitor heart rate and report rate slower than 60 beats/min (or prearranged parameter) to provider</li> </ul>	<ul style="list-style-type: none"> <li>Check pulse rate daily before taking drug and report to provider for pulse slower than 60 beats/min (or prearranged parameter)</li> </ul>
<ul style="list-style-type: none"> <li>Heart failure</li> </ul>	<ul style="list-style-type: none"> <li>Monitor for signs of heart failure and report to provider</li> </ul>	<ul style="list-style-type: none"> <li>Report shortness of breath, extremity edema, night cough to provider</li> </ul>
<ul style="list-style-type: none"> <li>Rebound excitation causing angina pain or MI with sudden withdrawal of beta blocker in patient with CHD</li> </ul>	<ul style="list-style-type: none"> <li>Teach patient not to stop beta blocker suddenly</li> <li>On discontinuation, taper dose slowly over 1 to 2 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Do not stop taking this drug abruptly; talk to the provider</li> <li>Report increase in angina or new onset of chest pain to provider</li> </ul>
<ul style="list-style-type: none"> <li>Peripheral arterial insufficiency (similar to Raynaud's disease)</li> </ul>	<ul style="list-style-type: none"> <li>Monitor for color, temperature, and pulses in extremities (pulses may be present even if poor circulation exists)</li> </ul>	<ul style="list-style-type: none"> <li>Report sensations of cold, numbness in hands or feet</li> <li>Protect extremities from severe cold</li> </ul>
<ul style="list-style-type: none"> <li>CNS effects: confusion, fatigue, drowsiness</li> </ul>	<ul style="list-style-type: none"> <li>Monitor for CNS effects</li> </ul>	<ul style="list-style-type: none"> <li>Report these (CNS) effects to provider</li> <li>Avoid hazardous activities such as driving until effects are known</li> </ul>
Contraindications	Precautions	Interactions
<ul style="list-style-type: none"> <li>Sinus bradycardia or second to third degree heart block</li> <li>Pulmonary edema</li> <li>Mitral or aortic valve disease</li> <li>Cardiogenic shock</li> <li>Peripheral vascular disease, Raynaud's disease</li> <li>Asthma, severe COPD, or other chronic respiratory disorder</li> </ul>	<ul style="list-style-type: none"> <li>Hyperthyroidism or thyrotoxicosis</li> <li>Renal or liver disorders</li> <li>Myasthenia gravis</li> <li>Cerebrovascular disorders, stroke</li> <li>Diabetes mellitus, patients with hypoglycemia</li> <li>Surgery</li> <li>History of allergy to stinging insects</li> <li>Pheochromocytoma (adrenal gland tumor)</li> <li>Wolff-Parkinson-White syndrome</li> <li>Older adults</li> </ul>	<ul style="list-style-type: none"> <li>Use with other antihypertensive drugs may increase risk for hypotension</li> <li>Antacids may decrease absorption</li> <li>Digoxin has an additive effect and may increase bradycardia</li> <li>Beta blockers with oral hypoglycemic agents may increase risk for hypoglycemia and propranolol may mask tachycardia caused by hypoglycemia</li> <li>Beta blockers may increase effect of neuromuscular blockers</li> <li>Antimuscarinic and anticholinergic drugs may decrease beta blocker effects</li> </ul>