beclomethasone (nasal) (be-kloe-meth-a-sone)

Becconase AQ, QNASL, Rivanase AQ

Classification
Therapeutic: anti-inflammatories (steroidal)
Pharmacologic: corticosteroids

Pregnancy Category C

Indications
Seasonal allergic or perennial rhinitis. Prevention of recurrence of nasal polyps following surgical removal (Becconase AQ only).

Action
Potent, locally acting anti-inflammatory and immune modifier.

Therapeutic Effects: Decrease in symptoms of allergic or nonallergic rhinitis. Prevention of recurrence of nasal polyps.

Pharmacokinetics
Absorption: 27–44%; action is primarily local following nasal use.

Distribution: Crosses the placenta and enters breast milk in small amounts.

Metabolism and Excretion: Primarily converted to beclomethasone 17-monopropionate (active metabolite); 60% excreted in feces, 12% in urine.

Half-life: 2.7 hr.

TIME/ACTION PROFILE (improvement in symptoms)

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intranasal</td>
<td>1–3 days†</td>
<td>up to 3 wk</td>
<td>unknown</td>
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</table>

†Up to 2 wk in some patients

Contraindications/Precautions
Contraindicated in: Hypersensitivity (product contains alcohol).

Use Cautiously in: Active untreated infections; Diabetes or glaucoma; Underlying immunosuppression (due to disease or concurrent therapy); Systemic corticosteroid therapy; Severe nasal trauma, nasal ulcers, or surgery (wound healing may be impaired); Pregnancy, lactation, or children (safety not established; prolonged or high-dose therapy may lead to complications).

Adverse Reactions/Side Effects

CNS: dizziness, headache.

EENT: epistaxis, nasal irritation, nasal stuffiness, rhinorrhea, sneezing, tearing eyes.

GI: nausea.

Endo: adrenal suppression (increased dose, long-term therapy only), growth (children).

Interactions

Drug-Drug: None known.

Route/Dosage

Intranasal (Adults and Children ≥12 yr): Becconase AQ—1–2 sprays in each nostril twice daily; (not to exceed 2 metered sprays in each nostril twice daily); QNASL—2 sprays in each nostril once daily.

Intranasal (Children 6–12 yr): 1 spray in each nostril twice daily; once adequate control achieved, reduce dose to 1 spray in each nostril twice daily (not to exceed 2 sprays in each nostril twice daily).

NURSING IMPLICATIONS

Assessment

● Monitor degree of nasal stuffiness, amount and color of nasal discharge, and frequency of sneezing.

● Monitor growth rate in children receiving chronic therapy; use lowest possible dose.

● Lab Test Considerations: Periodic adrenal function tests may be ordered to assess degree of hypothalamic-pituitary-adrenal (HPA) axis suppression in chronic therapy. Children and patients using higher than recommended doses are at highest risk for HPA suppression.

Nursing Diagnoses

Indications (Ineffective airway clearance; Deficient knowledge, related to medication regimen)

Potential Nursing Diagnoses

Indications (Risk for infection; Deficient knowledge, related to medication regimen; Deficit knowledge, related to medication regimen)

Implementation

● After the desired clinical effect has been obtained, attempts should be made to decrease dose to lowest amount. Gradually decrease dose every 2–4 wk as long as

● Continued therapy (Drug name); Genic Implication; OPTICS indicate bi-occurring adjectives indicate most frequent; discontinued
desired effect is maintained. If symptoms return, dose may briefly return to start-
ing dose.

Intranasal: Patients also using a nasal decongestant should be given deconges-
tant 5–15 min before corticosteroid nasal spray.

Patient/Family Teaching

Before taking medication exactly as directed. If a dose is missed, take as
soon as remembered unless almost time for next dose.

Instruct patient in correct technique for administering nasal spray. Shake well be-
fore use. Before first-time use, prime pump by pressing down and releasing pump
5 times or until fine spray appears. If not used for 7 days, express pump until fine
spray appears. Prior to administering dose, gently blow nose to clear nostrils.
Close 1 nostril. Tilt head forward slightly and insert nasal applicator into other
nostril. Spray and breathe inward through nostril. Breathe out through mouth. Re-
peat procedure in other nostril. Nasal applicator should be removed periodically
and rinsed with cold water. Warn patient that temporary nasal stinging may occur.

Advise patient that nasal decongestant or oral antihistamine may be needed until
effects of beclomethasone become apparent.

Advise patient to notify health care professional if symptoms do not improve
within 3 wk, if symptoms worsen, or if sneezing or nasal irritation occurs.

Evaluation/Desired Outcomes

Resolution of nasal stuffiness, discharge, and sneezing in seasonal allergic or pe-
renial rhinitis.

Prevention of recurrence of nasal polyps.

Why was this drug prescribed for your patient?