desloratadine (dess-lor-a-ta-deen)

**Actions, Classes:**
- Classification: Therapeutic: allergy, cold, and cough remedies, antihistamines
- Pharmacologic: piperidines

**Pregnancy Category:** C

**Indications**
- Symptoms of allergic rhinitis (seasonal and perennial).
- Chronic idiopathic urticaria.

**Action**
- Blocks peripheral effects of histamine released during allergic reactions.

**Pharmacokinetics**
- Absorption: Well absorbed; absorption for orally-disintegrating tablets and oral tablets is identical.
- Distribution: Enters breast milk.
- Metabolism and Excretion: Extensively metabolized to 3-hydroxydesloratadine, an active metabolite; small percentage of patients may be slow metabolizers.
- Half-life: 27 hr.

**Contraindications/Precautions**
- Contraindicated in: Hypersensitivity; Lactation.
- Use Cautiously in: Hepatic or renal impairment (p.dose to 5 mg every other day); Geri: Dosing for the elderly should consider hepatic, renal, or cardiac function, concomitant diseases, other drug therapy and risk of adverse reactions; Pedi: Children ≤ 6 mo (safety not established).

**Adverse Reactions/Side Effects**
- CNS: drowsiness (rare).
- EENT: pharyngitis.
- GI: dry mouth.
- Misc: allergic reactions including ANAPHYLAXIS.

**Interactions**
- Drug-Drug: The following interactions may occur, but are less likely to occur with desloratadine than with more sedating antihistamines. MAO inhibitors and/or CNS depressants including alcohol, antidepressants, opioids, and sedatives/hypnotics may prolong effects of antihistamines. T 3/4 depression may occur with other CNS depressants including alcohol, antidepressants, opioid, and sedatives/hypnotics.

**Route/Dosage**
- PO (Adults and Children ≥ 12 yr): 5 mg once daily.
- PO (Adults and Children 6–11 yr): 5 mg every other day.
- PO (Children 6–11 yr): 2.5 mg once daily.
- PO (Children 12 mos–5 yr): 1.25 mg once daily.
- PO (Children 6–12 mos): 1 mg once daily.

**NURSING IMPLICATIONS**
- Assessment
  - Assess allergy symptoms (rhinitis, conjunctivitis, hives) before and periodically during therapy.
  - Assess lung sounds and character of bronchial secretions. Maintain fluid intake of 1500–2000 mL/day to decrease viscosity of secretions.
- Lab Test Considerations: May cause false-negative results on allergy skin testing.

**Potential Nursing Diagnoses**
- Ineffective airway clearance (indications)
- Risk for injury (adverse reactions)

**Implementation**
- PO: May be administered without regard to meals.
- Pedi: Use calibrated measuring device to ensure accurate dose of syrup for children.

**NURSE-TO-NURSE**
- Discontinued
For orally disintegrating tablets (Reditabs): Place on tongue. Tablet disintegrates rapidly. May be taken with or without water. Administer immediately after opening the blister.

Patient/Family Teaching
- Instruct patients to take desloratadine as directed. Do not increase dose or frequency; does not increase effectiveness and may increase side effects.
- May rarely cause drowsiness. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.
- Advise patient to avoid taking alcohol or other CNS depressants concurrently with this drug.
- Advise patient that good oral hygiene, frequent rinsing of mouth with water, and sugarless gum or candy may minimize dry mouth. Patients should notify dentist if dry mouth persists >2 wk.

Evaluation/Desired Outcomes
- Decrease in allergic symptoms.

Why was this drug prescribed for your patient?