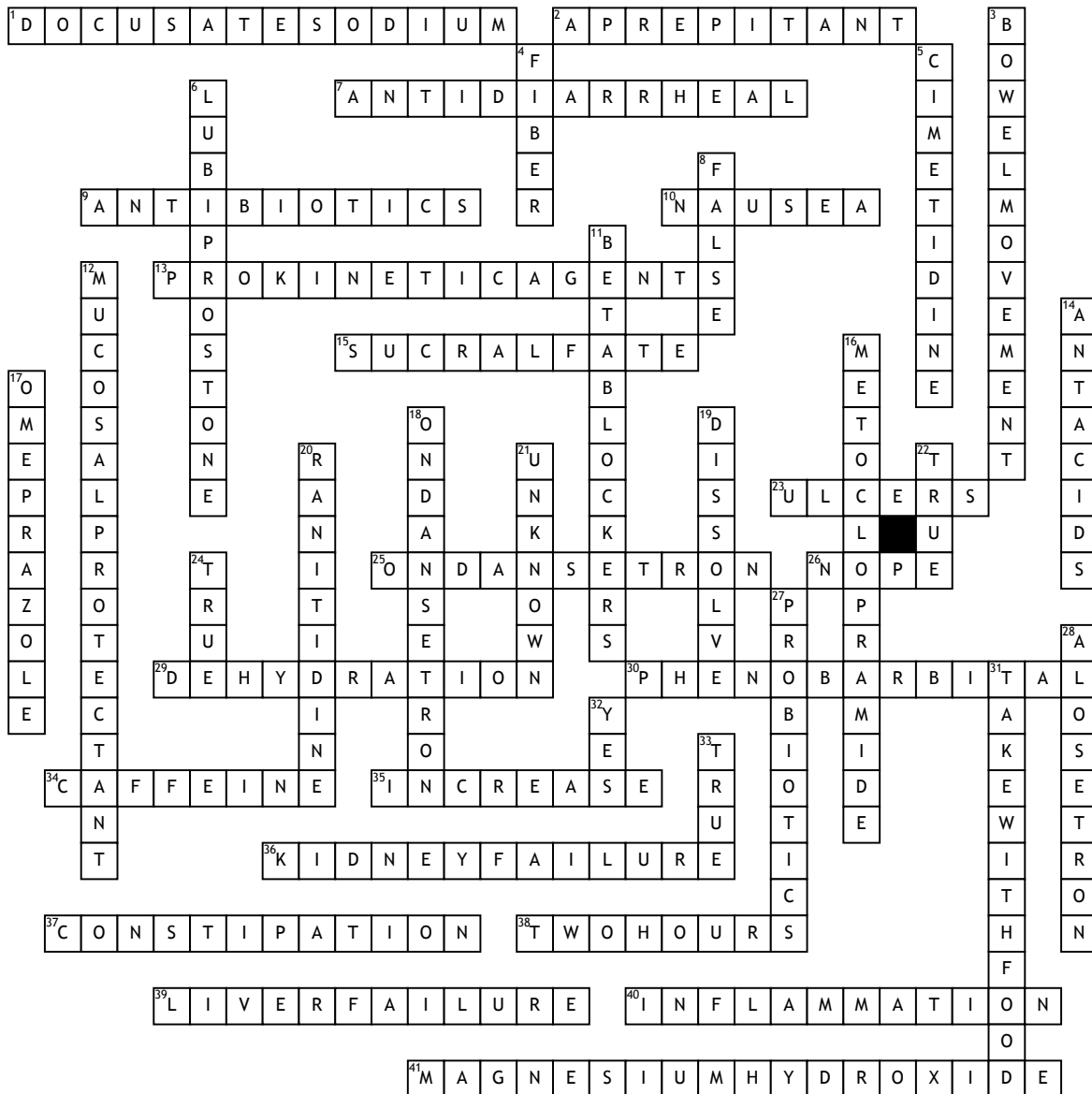


# GI medications



## Across

1. MOA: Lowers surface tension of the stool to allow penetration of water
2. Should be used in combination with a glucocorticoid or a serotonin antagonist to prevent postoperative nausea and vomiting
7. This is the MOA for what drug class: Activates opioid receptors to decrease intestinal motility and to increase the absorption of fluid and sodium in the intestine
9. What drug class is needed to eliminate *H. pylori* bacteria?
10. Which of these is not a use for 5-aminosalicylates? nausea, IBS, Crohn's disease, ulcerative colitis
13. The MOA of \_\_\_\_\_ is activating the vomiting center to expel gastric contents and causes increase of upper GI motility, increasing peristalsis.
15. This is the prototype for mucosal protectants
23. Therapeutic use of Misoprostol in relation to GI: is prevention of gastric \_\_\_\_\_ in patients taking long term NSAIDs
25. Which med can cause prolonged QT interval and can lead to serious dysrhythmia?
26. Is Aprepitant safe for children?
29. OSMOTIC diuretics can cause \_\_\_\_\_.
30. What would you not want to give with Alosetron because it will decrease the levels and therapeutic effects?
34. For Administration of Antidiarrheals: nurses should educate patient to drink something with electrolytes and no \_\_\_\_\_.
35. Would digoxin levels increase or decrease with omeprazole?

36. You would not give mucosal protectants in what patients: liver failure, diabetics, pregnancy, and kidney failure
37. What is the therapeutic use of Docusate Sodium?
38. With a patient taking a probiotic and an antibiotic; how long should the nurse instruct her patient to take these apart?
39. Which patient would you not want to give Aprepitant: pt with seizures, diabetic, or liver failure
40. 5-Amino Salicylates MOA is it decreases \_\_\_\_\_ by inhibiting prostaglandin synthesis?
41. For this drug, we use low dose for painful elimination of stool, and large doses for colon surgery or diagnostic testing
- Down**
3. How would you know the laxative was effective? The patient had a \_\_\_\_\_.
4. In addition to stool softeners/laxatives, the nurse should encourage the patient to eat a diet high in \_\_\_\_\_.
5. This Histamine receptor antagonist drug can be given PO or IV: IV is given in acute situations; Cimetidine, Verapamil, and Labetalol
6. What is the drug of choice for women who struggle daily with IBS/C?
8. True or False: Administration of Magnesium Hydroxide can lead deficient levels of magnesium
11. Which of these is not a contraindication for 5-Aminosalicylates? pregnancy, sensitivity to sulfonamides, thiazide diuretics, beta blockers, and salicylates,
12. This is used for a patient suffering from acute duodenal ulcers?

14. MOA: neutralized gastric acid by producing neutral salts and inactivated pepsin
16. Which drug is a prokinetic agent? Metoclopramide, Ondansetron, Docusate
17. A proton pump inhibitor that works by blocking basal and stimulated acid production and inhibits the enzyme that produces gastric acid
18. This drug can be administered PO, IM, or IV and is primarily used for nausea and vomiting related to surgery or other treatments.
19. Do not crush or chew tablets of sucralfate, you should \_\_\_\_\_ in water.
20. Histamine 2 receptor antagonist that works by blocking H2 receptors to reduce gastric acid and hydrogen ions in the stomach
21. What is the pharmacological action of dexamethasone?
22. True or False: Ranitidine can be taken with or without food?
24. True or False: Metoclopramide is contraindicated in GI bleed, seizures, and those at risk EPS(such as elderly and young children)
27. Which drug class helps restore the normal flora in the gut?
28. This drug is approved only for female clients who suffer from IBS/D that has lasted more than 6 months
31. As a nurse, what should instruct your patient to do when taking the medication, Lubiprostone to decrease nausea?
32. Antidiarrheal medications are pregnancy category C. Would they contraindicated?
33. True or False: Inform client they can have pneumonia, osteoporosis, rebound acid hypersecretion, and hypomagnesemia when taking Omeprazole