dicyclomine  
(dye-sye-kloe-meen)  
Bentyl, Bentylol, Formulex, Protylol

Classification  
Therapeutic: antispasmodics  
Pharmacologic: anticholinergics

Pregnancy Category B

Indications  
Management of irritable bowel syndrome in patients who do not respond to usual interventions (sedation/change in diet).

Action  
May have a direct and local effect on GI smooth muscle, reducing motility and tone.

Therapeutic Effects:  
Decreased GI motility.

Pharmacokinetics  
Absorption: Well absorbed after oral and IM administration.  
Distribution: Unknown.  
Metabolism and Excretion: 80% eliminated in urine, 10% in feces.  
Half-life: 1.8 hr (initial phase), 9–10 hr (terminal phase).

TIME/ACTION PROFILE (antispasmodic effect)  
ROUTE ONSET PEAK DURATION  
PO, IM unknown unknown unknown

Contraindications/Precautions  
Contraindicated in:  
• Hypersensitivity; Obstruction of the GI or GU tract; Reflux esophagitis; Severe ulcerative colitis (risk of paralytic ileus); Unstable cardiovascular status; Glaucoma; Myasthenia gravis;  
• Pedi: Infants 6 mo; Lactation: Lactation.  
Use Cautiously in:  
• High environmental temperatures (risk of heat prostration);  
• Hepatic/renal impairment; Autonomic neuropathy; Cardiovascular disease; Prostatic hyperplasia;  
• Geri: Appears on Beers list. Geriatric patients have q sensitivity to anticholinergics;  
• OB: Safety not established.

Adverse Reactions/Side Effects  
CNS: confusion, dizziness, drowsiness, light-headedness (IM only), psychosis.  
CV: palpitations, tachycardia.  
EENT: blurred vision, q intraocular pressure.  
GI: constipation, heartburn, salivation, dry mouth, nausea, vomiting.  
GU: erectile dysfunction, urinary hesitancy, urinary retention.  
Derm: sweating.  
Endo: lactation.  
Local: pain/redness at IM site.  
Misc: allergic reactions including anaphylaxis.

Interactions  
Drug-Drug:  
• Additive anticholinergic effects with other anticholinergics, including antihistamines, quinidine, and disopyramide. May alter the absorption of other orally administered drugs by lowering motility of the GI tract.  
• Antacids or adsorbent antidiarrheals q GI mucosal lesions in patients taking oral potassium chloride tablets.

Route/Dosage  
PO (Adults): 10–20 mg 3–4 times daily (up to 160 mg/day).  
PO (Children ≥1 yr): 10 mg 1–2 times daily, adjusted as tolerated.  
PO (Children 2–11mo): 5–10 mg 3–4 times daily, adjusted as tolerated.  
IM (Adults): 20 mg q 4–6 hr, adjusted as tolerated.

NURSING IMPLICATIONS  
Assessment  
• Assess for symptoms of irritable bowel syndrome (abdominal cramping, alternating constipation and diarrhea, mucus in stools) before and periodically during therapy.  
• Assess patient routinely for abdominal distention and auscultate for bowel sounds. If constipation becomes a problem, increasing fluids and adding bulk to the diet may help alleviate the constipating effects of the drug.  
• Monitor intake and output ratios; may cause urinary retention.  
• Lab Test Considerations: Alters test results for pentagastrin and histamine during the gastric acid secretory test.  

Potential Nursing Diagnoses  
Acute pain (Indications)  
Diarrhea (Indications)
Implementation

- **PO:** Administer dicyclomine 30 min–1 hr before meals.
- **IM:** Monitor patient after administration; may cause light-headedness and irritation at injection site. Do not administer IV; may cause thrombosis and thrombophlebitis.

Patient/Family Teaching

- Instruct patient to take dicyclomine exactly as directed and not to take more than the prescribed amount. Missed doses should be taken as soon as remembered if not more than 1 hr late.
- Medication may cause drowsiness and blurred vision. Caution patient to avoid driving or other activities requiring alertness until response to the medication is known.
- Advise patient to stay in temperature-controlled rooms. Fever and extremes of heat may cause confusional state, disorientation, amnesia, hallucinations, disorientation, ataxia, coma, euphoria, fatigue, insomnia, agitation and hallucinations, inappropriate affect, psychosis and delirium. Usually resolves 12–24 hr after discontinuation of dicyclomine.
- Instruct patient that frequent oral rinses, sugarless gum or candy, and good oral hygiene may help relieve dry mouth. Consult health care professional regarding use of saliva substitutes if mouth pain persists for more than 2 wk.
- Advise patient receiving dicyclomine to make position changes slowly to minimize the effects of drug-induced orthostatic hypotension.
- Caution patient to avoid extremes of temperature. This medication decreases the ability to sweat and may increase the risk of heat stroke.
- Instruct patient to notify health care professional immediately if eye pain or increased sensitivity to light occurs. Emphasize the importance of routine eye exams throughout therapy.

Evaluation/Desired Outcomes

- A decrease in the symptoms of irritable bowel syndrome.

Why was this drug prescribed for your patient?