Loratadine (lor-a-ta-deen)

<table>
<thead>
<tr>
<th>Trade Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alavert Allergy 24 Hour</td>
<td>Alavert Children’s Allergy</td>
</tr>
<tr>
<td>Claritin, Claritin 24-Hour Allergy</td>
<td>Claritin Children’s Allergy</td>
</tr>
<tr>
<td>Claritin Liqui-Gels 24-Hour Allergy</td>
<td>Claritin Reditabs 24 Hour Allergy</td>
</tr>
<tr>
<td>Loradamed, Tavist ND Allergy</td>
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</tbody>
</table>

**Classification**
- Antihistamines

**Pregnancy Category** B

**Indications**
- Relief of symptoms of seasonal allergies.
- Management of chronic idiopathic urticaria.
- Management of hives.

**Action**
- Blocks peripheral effects of histamine released during allergic reactions.

**Therapeutic Effects:**
- Decreased symptoms of allergic reactions (nasal stuffiness; red, swollen eyes, itching).

**Pharmacokinetics**

- **Absorption:** Rapidly absorbed after oral administration (80%).
- **Distribution:** Unknown.
- **Protein Binding:** Loratadine—97%; descarboethoxyloratadine—73–77%.
- **Metabolism and Excretion:** Rapidly and extensively metabolized during first pass through the liver. Much is converted to descarboethoxyloratadine, an active metabolite.
- **Half-life:** Loratadine—8.4 hr; descarboethoxyloratadine—28 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>1–3 hr</td>
<td>8–12 hr</td>
<td>24 hr</td>
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</table>

**Contraindications/Precautions**

- **Contraindicated in:** Hypersensitivity.

**Use Cautiously in:**
- Hepatic impairment or CCr ≤30 mL/min (po dose to 10 mg every other day).
- Lactation: Usually compatible with breast feeding (SAP; OR).

**Adverse Reactions/Side Effects**

- **CNS:** Confusion, drowsiness (rare), paradoxical excitation.
- **EENT:** Blurred vision.
- **GI:** Dry mouth, GI upset.
- **Derm:** Photosensitivity, rash.
- **Metab:** Weight gain.

**Interactions**

- **Drug-Drug:** The following interactions may occur, but are less likely to occur with loratadine than with more sedating antihistamines.
  - MAO inhibitors may intensify and prolong effects of antihistamines. TdP (TdP) depression may occur with other CNS depressants, including alcohol, antidepressants, opioid analgesics, and sedative/hypnotics. Antidarrheal use may ↑ instabilities and ↑ risk of GI-intestinal perforation.
  - Kava-kava, valerian, or chamomile can ↑ CNS depression.

**Route/Dosage**

- **PO (Adults and Children ≥6 yr):** 10 mg once daily.
- **PO (Children 2–5 yr):** 5 mg once daily.
- **Renal Impairment**
  - **PO (Adults):** CCr ≤30 mL/min—10 mg every other day.
  - **Hepatic Impairment**
  - **PO (Adults):** 10 mg every other day.

**NURSING IMPLICATIONS**

**Assessment**

- Assess allergy symptoms (rhinitis, conjunctivitis, hives) before and periodically during therapy.
- Assess lung sounds and character of bronchial secretions. Maintain fluid intake of 1500–2000 mL/day to decrease viscosity of secretions.

**Potential Nursing Diagnoses**

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

**Patient/Family Teaching**

- May cause false-negative results on allergy skin testing.

**Missed Dose**

- If almost time for next dose, skip missed dose; do not double next dose.

**Revised:** 02/17/2014

**Discontinued.**

**Genetic Implication. CAPI TALS indicate life-threatening, underline indicate most frequent. Strikethrough.**

**Canadian drug name.**
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Implementation

- Do not confuse Claritin (loratadine) with Claritin Eye (ketotifen fumarate).
- PO: Administration once daily.
- For rapidly dissolving tablets (Alavert, Claritin Reditabs)—place on tongue. Tablet disintegrates rapidly. May be taken with or without water.

Patient/Family Teaching

- Instruct patient to take medication as directed.
- May cause dizziness or drowsiness. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.
- Caution patient to use sunscreen and protective clothing to prevent photosensitivity reactions.
- Advise patient to avoid taking alcohol or other CNS depressants concurrently with this drug.
- Advise patient that good oral hygiene, frequent rinsing of mouth with water, and sucking gum or candy may minimize dry mouth. Patient should notify dentist if dry mouth persists ≥2 wk.
- Instruct patient to contact health care professional immediately if dizziness, fainting, or fast or irregular heartbeat occurs or if symptoms persist.

Evaluation/Desired Outcomes

- Decrease in allergic symptoms.
- Management of chronic idiopathic urticaria.
- Management of hives.

Why was this drug prescribed for your patient?