

Drug Information Table

Centrally acting nonopioids – tramadol (Ultram)

THERAPEUTIC USE	<ul style="list-style-type: none"> Moderate to moderately severe pain
ADVERSE DRUG REACTIONS	<ul style="list-style-type: none"> Sedation, dizziness Headache, nausea, vomiting, constipation Respiratory depression (rare) Seizures (rare) Urinary retention
INTERVENTIONS	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Acute intoxication with alcohol, opioids, psychotropic drugs Seizure disorders Respiratory depression
PRECAUTIONS	<ul style="list-style-type: none"> 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.