**CHLORDIAZEPoxide (klor-di-az-e-pox-ide)**

**Libritabs, Librium**

**Classification**

Therapeutic: antianxiety agents, sedative/hypnotics  
Pharmacologic: benzodiazepines

**Schedule IV**

**Pregnancy Category D**

**Indications**


**Action**

Acts at many levels of the CNS to produce anxiolytic effect. Depresses the CNS, probably by potentiating GABA, an inhibitory neurotransmitter.

**Therapeutic Effects:**

Sedation. Relief of anxiety.

**Pharmacokinetics**

Absorption: Well absorbed from the GI tract.

Distribution: Widely distributed. Crosses the blood-brain barrier. Crosses the placenta; enters breast milk. Recommend to discontinue drug or bottle feed.

Metabolism and Excretion: Highly metabolized by the liver. Some products of metabolism are active as CNS depressants.

Half-life: 5–30 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>1–2 hr</td>
<td>0.5–4 hr</td>
<td>up to 24 hr</td>
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</table>

**Contraindications/Precautions**

- Hypersensitivity: Some products contain tartrazine and should be avoided in patients with known intolerance; Cross-sensitivity with other benzodiazepines may occur; Contact patients or those with pre-existing CNS depression, Uncontrolled severe pain, Pulmonary edema, Angle-closure glaucoma, Porphyria, GI, Lactation: May cause CNS depression, Sedation, and weight loss in infants;

**Use Cautiously in:**

Hepatic dysfunction; Severe renal impairment; History of suicide attempt or substance abuse; Comatose patients or those with pre-existing CNS depression; Uncontrolled severe pain; Pulmonary disease; Angle-closure glaucoma; Porphyria;

**Interactions**

Drug-Drug: Alcohol, antidepressants, antihistamines, and opioid analgesics— concurrent use results in additive CNS depression. Cimetidine, oral contraceptives, fluoxetine, isoniazid, ketoconazole, metoprolol, propranolol, or valproic acid may enhance effects. May impair effectiveness of levodopa. Rifampin or barbiturates may enhance effects of chlordiazepoxide. Selective effects may be seen with theophylline.

**Route/Dosage**

**PO (Adults):** Alcohol withdrawal—50–100 mg, repeated until agitation is controlled (up to 400 mg/day). Anxiety—5–25 mg 3–4 times daily.

**PO (Geriatric Patients or Debilitated Patients):** Anxiety—5 mg 2–4 times daily initially, increased as needed.

**PO (Children ≥6 yr):** Anxiety—5 mg 2–4 times daily, up to 10 mg 2–3 times daily.

**NURSING IMPLICATIONS**

**Assessment**

- Signs for anxiety and level of sedation (ataxia, dizziness, altered speech) periodically during therapy.

**Nursing Considerations**

- Common drug name.  
- Genetic Implication.  
- OPTOX indicates life-threatening adverse effects.  
- Underline indicates most frequent.  
- Discontinued.
Assess degree and manifestations of anxiety and mental status (orientation, mood, behavior) prior to and periodically during therapy.

Prolonged high-dose therapy may lead to psychological or physical dependence. Restrict the amount of drug available to patient.

Assess risk of falls and institute fall prevention strategies.


Lab Test Considerations: Patients on prolonged therapy should have CBC and liver function tests evaluated periodically. May cause increase in serum bilirubin, ALT, and AST.

May alter results of urine 17-ketosteroids and 17-ketogenic steroids. May cause decrease in serum bilirubin, ALT, and AST.

Flumazenil reverses sedation caused by chlordiazepoxide toxicity or overdose. (Flumazenil may induce seizures in patients with a history of seizure disorder or who are on tricyclic antidepressants.)

Potential Nursing Diagnoses

Anxiety (Indications)
Risk for injury (Side Effects)
Dysfunctional family processes: alcoholism

Implementation

Do not confuse chlordiazepoxide with chlorpromazine.

PO: Administer after meals or with milk to minimize GI irritation. Tablets may be crushed and taken with food or fluids if patient has difficulty swallowing. Administer greater dose at bedtime to avoid daytime sedation. Do not discontinue abruptly; taper by 10 mg every 3 days to reduce chance of withdrawal effects. Some patients may require longer taper period (months). Monitor patients closely if status epilepticus is treated or abrupt withdrawal may precipitate seizures.

Evaluation/Desired Outcomes

Decreased sense of anxiety.
Increased ability to cope.
Decreased delirium tremens and more rational ideation when used for alcohol withdrawal.

Why was this drug prescribed for your patient?