Drug Information Table

Benzodiazepines – diazepam (Valium), alprazolam (Xanax)

THERAPEUTIC USE	 Anxiety and anxiety disorders (alprazolam, diazepam) Skeletal muscle spasm and spasticity (diazepam) Seizure disorders – treats status epilepticus (diazepam) Acute alcohol withdrawal symptoms (diazepam) Induction of anesthesia (diazepam)
ADVERSE DRUG REACTIONS	 Drowsiness, slurred speech Impaired recall of events Paradoxical reaction (confusion, anxiety) Hypotension, tachycardia, respiratory depression Tolerance and physical dependence (especially with alprazolam) Withdrawal symptoms – insomnia, anxiety, tremors, diaphoresis, dizziness, panic, hypertension, seizures Overdose/toxicity Oral – sedation, confusion Parenteral – possibly life-threatening sedation, hypotension, respiratory depression, cardiac arrest
INTERVENTIONS	 Monitor clients to prevent falls and other injury following administration. Assess client's memory following administration. Monitor clients, especially older adults, for a paradoxical reaction. Monitor vital signs, especially with IV administration. Monitor clients for signs of tolerance and dependence. Taper over 1 to 2 weeks to prevent or minimize withdrawal. Monitor for signs of withdrawal. Reverse sedation with IV flumazenil. Provide airway and blood pressure support as needed for parenteral overdose.
ADMINISTRATION	 Give alprazolam orally. Take oral benzodiazepines with food if gastrointestinal symptoms develop. Give diazepam orally, rectally, IM, or IV. Administer IV diazepam slowly and have emergency resuscitation equipment nearby. Be aware that IV diazepam precipitates in solution with some diluents and drugs. Do not give the emulsion form IM (IV only). Avoid IM diazepam due to inconsistent absorption; if necessary, inject slowly into a large muscle.

CLIENT INSTRUCTIONS	 Instruct clients to use care with ambulation and when driving or using hazardous equipment. Advise clients that amnesia may occur. Instruct clients to stop taking the drug and inform the provider if a paradoxical reaction occurs. Instruct clients to avoid increasing the prescribed dose. Instruct clients to change positions slowly to prevent falls. Instruct clients that tolerance to benzodiazepines occurs with time. Instruct clients to taper the drug slowly to prevent withdrawal symptoms. Instruct clients to take the drug as prescribed and avoid the use of other
CONTRAINDICATIONS	depressants. • Pregnancy – teratogenic
	 Schedule IV controlled substances Glaucoma Coma, shock, neonates, labor/delivery (IV diazepam)
PRECAUTIONS	 Older adults, children under 18 (alprazolam) Renal or hepatic impairment Mental health disorders, suicidal ideation, addiction risk Chronic respiratory disorders Neuromuscular disorders
INTERACTIONS	 The risk of severe sedation and respiratory depression increases when taken concurrently with other CNS depressants (alcohol, opioids, and other benzodiazepines). Cimetidine (Tagamet) increases benzodiazepine levels. Smoking decreases the effects of benzodiazepines. Kava-kava, chamomile, and valerian increase the risk for sedation. Disulfiram (Antabuse) and fluoxetine (Prozac) increase alprazolam levels.