

## beclomethasone (nasal) (be-kloe-meth-a-sonē)

Beconase AQ, QNASL, \* Rivanase AQ

### Classification

**Therapeutic:** anti-inflammatories (steroidal)

**Pharmacologic:** corticosteroids

### Pregnancy Category C

### Indications

Seasonal allergic or perennial rhinitis. Prevention of recurrence of nasal polyps following surgical removal (Beconase AQ only).

### Action

Potent, locally acting anti-inflammatory and immune modifier. **Therapeutic Effects:** Decrease in symptoms of allergic or nonallergic rhinitis. Prevention of recurrence of nasal polyps.

### Pharmacokinetics

**Absorption:** 27–44%; action is primarily local following nasal use.

**Distribution:** Crosses the placenta and enters breast milk in small amounts.

**Metabolism and Excretion:** Primarily converted to beclomethasone 17-monopropionate (active metabolite); 60% excreted in feces, 12% in urine.

**Half-life:** 2.7 hr.

TIME/ACTION PROFILE (improvement in symptoms)

| ROUTE      | ONSET     | PEAK       | DURATION |
|------------|-----------|------------|----------|
| Intranasal | 1–3 days† | up to 2 wk | unknown  |

†Up to 2 wk in some patients

### Contraindications/Precautions

**Contraindicated in:** Hypersensitivity (product contains alcohol).

**Use Cautiously in:** Active untreated infections; Diabetes or glaucoma; Underlying immunosuppression (due to disease or concurrent therapy); Systemic corticosteroid therapy (should not be abruptly discontinued when intranasal therapy is started); Recent nasal trauma, septal ulcers, or surgery (wound healing may be im-

paired by nasal corticosteroids); Pregnancy, lactation, or children < 12 yr (QNASL) or 6 yr (Beconase AQ) (safety not established; prolonged or high-dose therapy may lead to complications).

### Adverse Reactions/Side Effects

**CNS:** dizziness, headache. **EENT:** epistaxis, nasal irritation, nasal stuffiness, rhinorrhea, sneezing, tearing eyes. **GI:** nausea. **Endo:** adrenal suppression (increased dose, long-term therapy only), ↓ growth (children).

### Interactions

**Drug-Drug:** None known.

### Route/Dosage

**Intranasal (Adults and Children ≥ 12 yr):** *Beconase AQ*—1–2 sprays in each nostril twice daily (not to exceed 2 metered sprays in each nostril twice daily); *QNASL*—2 sprays in each nostril once daily.

**Intranasal (Children ≥ 6 yr):** 1 spray in each nostril twice daily; once adequate control achieved, reduce dose to 1 spray in each nostril twice daily (not to exceed 2 sprays in each nostril twice daily).

### NURSING IMPLICATIONS

#### Assessment

- Monitor degree of nasal stuffiness, amount and color of nasal discharge, and frequency of sneezing.
- Patients on long-term therapy should have periodic otolaryngologic examinations to monitor nasal mucosa and passages for infection or ulceration.
- Monitor growth rate in children receiving chronic therapy; use lowest possible dose.
- **Lab Test Considerations:** Periodic adrenal function tests may be ordered to assess degree of hypothalamic-pituitary-adrenal (HPA) axis suppression in chronic therapy. Children and patients using higher than recommended doses are at highest risk for HPA suppression.

#### Potential Nursing Diagnoses

Ineffective airway clearance (Indications)

Risk for infection (Side Effects)

Deficient knowledge, related to medication regimen (Patient/Family Teaching)

#### Implementation

- After the desired clinical effect has been obtained, attempts should be made to decrease dose to lowest amount. Gradually decrease dose every 2–4 wk as long as

\* = Canadian drug name.

⊠ = Genetic Implication.

CAPITALS indicate life-threatening, underlines indicate most frequent.

~~Strikethrough~~ = Discontinued.

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desired effect is maintained. If symptoms return, dose may briefly return to starting dose.

- **Intranasal:** Patients also using a nasal decongestant should be given decongestant 5–15 min before corticosteroid nasal spray.

### **Patient/Family Teaching**

- Advise patient to take medication exactly as directed. If a dose is missed, take as soon as remembered unless almost time for next dose.
- Instruct patient in correct technique for administering nasal spray. Shake well before use. Before first-time use, prime pump by pressing down and releasing pump 6 times or until fine spray appears. If not used for 7 days, reprime pump until fine spray appears. Prior to administering dose, gently blow nose to clear nostrils. Close 1 nostril. Tilt head forward slightly and insert nasal applicator into other nostril. Spray and breathe inward through nostril. Breathe out through mouth. Repeat procedure in other nostril. Nasal applicator should be removed periodically and rinsed with cold water. Warn patient that temporary nasal stinging may occur.
- Advise patient that nasal decongestant or oral antihistamine may be needed until effects of beclomethasone become apparent.
- Instruct patient to notify health care professional if symptoms do not improve within 3 wk, if symptoms worsen, or if sneezing or nasal irritation occurs.

### **Evaluation/Desired Outcomes**

- Resolution of nasal stuffiness, discharge, and sneezing in seasonal allergic or perennial rhinitis.
- Prevention of recurrence of nasal polyps.

### **Why was this drug prescribed for your patient?**