Loperamide (lo-per-a-mide)
Imodium, Imodium A-D, Neo-Diaral

Classification
Antidiarrheals

Pregnancy Category B

Indications
Adjunctive therapy of acute diarrhea. Chronic diarrhea associated with inflammatory bowel disease. Decreases the volume of ileostomy drainage.

Action
Inhibits peristalsis and prolongs transit time by a direct effect on nerves in the intestinal muscle wall. Reduces fecal volume, increases fecal viscosity and bulk while diminishing loss of fluid and electrolytes.

Therapeutic Effects:
Relief of diarrhea.

Pharmacokinetics
Absorption: Not well absorbed following oral administration.

Distribution: Unknown. Does not cross the blood-brain barrier.

Protein Binding: 97%.

Metabolism and Excretion:
Metabolized partially by the liver, undergoes enterohepatic recirculation; 30% eliminated in the feces. Minimal excretion in the urine.

Half-life: 10.8 hr.

TIME/ACTION PROFILE (relief of diarrhea)
ROUTE ONSET PEAK DURATION
PO 1 hr 2.5–5 hr 10 hr

Contraindications/Precautions
Contraindicated in:
Hypersensitivity; Patients in whom constipation must be avoided; Abdominal pain of unknown cause, especially if associated with fever; Alcohol intolerance (liquid only).

Use Cautiously in:
Hepatic dysfunction; Lactation: Usually compatible with breast feeding; OB: Safety not established; Pedi: Children 2 yr (safety not established); Geri: q Sensitivity to effects.

Adverse Reactions/Side Effects
CNS: drowsiness, dizziness. GI: constipation, abdominal pain/distention/discomfort, cramping, nausea, vomiting.

Interactions
Drug-Drug: CNS depressants, including alcohol, antidepressants, opioid analgesics, sedative/hypnotics, anticholinergic properties with other drugs having anticholinergic properties, including antihistamines and anticholinergics.

Drug-Natural Products: Kava-kava, valerian, skullcap, chamomile, hops. Risk for injury (Side Effects)

Route/Dosage
Acute and Chronic Diarrhea
PO (Adults and Children ≥12 yr): 4 mg initially, then 2 mg after each loose stool. Maintenance dose usually 6–8 mg/day in divided doses (not to exceed 8 mg/day for OTC use or 16 mg/day for Rx use).

Acute Diarrhea
PO (Children 9–11 yr or 30–47 kg): 2 mg initially, then 1 mg after each loose stool (not to exceed 6 mg/24 hr; OTC use should not exceed 2 days).

PO (Children 6–8 yr or 24–30 kg): 1 mg initially, then 1 mg after each loose stool (not to exceed 4 mg/24 hr; OTC use should not exceed 2 days).

PO (Children 2–5 yr or 13–20 kg): 1 mg initially, then 0.5 mg after each loose stool (not to exceed 3 mg/24 hr; OTC use should not exceed 2 days).

Chronic Diarrhea
PO (Children): 0.06–0.24 mg/kg/day divided 2–3 times/day (not to exceed 2 mg/day).

NURSING IMPLICATIONS
Assessment
● Frequency and consistency of stools and bowel sounds prior to and during therapy.

Potential Nursing Diagnoses
Diarrhea (Indications)
Risk for injury (Side Effects)

Adverse Reactions/Side Effects
CNS: dizziness, disorientation, confusion, abdominal pain/distention/discomfort, cramping, nausea, vomiting.

Interactions
Drug-Drug: CNS depressants, including alcohol, antidepressants, opioid analgesics, sedative/hypnotics. Anticholinergic properties with other drugs having anticholinergic properties, including antidepressants and anticholinergics.

Drug-Natural Products: Kava-kava, valerian, skullcap, chamomile, hops.
Implementation

- PO: Administer with clear fluids to help prevent dehydration, which may accompany diarrhea.

Patient/Family Teaching

- Instruct patient to take medication as directed. Do not take missed doses, and do not double doses. In acute diarrhea, medication may be ordered after each unformed stool. Advise patient not to exceed maximum number of doses.
- May cause drowsiness. Advise patient to avoid driving or other activities requiring alertness until response to drug is known.
- Advise patient that frequent mouth rinses, good oral hygiene, and sugarless gum or candy may relieve dry mouth.
- Caution patient to avoid using alcohol and other CNS depressants concurrently with this medication.
- Instruct patient to notify health care professional if diarrhea persists or if fever, abdominal pain, or distention occurs.

Evaluation/Desired Outcomes

- Decrease in diarrhea.
- In acute diarrhea, treatment should be discontinued if no improvement is seen in 48 hr.
- In chronic diarrhea, if no improvement has occurred after at least 10 days of treatment with maximum dose, loperamide is unlikely to be effective.

Why was this drug prescribed for your patient?