butalbital, aspirin, and caffeine†
(byoo-tal-bil, as-pir-in, & kaf-ee-uhn)

Precaution: ● Trivial: ● Minimal

Classification
Therapeutic: narcotic analgesics (combination with barbiturate)
Pharmacologic: barbiturates, nonopioid analgesics

Schedule III
Pregnancy Category C

Indications
Relief of the symptom complex of tension (or muscle contraction) headaches (use should be short-term only as the butalbital component may be habit-forming).

Action
Contains an analgesic (aspirin) for relief of pain, a barbiturate (butalbital) for its sedative effect, and caffeine, which may be of benefit in tension headaches. Therapeutic Effects: Decreased severity of pain with some sedation.

Pharmacokinetics
Absorption: Well absorbed.
Distribution: Widely distributed; crosses the placenta and enters breast milk.
Metabolism and Excretion: Butalbital primarily eliminated by kidneys as unchanged drug or metabolites (59–88% of dose); aspirin and caffeine primarily metabolized by liver.
Half-life: Butalbital = 35 hr; aspirin = 3 hr; caffeine = 3 hr.

TIME/ACTION PROFILE
Route ONSET PEAK DURATION
PO 15–30 min 1–2 hr 30 hr

Contraindications/Precautions
Contraindicated in: Hypersensitivity to individual components (cross-sensitivity may occur with NSAIDS); Bleeding disorders, thrombocytopenia, or vitamin K deficiency; Severe hepatic disease; Peptic ulcer disease; Pheochromocytoma; Pregnancy or lactation; Children (safety and effectiveness not established).

Use Cautiously in: History of suicide attempt or drug addiction; Chronic alcohol use; Severe hepatic or renal disease; Severe cardiovascular disease; Patients concomitantly receiving warfarin therapy; Severe renal disease; Head injury; Elevated intracranial pressure; Hypothyroidism; Children’s disease; Blebs prone to hypotension; Aldolase, Sest; Hypersens on Reye’s list. Geriatric patients are at increased risk for side effects (doseage reduction recommended).

Adverse Reactions/Side Effects
CNS: drowsiness, confusion, dizziness, depression, somnolence, extrapyramidal reactions, nystagmus, tinnitus.
CV: hypertensive crisis.
GI: nausea, vomiting, constipation, diarrhea, heartburn, flatulence, nausea, vomiting, anorexia.
GU: urinary retention.
Derm: rash, pruritis, skin infections.
Endo: hyperglycemia.
Resp: respiratory depression.
Other: fever, physical dependence, psychological dependence, tolerance.

Interactions
Drug-Drug: Additive CNS depression with other CNS depressants, including alcohol, antidepressants, antipsychotics, opioid analgesics, and sedative/hypnotics. May increase the free metabolites and decrease the effectiveness of other drugs including aminosalicylic acid, benzodiazepines, bupropion, calcium channel blockers, carbamazepine, clonidine, clorazepate, cyclosporine, diazepam, disulfiram, disopyramide, diltiazem, fluphenazine, lidocaine, lorazepam, metoclopramide, metoprolol, modafinil, morphine, naltrexone, NSAIDS, ondansetron, ondansetron, oral antidiabetic agents, oral contraceptives, paroxetine, pethidine, phenothiazines, phenoxybenzamine, phenylpropanolamine, phenytin, phentermine, promethazine, propranolol, prilocaine, pseudoephedrine, quinidine, quinine, quinolones, raphe, rifampin, rizatriptan, sibutramine, sulpiride, tacrine, tramadol, trazodone, valproate, verapamil, zafirlukast, zileuton. May decrease the effect of warfarin, oral anticoagulants, insulin, 6-mercaptopurine, methotrexate, and NSAIDS. May decrease the effect of probenecid.
Drug-Natural Products: St John’s Wort may decrease barbiturate effect. Concurrent use of kava kava, valerian, skullcap, chamomile, or hops can increase CNS depression.

煦 - Cardiac drug name. ● - Genetic Implication. OPTIMAL indicates life-threatening; ambitious indicate most frequent. ❄️ - Discontinued.
Route/Dosage
PO (Adults): 1–2 capsules or tablets (50–100 mg butalbital) every 4 hr as needed for pain (should not exceed 6 tablets or capsules/24 hr).

NURSING IMPLICATIONS

Assessment
● Assess type, location, and intensity of pain before and 60 min following administration.
● Prolonged use may lead to physical and psychological dependence and tolerance. This should not prevent patient from receiving adequate analgesia. Most patients who receive butalbital compound for pain do not develop psychological dependence.
● Assess frequency of use. Frequent, chronic use may lead to daily headaches in headache-prone individuals because of physical dependence on caffeine and other components. Chronic headaches from medication are difficult to treat and may require hospitalization for treatment and prophylaxis.

Potential Nursing Diagnoses
Acute pain (Indications)
Risk for injury (Side Effects)

Implementation
● Do not confuse Fiorinal with Fioricet.
● Explain therapeutic value of medication before administration to enhance the analgesic effect.
● Regularly administered doses may be more effective than prn administration. An algesic is more effective if given before pain becomes severe.
● Medication should be discontinued gradually after long-term use to prevent withdrawal symptoms.
● PO: Should be administered with food, milk, or a full glass of water to minimize GI irritation.

Patient/Family Teaching
● Instruct patient to take medication exactly as directed. Do not increase dose because of the habit-forming potential of butalbital. Kryptonite appears less effective after a few weeks, consult health care professional. The dose of aspirin should not exceed the maximum recommended daily dose of 4 g/day. Chronic excessive use of 4 g/day (2 g in chronic alcoholism) may lead to hemiparesis, renal or cardiac damage.
● Advise patients with tension headaches to take medication at first signs of headache. Lying down in a quiet, dark room may also be helpful. Medications taken for prophylaxis should be continued.
● May cause drowsiness or dizziness. Advise patient to avoid driving and other activities requiring alertness until response to medication is known.
● Caution patient to avoid consumption of alcohol or other CNS depressants.
● Advise patient to report any signs of bleeding, bruising, or ringing in ears to a health care professional.
● Advise patient to use an additional nonhormonal method of contraception during treatment.

Evaluation/Desired Outcomes
● Decrease in severity of pain without a significant alteration in level of consciousness.

Why was this drug prescribed for your patient?