

DIPHENHYDRAMINE (Benadryl®)

Classification: Antihistamine

Actions:

Reverses histamine induced bronchospasm, vasodilation, and increased capillary membrane permeability.
Relaxes smooth muscle.
Binds to the histamine receptor sites, thus suppressing the allergic reaction.
Has an associated sedative effect.

Indications:

Anaphylaxis
Acute allergic reaction
Extrapyramidal/dystonic reactions due to phenothiazines

Contraindications:

0. **Narrow angle glaucoma**
1. **Pregnancy**
2. **Acute asthma**

Adverse Effects:

Cardiovascular

Hypotension
Palpitations
Tachycardia

Neurological

Drowsiness/confusion
Decreased coordination
Blurred vision

Gastrointestinal

Dry mouth

Other

Urinary retention

Respiratory

Mucous plugs

Administration:

ADULT DOSE

50 mg slow IVP/IM.

PEDIATRIC DOSE

2 mg/kg slow IVP/IM, not to exceed 50 mg.

Base physician order required for stable patients

Onset: 15-30 minutes

Duration: 4-8 hours

DIPHENHYDRAMINE (Benadryl®)—continued**Notes:**

- Closely monitor blood pressure and cardiac status before and after administration of Diphenhydramine. Reassess respiratory status and lung sounds after administration.
- Histamines are found in nearly all tissues of the body and are released after skin damage or inflammation. Histamines cause vasodilation and contraction of smooth muscle, which may induce severe hypotension.
- Histamine release can lead to increased capillary permeability and leaking. The intravascular fluid leaks through dilated capillary pores and may result in pulmonary or laryngeal edema. This leaking fluid also leads to edema of the skin (hives/urticaria). Diphenhydramine works by blocking further release of histamines.
- Dystonic reaction signs and symptoms include eye deviation, head jerking, dysphasia, involuntary arm/leg twitching and hypotension.