Flurazepam (flur-az-e-pam)

Classifications
Therapeutic: sedative/hypnotics
Pharmacologic: benzodiazepines

Schedule IV

Pregnancy Category UK

Indications
Short-term management of insomnia (≤ 4 wk).

Action
Depresses the CNS, probably by potentiating GABA, an inhibitory neurotransmitter.

Pharmacodynamics
Absorption: Well absorbed after oral administration.

Distribution: Widely distributed; crosses blood-brain barrier. Probably crosses the placenta and enters breast milk. Accumulation of drug occurs with chronic dosing.

Protein Binding: 97% (one of the active metabolites).

Metabolism and Excretion: Metabolized by the liver; some metabolites have hypnotic activity.

Half-life: 2.3 hr (half-life of active metabolite may be 30–200 hr).

TIME/ACTION PROFILE (hypnotic activity)
ROUTE ONSET PEAK DURATION
PO 15–45min 0.5–1hr 7–8hr

Contraindications/Precautions
Contraindicated in: Impaired respiratory function; sleep apnea; hypersensitivity; cross-sensitivity with other benzodiazepines may exist; pre-existing CNS depression; severe uncontrolled pain; severe uncontrolled pain; acute narrow-angle glaucoma; OB: chronic use during pregnancy may cause withdrawal effects in neonates; Lactation: Enters breast milk; discontinue or bottle-feed.

Use Cautiously in: Geriatric patients (discontinue if no response); history of suicide attempt or drug dependence; debilitated patients (initial dose may be necessary); Pacients: children under 15 yr (safety not established); Geriatric patients (seems to be more sensitive); Hepatic dysfunction (dose reduction may be necessary); History of suicide attempt or drug dependence; geriatric patients (may be more sensitive).

Adverse Reactions/Side Effects
CNS: abnormal thinking, behavior changes, confusion, daytime drowsiness, concentration, excitement, hallucinations, headache, lack of energy, mental depression, paradoxical excitement, sleep—driving. EENT: blurred vision. Derm: rashes. GI: constipation, diarrhea, nausea, vomiting. Misc: physical dependence, psychological dependence, tolerance.

Interactions
Drug-Drug: Concurrent use with alcohol, antidepressants, antihistamines, and opioids may result in additive CNS depression. Cimetidine, disulfiram, fluoxetine, isoniazid, metoprolol, propoxyphene, or valproic acid may inhibit metabolism of flurazepam, enhancing its actions. May impair the efficacy of levodopa. Rifampin or barbiturates may metabolize plasma concentrations of flurazepam, thereby decreasing plasma concentrations and effectiveness of flurazepam. Interactions may be additive by theophylline.

Drug-Natural Products: Concommitant use of kava-kava, valerian, chamomile, hops can cause CNS depression.

Route/Dosage
PO (Adults): 15–30 mg at bedtime.

NURSING IMPLICATIONS
Assessment
Assess sleep patterns before and periodically throughout therapy.

Assess mental status (orientation, mood, behavior) and potential for abuse prior to administering medication.

Assess for signs and symptoms of withdrawal: confusion, nervousness, agitation, hallucinations, convulsions, and delirium.

Dosage
Assess mental status (orientation, mood, behavior) and potential for abuse prior to administering medication.

Prolonged use may lead to psychological or physical dependence. Restrict amount of drug available to patient, especially if patient is depressed, suicidal, or has a history of substance misuse disorder.

Geriatric: Assess full risk and institute prevention strategies.

NURSING IMPLICATIONS
Assessment
Assess mental status (orientation, mood, behavior) and potential for abuse prior to administering medication.

Assess for signs and symptoms of withdrawal: confusion, nervousness, agitation, hallucinations, convulsions, and delirium.

Dosage
Assess mental status (orientation, mood, behavior) and potential for abuse prior to administering medication.

Prolonged use may lead to psychological or physical dependence. Restrict amount of drug available to patient, especially if patient is depressed, suicidal, or has a history of substance misuse disorder.

Geriatric: Assess full risk and institute prevention strategies.

NURSING IMPLICATIONS
Assessment
Assess mental status (orientation, mood, behavior) and potential for abuse prior to administering medication.

Assess for signs and symptoms of withdrawal: confusion, nervousness, agitation, hallucinations, convulsions, and delirium.

Dosage
Assess mental status (orientation, mood, behavior) and potential for abuse prior to administering medication.

Prolonged use may lead to psychological or physical dependence. Restrict amount of drug available to patient, especially if patient is depressed, suicidal, or has a history of substance misuse disorder.

Geriatric: Assess full risk and institute prevention strategies.
Potential Nursing Diagnoses

Insomnia (Indications)
Sleep deprivation (Indications)
Risk for falls (Side Effects)

Implementation

● Supervise ambulation and transfer of patients after administration. Two side rails should be raised and call bell within reach at all times.
● When discontinuing, taper to decrease chance of withdrawal effects (may take months in some patients).
● PO: Capsules may be opened and mixed with food or fluids for patients having difficulty swallowing.

Patient/Family Teaching

● Advise patient to take medication as directed.
● Teach sleep hygiene techniques (dark room, quiet, bedtime ritual, limit daytime napping, avoidance of stimulants and caffeine).
● Maximum hypnotic properties are apparent 2–3 nights after initiating therapy and may last 1–2 nights after therapy is discontinued.
● Medication may cause daytime drowsiness. Caution patient to avoid driving and other activities requiring alertness until response to medication is known.
● Caution patients to avoid alcohol or other CNS depressants concurrently with this medication.
● Refer for psychotherapy if ineffective coping is basis for sleep pattern disturbance.
● Instruct patient to contact health care professional immediately if pregnancy is planned or suspected, or if breast feeding.

Evaluation/Desired Outcomes

● Improvement in sleep patterns (decreased number of nighttime awakenings, improved sleep onset, and increased total sleep time).

Why was this drug prescribed for your patient?