## **Drug Information Table**

## Centrally acting nonopioids – tramadol (Ultram)

THERAPEUTIC USE	Moderate to moderately severe pain
ADVERSE DRUG REACTIONS	Sedation, dizziness
	Headache, nausea, vomiting, constipation
	Respiratory depression (rare)
	Seizures (rare)
	Urinary retention
INTERVENTIONS	Monitor clients when ambulating.
	Provide support as needed.
	Recommend the lowest possible effective dose and short-term only.
	Give with food.
	Recommend an antiemetic.
	Measure baseline vital signs.
	Monitor respirations.
	For respiratory rates below 12/min, stimulate breathing.
	Administer an opioid antagonist such as naloxone to restore respiratory rate.
	Monitor for signs of seizure activity.
	Institute seizure precautions if indicated.
	Monitor for urinary retention.
ADMINISTRATION	Be aware that it takes 1 hr for the analgesic effect to begin.
	Make sure clients swallow the extended-release form whole and do not crush or chew them.
CLIENT INSTRUCTIONS	Do not take prior to driving or activities requiring mental alertness.
	Sit or lie down if feeling lightheaded.
	Change positions gradually.
	Increase fluid and fiber intake.
	Take the drug with food or milk.
	Lie down when feeling nauseated.
	Take the drug only when needed and short-term.
	Report urinary retention to provider.
CONTRAINDICATIONS	Acute intoxication with alcohol, opioids, psychotropic drugs
	Seizure disorders
	Respiratory depression
PRECAUTIONS	Substance abuse history
	Liver or kidney disease
	Children under age 12
	Children under age 18 following tonsillectomy and/or adenoidectomy
	Older adults
	Increased intracranial pressure

## INTERACTIONS

- Monoamine oxidase inhibitors (MAOIs) pose a risk for hypertensive crisis.
- Selective serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors, tricyclic antidepressants, MAOIs, and triptans pose a risk for serotonin syndrome.
- Responses to CNS depressants increase.
- Carbamazepine (Tegretol) decreases levels.
- St. John's wort increases sedative effects.