chlorpheniramine (klor-fen-i-rah-meen)
Aller-Chlor, Allergy, Chlo-Amine, Chlorate, Chlor-Trimeton, Chlor-Trimeton Allergy 4 Hour, Chlor-Trimeton Allergy 8 Hour, Chlor-Trimeton Allergy 12 Hour, Chlor-Tripolon, PediaCare Allergy Formula, Phenetron, Telechlor, Teldrin

**Classification**
Therapeutic: allergy, cold, and cough remedies, antihistamines
Pregnancy Category B

**Indications**
Relief of allergic symptoms caused by histamine release, including: Nasal allergies, Allergic dermatoses. Management of severe allergic or hypersensitivity reactions, including anaphylaxis and transfusion reactions.

**Action**
Antagonizes the effect of histamine at H2 receptor sites, does not bind to or inactivate histamine.

**Therapeutic Effects:**
Decreased symptoms of histamine excess (sneezing, rhinorrhea, nasal and ocular pruritus, ocular tearing, and redness).

**Pharmacokinetics**
Absorption: Well absorbed following oral and parenteral administration.
Metabolism and Excretion: Extensively metabolized by the liver.
Half-life: 12–15 hr.

**TIME/ACTION PROFILE (antihistaminic effects)**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>15–30 min</td>
<td>6 hr</td>
<td>4–12 hr</td>
</tr>
<tr>
<td>IV</td>
<td>unknown</td>
<td>unknown</td>
<td>unknown</td>
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</tbody>
</table>

**Contraindications/Precautions**
Contraindicated in: Hypersensitivity. Acute asthmatic attacks of asthma. Avoid use or use alternative method, known alcohol intolerance (some liquid forms). Pregnancy Category B.

**Adverse Reactions/Side Effects**
CNS: drowsiness, dizziness, excitation in children.
EENT: blurred vision.
CV: hypotension, arrhythmias, palpitations.
GI: dry mouth, constipation, obstruction.
GU: retention, urinary hesitancy.

**Interactions**
Drug-Drug: \* CNS depression with other CNS depressants, including alcohol, opioid analgesics, and sedative/hypnotics. MAO inhibitors intensify and prolong anticholinergic effects of antihistamines. \* Anticholinergic effects with other drugs possessing anticholinergic properties, including antidepressants, atropine, haloperidol, phenothiazines, quinidine, and disopyramide.

**Route/Dosage**

**PO (Adults):** 4 mg q4–6 hr or 8–12 mg of extended-release formulation q 8–12 hr (not to exceed 24 mg/day).

**PO (Geriatric Patients):** 4 mg twice daily or 8 mg of extended-release formulation at bedtime.

**PO (Children 6–12 yr):** 2 mg, 1–2 times daily (not to exceed 12 mg/day).

**Injectable formulation is available only in Canada**

**Subcut, IM, IV (Adults):** 5–40 mg single dose (not to exceed 40 mg/day).

**Subcut (Children):** 87.5 mcg/kg or 2.5 mg/m2 q 6 hr as needed.

**NURSING IMPLICATIONS**

**Assessment**
- Assess allergy symptoms (rhinitis, conjunctivitis, fever) prior to and periodically during therapy.
- Monitor pulse and BP before initiating and throughout IV therapy.
- \* Geri: assess for adverse anticholinergic effects (confusion, acute confusion, dementia, dry mouth, blurred vision, urinary retention, constipation, incontinence).
- Assess long sounds and character of bronchial secretions. Maintain fluid intake of 1500–2000 mL/day to decrease viscosity of secretions.

**Nursing Considerations**
- \* Caution drug name. ** Generic Implication. OTC indicates over-the-counter medication. Indicate most frequent. Discontinued.\*
Lab Test Considerations: May cause false-negative reactions on allergy skin tests; discontinue 4 days prior to testing.

Potential Nursing Diagnoses

- Ineffective airway clearance (Indications)
- Risk for injury (Adverse Reactions)

Implementation

- PO: Administer oral doses with food or milk to decrease GI irritation. Extended-release tablets and capsules should be swallowed whole. Do not crush, break, or chew. Chewable tablets should not be swallowed whole; chew well before swallowing.

- Subcut, IM: The 100-mg/mL solution is recommended for IM or subcut routes only. The 10-mg/mL solution may be used for IM, subcut, or IV.

- IV Administration
  - pH: No Data.
  - Direct IV: Dilution: May be given undiluted. Use only the 10-mg/mL strength for IV administration. Concentration: 10 mg/mL. Rate: Administer each 10-mg dose over at least 1 min.

Patient/Family Teaching

- Instruct patient to take chlorpheniramine as directed.
- Caution parents to avoid OTC cough and cold products while breast feeding or to children.4 years.
- Geri: Teach patient and family about anticholinergic effects and to contact health care professional if effects persist.
- May cause drowsiness. Caution patient to avoid driving or other activities requiring alertness until response to drug is known.
- Caution patient to avoid using alcohol or other CNS depressants concurrently with this drug.
- Advise patient that good oral hygiene, frequent rinsing of mouth with water, and sugarless gum or candy help relieve dryness of mouth.
- Instruct patient to contact health care professional if symptoms persist.

Evaluation/Desired Outcomes

- Decrease in allergic symptoms.

Why was this drug prescribed for your patient?