1.

Name: Mirtazapine (Remeron)
Class: Tetracyclic Antidepressant; Alpha-2 Antagonists
MOA: nonadrenergic and specific seratonergic antidepressant (NaSSA). It acts by antagonizing the alpha 2 autoreceptors (noradrengergic; increased NE) and alpha 2 heteroreceptors(serotonergic neurons; increase serotonin), H1 receptors (histamine), 5-HT2A (dopamine), 5-HT2C and 5-HT3 receptors.
Route: orally
Doses: 7.5mg, 15mg, 30mg, 45mg
Indication: major depressive disorder
Off label: PTSD, Hot flashes, insomnia, appetite stimulate
Contraindications: MAO inhibitor use within 14 days. Caution if history of QT prolongation, if < 25 years old, if elderly, hepatic or renal impairment.
Adverse Reactions: agranulocytosis, neutropenia, serotonin syndrome, orthostatic hypotension, QT prolongation, TDP, depression exacerbation.
Common reactions: somnolence, xerostomia, hypercholesterolemia, weight gain, dizziness.
Monitoring:
Sx of suicidality, behavioral changes, CrCl (Renal impairment (CrCl <39 mL/min): Clearance is reduced; monitor closely)
Starting and Max dose:
15 mg PO at bedtime. Max 45 mg a day

2.

Name: Senna/ Sennosides
Class: stimulant laxative
MOA: Senna is metabolized into rheinanthrone which restricts water reabsorption into the large intestine. It also stimulates the movement of Cl- and water into the large intestine, increasing the fecal water content. This increases the movement of feces through the colon.
Route: oral
Ind: constipation
Contraindications: GI obstruction, abdominal pain (undiagnosed)
Adverse Reactions: cathartic colon, laxative abuse, nausea, diarrhea
Monitoring: electrolytes if being treated long term
Starting and Max dose:

- 8.6 mg tabs
- 2 tabs qhs
- Max: 4 tabs PO bid

3.

Name: empagliflozin (Jardiance)
Class: SGLT2 inhibitors

MOA: prevents reabsorption of glucose in the proximal tubule by inhibiting the sodium glucose linked co transporter. This leads to glucosuria and a decrease in blood glucose levels.
Route: oral
Ind: DM II, heart failure risk reduction, cardiovascular event risk reduction
Contraindications: 2nd or 3rd trimester pregnancy, DM I , DKA, volume depletion, eGFR < 60
Adverse Reactions: UTI, increased urination, angioedema, AKI, ketoacidosis, orthostatic hypotension, Fournier gangrene
Monitoring: eGFR, BP
Starting and Max dose:

- DM 2: start: 10 mg PO qd, max: 25
- Cardiovascular, 10 mg PO qd
- Hold at least 3 days before surgery

4.

Name: Enoxaparin (Lovenox)
Class*:* Anticoagulant*;* LMWH
MOA - binds to antithrombin III forming a complex that irreversibly inactivates factor Xa → detached and binds antithrombin molecules
Route: SQ and IV
Indications: Avoid in hemorrhagic stroke, active GI or other bleeds, hemophilia, thrombocytopenia Increased risk of clots/ stroke/ PE if meds stopped abruptly
Adverse reactions: bleeding (common); less frequent - HIT, injection site reaction, nausea, HA, confusion, hypoaldosteronism, GI bleed, rectal hematoma, liver injury
Monitoring: CBC, CMP, PT/ PTT, INR
Special populations: Safe in pregnancy
Dosage/ Indications:

- DVT/ PE/ VTE Prophylaxis → 30-40 mg SC
- DVT/ PE/ Stroke Tx, unstable angina and NSTEMI → 1 mg/kg SC Q12H
- STEMI:
    - <75 → 30 mg IV bolus → 1 mg/ kg SC Q12H
    - >75 → 0.75 mg/kg SC
- Discontinue 24 hrs prior to surgery; restart 12 hrs after

5.

Name: Glycopyrrolate (Robinul)
Class*:* anticholinergic; muscarinic receptor antagonist
MOA: Competitively inhibits action of ACh on autonomic effectors innervated by postganglionic nerves (Inhibits salivation, tracheobronchial secretions, bradycardia, and hypotension)
Route: Oral, IV, IM, SC
Indications: Avoid in hemorrhagic stroke, active GI or other bleeds, hemophilia, thrombocytopenia Increased risk of clots/ stroke/ PE if meds stopped abruptly

Adverse reactions: Anticholinergic symptoms (mydriasis, hyperthermia, tachycardia, cardiac arrhythmia), Dry mouth, Dry skin, Anhidrosis, Flushing, Blurred vision, Cycloplegia, Photophobia, Palpitation, Xerophthalmia, Constipation, Urinary retention
Contraindications: Medical conditions that preclude anticholinergic therapy (eg, angle-closure glaucoma, obstructive uropathy, GI obstruction, paralytic ileus, intestinal atony of elderly or debilitated patient; unstable cardiovascular status in acute hemorrhage; severe ulcerative colitis, toxic megacolon, myasthenia gravis, reflux esophagitis, hiatal hernia, mitral stenosis)
Monitoring: temperature (due to higher risk of hyperthermia), HR, urine output
Special populations: Pregnancy category: B
Dosage/ Indications:

- Preoperative reduction of saliva or intraoperative reduction of cholinergic effects
    - Preoperative: 4mcg/kg IM 30-60 min before surgery
    - Intraoperative: 0.1 mg IV; may repeat q2-3min
- Neuromuscular Blockade Reversal
    - 0.2 mg IV per 1 mg of neostigmine or 5 mg of pyridostigmine administered
- Adjunct to Treatment of Peptic Ulcer
    - Indicated in adults to reduce symptoms of peptic ulcer as an adjunct to treatment of peptic ulcer1.7 mg PO BID/TID; not to exceed 6.8 mg/day
- Off-label: Drooling
    - 0.1 mg/kg PO q8-12hr; not to exceed 8 mg/day

Gallanosa A, Stevens JB, Quick J. Glycopyrrolate. [Updated 2022 May 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK526035/