**pham DISSCISSION wk 1**

Student Name

Program Name, Institution

COURSE CODE, Course Title

Instructor Name

Date

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Pharmacokinetics is the process through which the medication is ingested, metabolized, spread, and excreted through the bloodstream, and pharmacodynamics includes the activation of therapeutic or toxic effects at the cellular and systemic stages. (Arcangelo, Peterson, Wilbur, & Reinhold, 2017).

Jasmine is an elderly woman who came to the psychiatric unit who had been hospitalized for depression and has a history of vascular dementia, major depressive disorder, constipation, and atrial fibrillation. She has a lengthy medical history, involving lengthy-term usage of anticoagulants, blood pressure drugs, and bowel softeners.

Warfarin lowers the incidence of stroke in atrial fibrillation patients with effectiveness and protection affected by the consistency of warfarin management as assessed by time within the therapeutic range (TTR) by diligent assessment and maintenance of International Normalised Ratio (INR) between 2 and 3 (Bernaitis, Ching, Badrick, & Anoopkumar-Dukie, 2018). Jasmine was taking warfarin 4 mg every day, and depending on her therapeutic level, and the dosage would be adjusted accordingly. The most frequent problem correlated with warfarin treatment is bleeding, and warfarin often reacts with certain herbal medicines and dietary restrictions. (Arcangelo, Peterson, Wilbur, & Reinhold, 2017). Tale-tale indications emerge when the INR frequency of patients is elevated above the therapeutic range. She had a nose bleed in one instance, for example, and we immediately realized that her INR level was high. After testing, it was 3.6, thus vital to keep re-adjusting her prescription accordingly and if its levels fell below the therapeutic range, this may contribute to an embolism, then the practitioner will have to raise its levels. This will require steady monitoring, but the amounts are continuously shifting and fluctuating, so it's certainly necessary to be conscious of the adjustments. Testing and therapeutic duration between 2.0-3.0 was highly necessary to reduce the possibility between bleeding or stroke

Several variables can affect pharmacodynamics and pharmacokinetics. Whether or not the individual ate before taking the drug can influence the rate of absorption. A laxative may shorten the interaction with medication in the small intestine, which may cause a reduction in the absorption of the drug (Arcangelo et al., 2017). The back and forth variations in warfarin and its therapeutic levels can lead to gastric motility.

The specifics of a tailored treatment package that I will build based on factors of influence and medical background in this situation will first be to handle it in the least intrusive way. The reported rise in constipation over time induces an improvement in the use of laxatives (Cevik&Zaybak, 2018). I would recommend that the patient raise the regular consumption of fluids, raise dietary food with fiber, and limit the usage of any of her stool softeners. Senna tablets were administered a dosage of 17.2, 100 mg docusate, and one box Miralax as required (PRN) for constipation.,

**References**

Arcangelo, V. P., Peterson, A. M., Wilbur, V., & Reinhold, J. A. (Eds.). (2017). Pharmacotherapeutics for advanced practice: A practical approach (4th ed.). Ambler, PA: Lippincott Williams & Wilkins.

Bernaitis, N., Ching, C. K., Badrick, T., &Anoopkumar-Dukie, S. (2018). Identifying Warfarin Control With Stroke and Bleed Risk Scores. *Heart, Lung & Circulation*, *27*(6), 756-759. doi:10.1016/j.hlc.2017.11.009

Cevik, K., &Zaybak, A. (2018). The Effect of Reflexology on Constipation in the Elderly. *International Journal Of Caring Sciences*, 309-318.