**Indications**
Acute and chronic psychoses.

**Action**
Alters the effects of dopamine in the CNS. Has anticholinergic and α-adrenergic blocking activity. **Therapeutic Effects:** Diminished signs and symptoms of psychosis.

**Pharmacokinetics**

**Absorption:** Well absorbed after PO/IM administration. Decanoate salt in sesame oil has delayed onset and prolonged action because of delayed release from oil vehicle and subsequent delayed release from fatty tissues.

**Distribution:** Widely distributed. Crosses the blood-brain barrier. Crosses the placenta; enters breast milk. **Half-life:** 33 hr; hepatic recirculation.

**Metabolism and Excretion:** Highly metabolized by the liver; undergo enterohepatic recirculation. **Protein Binding:** 90%.

**Elimination:** Enters breast milk.

**TIME/ACTION PROFILE (antipsychotic activity)***

<table>
<thead>
<tr>
<th>Route/Dosage</th>
<th>Onset</th>
<th>Peak</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluphenazine hydrochloride</td>
<td>1 hr</td>
<td>unknown</td>
<td>6–8 hr</td>
</tr>
<tr>
<td>Fluphenazine decanoate</td>
<td>24–72 hr</td>
<td>48–96 hr</td>
<td>4 wk</td>
</tr>
</tbody>
</table>

**Contraindications/Precautions**

**Contraindication/precaution**
- Hypersensitivity; Cross-sensitivity with other phenothiazines may exist; Subcortical brain damage; Severe CNS depression; Liver disease; Hypersensitivity to sesame oil (decanoate salt).
- Some products contain alcohol or menthol and should be avoided in patients with known sensitivity.

**Use Cautionfully**
- Cardiac disorders; Parkinson’s disease; Angle-closure glaucoma; Myasthenia gravis; Prostatic hypertrophy; Seizure disorders. **GI:** Use only if potential benefit outweighs potential risk to fetus. **Liver:** Initial dose may be necessary in geriatric or debilitated patients. **GU:** Risk of mortality in elderly patients treated for dementia-related psychosis.

**Adverse Reactions/Side Effects**

**CNS:** Acute and chronic psychoses, extrapyramidal reactions, sedation, tardive dyskinesia. EENT: Blurred vision, dry eyes. **EENT:** Hypersensitivity, keratoconjunctivitis. **GI:** Salivation, constipation, drug-induced jaundice, dry mouth, diarrhea, nausea, weight gain. **GU:** Nephrotoxicity. **Derm:** Rash. **Endo:** Galactorrhea, Hyperglycemia. **Hemat:** Agranulocytosis, Leukopenia, Thrombocytopenia. **Muc:** Allergic reactions.

**Drug Interactions**

**CNS:** Concurrent use with drugs that prolong the QT interval, including tricyclic antidepressants, including methadone, tricyclic antidepre- sants, disopyramide, omeprazole, propafenone, or clozapine. **Cardiovascular:** Concurrent use with beta blockers, calcium channel blockers, disopyramide, fluoxetine, pindolol, propranolol, or thiazide diuretics. **Endo:** Concurrent use of antihistamines, opioids, and general anesthetics. **GI:** Concurrent use of antacids containing aluminum and magnesium may be necessary to neutralize the risk of anticholinergic effects with other medications. **GU:** Concurrent use of lithium may be necessary to neutralize the risk of lithium toxicity. **Hemat:** Concurrent use with pimozide, delavirdine, clarithromycin, fluoroquinolones, or ritonavir. **Respiratory:** Concurrent use of naltrexone, disulfiram, or fluoxetine. **Skin:** Concurrent use of antihistamines, opioids, and tricyclic antidepressants may be necessary to neutralize the risk of extrapyramidal reactions.

**Route/Dosage**

**Fluphenazine Decanoate**

**PO (Adults):** 12.5–25 mg initially; may be repeated q 3 wk. Dose may be slowly increased to 100 mg/dose.

**IM (Adults):** 12.5–25 mg initially; may be repeated q 3 wk. Dose may be slowly increased to 100 mg/dose.
Fluphenazine Hydrochloride

PO (Adults): 0.5–10 mg/day in divided doses q 6–8 hr (maximum dose = 40 mg/day).

PO (Geriatric Patients or Debilitated Patients): 1–2.5 mg/day initially; q dose every 4–7 days by 1–2.5 mg/day as needed (max dose = 20 mg/day).

IM (Adults): 1.25–2.5 mg q 6–8 hr.

NURSING IMPLICATIONS

Assessment
- Assess mental status (orientation, mood, behavior) before and periodically during therapy.
- Monitor BP (sitting, standing, lying), ECG, pulse, and respiratory rate before and frequently during the period of dose adjustment. May cause Q-wave and T-wave changes in ECG.
- Observe carefully when administering oral medication to ensure that medication is actually taken and not hoarded.
- Assess final intake and bowel function. Increased bulk and fluids in the diet help minimize constipation.
- Observe for restlessness or desire to keep moving. Increased bulk and fluids in the diet help prevent akathisia.
- Monitor for development of neuroleptic malignant syndrome (fever, respiratory distress, tachycardia, seizures, diaphoresis, arrhythmias, hypertension or hypotension, pallor, tiredness, severe muscle stiffness, loss of bladder control). Report immediately.

PO: Do not confuse fluphenazine with fluvoxamine.
- Slight yellow to amber color does not alter potency.
- To prevent contact dermatitis, avoid getting liquid preparations on hands and wash hands thoroughly if spillage occurs.

PO: Dilute concentrate just before administration in 120–240 mL of water, milk, carbonated beverage, soup, or tomato or fruit juice. Do not mix with beverages containing caffeine (cola, coffee), tannins (tea), or pectinates (apple sauce).

Injection Compatibility: Fluphenazine hydrochloride is compatible in syringes with: benztropine, diphenhydramine, hydroxyzine.

Patient/Family Teaching
- Advise patient to take medication as directed and not to skip doses or double up on missed doses. If a dose is missed, take within 1 hr or skip dose and return to regular dosing schedule.
CONTINUED

**F**lu**P**HENAZine

Regular schedule if taking more than 1 dose/day; take as soon as possible unless almost time for next dose if taking 1 dose/day. Abrupt withdrawal may lead to gastritis, nausea, vomiting, diarrhea, headache, tachycardia, and insomnia.

- Inform patient of possibility of extrapyramidal symptoms and tardive dyskinesia. Caution patient to report these symptoms immediately to health care professional.
- Advise patient to change positions slowly to minimize orthostatic hypotension.
- Medication may cause drowsiness. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.
- Caution patient to avoid taking alcohol or other CNS depressants concurrently with this medication.
- Advise patient to use sunscreen and protective clothing when exposed to the sun. Exposed surfaces may develop a blue-gray pigmentation, which may fade after discontinuation of the medication. Extreme of temperature should also be avoided because this drug impairs body temperature regulation.
- Advise patient that good oral hygiene, frequent rinsing of mouth with water, and swallowing gum or candy may help relieve dry mouth. Health care professional should be notified if dry mouth persists beyond 2 wk.
- Instruct patient to notify health care professional promptly if sore throat, fever, unusual bleeding or bruising, rash, weakness, tremors, visual disturbances, dark-colored urine, or clay-colored stools occur.
- Advise patient to notify health care professional of medication regimen before treatment or surgery.
- Emphasize the importance of routine follow-up exams, including ocular exams, with long-term therapy and continued participation in psychotherapy.

**Evaluation/Desired Outcomes**

- Decrease in excitable, paranoiac, or withdrawn behavior.

**Why was this drug prescribed for your patient?**