temazepam (tem-a-zap’am) Restoril  

**Classification**  
Therapeutic: sedative/hypnotics  
Pharmacologic: benzodiazepines  

**Schedule IV**  

**Pregnancy Category X**

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

**Action**
Acts at many levels in the CNS producing generalized depression. Effects may be mediated by GABA, an inhibitory neurotransmitter. 

**Therapeutic Effects:** Relief of insomnia.

**Pharmacokinetics**

- **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:** 96%.
- **Metabolism and Excretion:** Metabolized by the liver.
- **Half-life:** 10–20 hr.

**TIME/ACTION PROFILE (sedation)**

<table>
<thead>
<tr>
<th>Route</th>
<th>Onset</th>
<th>Peak</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>30 min</td>
<td>2–3 hr</td>
<td>6–8 hr</td>
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</table>

**Contraindications/Precautions**

- **Contraindicated in:** Hypersensitivity. Cross-sensitivity with other benzodiazepines may exist. Pre-existing CNP depression, severe uncontrolled pain, acute closure glaucoma, impaired respiratory function, sleep apnea, OH. Neonates born to mothers taking temazepam may experience withdrawal effects. 

**Use Cautionally in:** 
- Pre-existing hepatic dysfunction. 
- History of suicide attempt or drug addiction. 
- Gerit: Elderly patients have increased sensitivity to benzodiazepines. Appears on Beers list and is associated with increased risk of falls (↓ dose required). 

**Adverse Reactions/Side Effects**

- **CNS:** Abnormal thinking, behavior changes, hangover, dizziness, drowsiness, hallucinations, lethargy, paradoxical excitation, ataxia, EENT: blurred vision, GI: constipation, diarrhea, nausea, vomiting, Derm: rash. 
- **Misc:** Physical dependence, psychological dependence, tolerance.

**Interactions**

- **Drug-Drug:** CNS depression with alcohol, antidepressants, antihistamines, opioid analgesics, and other sedative/hypnotics. May ↓ efficacy of levodopa. Rifampin or smoking q metabolizes and may ↓ effectiveness of temazepam. Probenecid may slow effects of temazepam. Itraconazole may be ↓ by theophylline.

**Drug-Natural Products:** Concomitant use of kava-kava, valerian, skullcap, chamomile, or hops can ↓ CNS depression.

**Route/Dosage**

- **PO (Adults):** 15–30 mg at bedtime initially if needed; some patients may require only 7.5 mg.
- **PO (Pediatric Patients or Debilitated Patients):** 7.5 mg at bedtime.

**NURSING IMPLICATIONS**

- **Assessment**
  - Assess mental status (orientation, mood, behavior) and potential for abuse prior to administering medication.
  - Assess sleep patterns before and periodically throughout therapy.
  - Prolonged high dose therapy may lead to psychological or physical dependence. 
  - Asses sleep patterns before and periodically throughout therapy. 
  - Prolonged high dose therapy may lead to psychological or physical dependence. 
  - Assess high-dose therapy for appropriate use. 
  - Assess patient for side effects (↓ dose if needed).

- **NURSING Diagnoses**
  - Insomnia (Indications)
  - Risk for falls (Side Effects)
Implementation

● Do not confuse Restoril (temazepam) with Risperdal (risperidone).

● Supervise ambulation and transfer of patients after administration. Remove cigarettes. Side rails should be raised and call bell within reach at all times.

PNI: Administration of this medication becomes a problem.

Patient/Family Teaching

● Instruct patient to take temazepam as directed. Teach sleep hygiene techniques (dark room, quiet, bedtime ritual, limit daytime napping, avoidance of nicotine and caffeine). If less effective after a few weeks, consult health care professional; discontinue dose.

● May cause daytime drowsiness or dizziness. Caution patients to avoid driving or other activities requiring alertness until response to medication is known. Direct instruct patient and family how to reduce falls risk at home.

● Advise patient to avoid the use of alcohol and other CNS depressants and to consult health care professional before using OTC preparations that contain antihistamines or decongestants.

● Caution patient that complex sleep-related behaviors (sleep-driving, making phone calls, preparing and eating food, having sex, sleep walking) may occur while asleep. Inform patient to notify health care professional if sleep-related behaviors (may include sleep-driving—driving while not fully awake after ingestion of a sedative-hypnotic product, with no memory of the event) occur.

● Emphasize the importance of follow up appointments to monitor progress.

● Advise patient to take temazepam only if able to devote 8 hr to sleep.

● Advise patient to inform health care professional of pregnancy if plasma or suspected and to avoid breast feeding while taking temazepam.

Evaluation/Desired Outcomes

● Improvement in sleep pattern with decreased number of nighttime awakenings, improved sleep onset, and increased total sleep time, which may not be noticeable until the 3rd day of therapy.

Why was this drug prescribed for your patient?