

## Common Medications

Each speciality usually has a specific group of medications that are commonly used, and it may be helpful to familiarise yourself with the medications specific to orthopaedics. **There are three medication quizzes which can be found on our website and they become more advanced depending on the year of the student.** However, the quizzes are only an option to help you assess your own knowledge of medications and not a compulsory part of your placement.

### Analgesia

Pain is one of the most common issues for our patients, therefore pain management is crucial for a timely recovery.

- We often use a combination of **Paracetamol** and **Codeine Phosphate** as regular pain relief and use **Oramorph** (Liquid Morphine Sulphate) to manage breakthrough pain.
- If patients have a sensitivity to Codeine or find it too constipating, we sometimes use **Tramadol** as an alternative.

We encourage our patients to keep up a regular pain management regime to keep them comfortable. Often patients will express that they have no pain when lying down at medication time in the morning and decline their analgesia, but when it is time to mobilise, they are unable to do so efficiently due to increased pain.

### Osteoporosis

Many of our patients fracture due to poor bone health. If they are not already on bone protection medication when they come to our ward, our Ortho-geriatrician and Fragility Fracture Nurse quickly start it.

These medications include a twice daily medication called **Adcal D3** and a once weekly medication such as **Alendronic Acid (Alendronate)** or **Risedronate**. The night staff usually administer **Risedronate** or **Alendronate** as it needs to be taken 30 minutes before food and should be taken in an upright position with a full glass of water. Our Fragility Fracture Nurse will assess if the patient is appropriate for the once weekly bone protection and organise alternatives if this is not suitable.

### Thromboprophylaxis

Orthopaedic patients are at an increased risk of blood clots due to their reduced mobility; therefore, we start thromboprophylaxis treatment quickly on admission.

This includes a daily subcutaneous injection of **Tinzaparin** and the dose of these injections is dependent on the weight of the patient. This continues for 28 days after their operation and we can either teach patients/family to administer it themselves for when they are discharged or ask a District Nurse to administer it.

## Warfarin or Clopidogrel

A few of our patients are admitted on **Warfarin** or **Clopidogrel**. These are drugs that help to thin the blood to prevent clotting in patients who have Atrial Fibrillation, a metallic heart valve or have had an MI. However, when surgery is required, we stop these medications to minimise the risk of excess bleeding peri and post operatively.

**Warfarin** is stopped on admission and we obtain regular INR blood tests to check if their blood is clotting enough for theatre. If the blood levels are too high it means their blood is too thin and the patient would bleed easily during theatre, in this case we administer **Vitamin K**. The blood needs **Vitamin K** to be able to clot. **Warfarin** slows the production of **Vitamin K** in the body, which increases the time it takes for your blood to clot.

We also stop **Clopidogrel** on admission and wait at least 24 hours for the effects of the drug to vacate the system so that we can take them the theatre safely. This is also at the discretion of the anaesthetist and surgeon.

## Laxatives

There is an increased risk of our patients becoming constipated due to reduced mobility which impacts on bowel function. Therefore, we administer laxatives to assist with keeping bowel movements regular. These medications include **Lactulose** which helps to soften stool by retaining water and **Senna** which is a bowel stimulant.

## Anti-Emetics

Patients can feel nauseous for a variety of reasons such as after theatre or even if they become too constipated. Therefore, we can administer medications to help relieve the symptoms of nausea while treating the underlying cause (such as constipation), for example **Cyclizine**, **Domperidone** or **Ondansetron**.

## Medications for Patients with Dementia

A large proportion of our patients have some diagnosis/degree of dementia. Although there is no medication that can treat or reverse dementia, there are certain medications that we use to manage the symptoms.

- **Memantine** and **Donepezil** slow the symptoms of Alzheimer's disease. However, these drugs lose their effectiveness over time.
- Patients with dementia also commonly have a degree of depression. Drugs to relieve the symptoms of depression include – **Citalopram**, **Mirtazapine**, **Sertraline** and **Carbamazepine**.
- Patients with dementia may also have issues with sleep disturbance or difficulty getting to sleep. Common medications used to assist sleep include **Zopiclone** or **Temazepam**.
- Patients who have aggressive behaviours may be prescribed medications to help keep them calm such as **Diazepam**, **Lorazepam** or **Haloperidol**.