zaleplon (za-lep-lon)

Sedative/hypnotics

Schedule IV

Pregnancy Category C

Indications
Short-term management of insomnia in patients unable to get at least 4 hr of sleep, especially useful in sleep initiation disorders.

Action
Produces CNS depression by binding to GABA receptors in the CNS. Has no analgesic properties. Therapeutic Effects: Induction of sleep.

Pharmacokinetics
Absorption: Rapidly absorbed following oral administration.

Distribution: Enters breast milk.

Metabolism and Excretion: Extensively metabolized in the liver (mostly by aldehyde oxidase and some by CYP 450 3A4 enzymes).

Half-life: Unknown.

TIME/ACTION PROFILE
ROUTE ONSET PEAK DURATION
PO (Adults) within min unknown 3–4 hr

Contraindications/Precautions
Contraindicated in: Hypersensitivity; Severe hepatic impairment; OB, Lactation: Pregnancy or lactation.

Use Cautiously in: Mild to moderate hepatic impairment, weight <50 kg, or concurrent cimetidine therapy (initiate therapy at lowest dose); Impaired respiratory function; History of suicide attempt; Pedi: Safety not established; Geri: q risk of cognitive impairment. If used, start at lowest dose.

Adverse Reactions/Side Effects
CNS: abnormal thinking, amnesia, anxiety, behavior changes, changes in mood, confusion, dizziness, drowsiness, hallucinations, headache, impaired memory (briefly following dose), impaired psychomotor function (briefly following dose), malaise, nightmares, sleep—driving, vertigo, weakness.

EENT: abnormal vision, ear pain, epistaxis, hearing sensitivity, ocular pain, altered sense of smell.

CV: peripheral edema.

GI: abdominal pain, anorexia, constipation, diarrhea, nausea, G4: gastrointestinal bleeding.

Derm: photosensitivity.

Nursing Implications
Assessment
● Assess mental status, sleep patterns, and potential for abuse prior to administering this medication. Zaleplon is used to treat short-term difficulty in falling asleep; decreases time to sleep onset. May not increase total sleep time or decrease number of wakenings after falling asleep. Prolonged use of 7–10 days may lead to physical and psychological dependence. Limit amount of drug available to the patient.

● Assess patient for pain. Medicate as needed. Untreated pain decreases sedative effects.

Interactions
Drug-Drug: Cimetidine, fexofenadine, and terfenadine (initiate therapy at lower dose). Additive CNS depression with other CNS depressants including alcohol, anxiolytics, neuroleptics, other sedative/hypnotics, phenothiazines, and tricyclic antidepressants. Effects may be potentiated by drugs that induce the CYP 450 3A4 enzyme system including rifampin, phenytoin, carbamazepine, and phenobarbital.

Drug-Natural Products: Concomitant use of kava-kava, valerian, chamomile, or hops can potentiate CYP 450 3A4 inhibition.

Route/Dosage
PO (Adults): 10 mg (range 5–20 mg) at bedtime.

PO (Geriatric Patients or Patients <50 kg): Initiate therapy at 5 mg at bedtime (not to exceed 10 mg at bedtime).

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

Implementation
● Do not confuse Sonata with Soriatane.
● Before administering, reduce external stimuli and provide comfort measures to increase effectiveness of medication.
● Protect patient from injury. Supervise ambulation and transfer of patient after administration. Remove cigarettes. Note: do not use call bell within reach at all times.
● PO: Tablets should be swallowed whole with full glass of water immediately before bedtime or after going to bed and experiencing difficulty falling asleep. Do not administer with or immediately after a high-fat or heavy meal.

Patient/Family Teaching
● Instruct patient to take zolpidem as directed. Do not take more than the amount prescribed because of the habit-forming potential. Not recommended for use longer than 7–10 days. rebound insomnia (1–2 nights) may occur when stopped. If used for 2 wk or longer, abrupt withdrawal may result in delirium, insomnia, abdominal or muscle cramps, sweating, vomiting, tremors, and seizures.
● Because of rapid onset, advise patient to go to bed immediately after taking zolpidem.
● May cause daytime drowsiness or dizziness. Advise patient to avoid driving or other activities requiring alertness until response to this medication is known.
● Inform patient that amnesia may occur, but can be avoided if zolpidem is only taken when patient is able to get ≥ 5 hr sleep.
● 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.
● Caution patient to avoid concurrent use of alcohol or other CNS depressants.

Evaluation/Desired Outcomes
● Improved ability to fall asleep, decreased time to sleep onset.

Why was this drug prescribed for your patient?