Hydroxyzine (hy-droh-ksi-zeen)

Classification
Antianxiety agents, antihistamines, sedative/hypnotics

Pregnancy Category C

Indications

Side Effects
Sedation, blurred vision, dry mouth, constipation, dizziness, drowsiness, rash, pruritus, urinary retention.

Contraindications
Hypersensitivity; OB: Potential for congenital defects (oral clefts and hypoplasia of cerebral hemisphere); Lactation: Safety not established.

Use Cautiously
Severe hepatic dysfunction; OB: Has been used safely during labor; Pedi: Injection contains benzyl alcohol, which can cause potentially fatal gasping syndrome in neonates; Geri: Appears on Beers list. Geriatric patients are more susceptible to adverse reactions due to anticholinergic effects; dosage recommended.

Adverse Reactions

Interactions
Drug-Drug: Additive CNS depression with other CNS depressants, including alcohol, antidepressants, antihistamines, opioid analgesics, and sedative/hypnotics. Additive anticholinergic effects with other drugs possessing anticholinergic properties, including antihistamines, antidepressants, atropine, haloperidol, phenothiazines, quinidine, and disopyramide. Can antagonize the vasopressor effects of epinephrine.

Drug-Natural Products: Concomitant use of kava-kava, valerian, or chamomile can cause CNS depression. Anticholinergic effects with angel’s trumpet, jimson weed, and scopolia.

Route/Dosage
PO (Adults): Antianxiety—25–100 mg 4 times/day, not to exceed 600 mg/day. Prophylactic sedation—50–100 mg single dose. Antipruritic—25 mg 4–6 times daily.

PO (Children): 2 mg/kg/day divided q 6–8 hr.

IM (Adults): Prophylactic sedation—25–100 mg single dose. Antipruritic—25–100 mg q 4–6 hr as needed.

NURSING IMPLICATIONS
Assessment
● Assess patient for profound sedation and provide safety precautions as indicated (side rails up, bed in low position, call bell within reach, supervision of ambulation and transfer). Geri: Older adults are more sensitive to CNS and anticholinergic effects (delirium, acute confusion, dizziness, dry mouth, blurred vision, urinary retention, constipation, tachycardia). Monitor for drowsiness, agitation, over sedation, and other systemic side effects. Assess falls risk and implement prevention strategies.

Treatment
● Supportive care.

Continuation

Pharmacy
Anxiety: Assess mental status (orientation, mood, and behavior).

Nausea and Vomiting: Assess degree of nausea and frequency and amount of emesis.

Pruritus: Assess degree of itching and character of involved skin.

Lab Test Considerations: May cause false-negative skin test results using allergen extracts. Discontinue hydroxyzine at least 72 hr before test.

Potential Nursing Diagnoses

Anxiety (indications)
Impaired skin integrity (indications)
Risk for injury (side effects)
Ineffective coping (side effects)

Implementation

Do not confuse hydroxyzine with hydralazine or Atarax (hydroxyzine) with Ativan (lorazepam).

PO: Tablets may be crushed and capsules opened and administered with food or fluids for patients having difficulty swallowing.

IM: Administer only IM deep into well-developed muscle, preferably with Z-track technique. Injection is extremely painful. Do not use deltoid site. If must be administered to children, midlateral muscles of the thigh are preferred. Significant tissue damage, necrosis, and sloughing may result from subcut or intra-arterial injections. Therefore may result from IV injections. Rotate injection sites frequently.

Syringe Compatibility: atropine, buprenorphine, butorphanol, chlorpromazine, diphenhydramine, doxapram, droperidol, fentanyl, fluphenazine, glycopyrrolate, hydromorphone, lidocaine, meperidine, metoclopramide, midazolam, morphine, nalbuphine, oxymorphone, promethazine, prochlorperazine, promazine, scopolamine, sufentanil.

Syringe Incompatibility: dimenhydrinate, haloperidol, heparin, ketorolac, penicillin G, pentobarbital, phenobarbital, phenytoin.

Patient/Family Teaching

Instruct patient to take medication exactly as directed. Missed doses should be taken as soon as remembered unless it is almost time for next dose; do not double doses.

May cause drowsiness or dizziness. Caution patient to avoid driving and other activities requiring alertness until response to medication is known. Warn patients or caregivers that older adults are at increased risk for CNS effects and falls.

Advise patient to avoid concurrent use of alcohol or other CNS depressants with this medication.

Inform patient that frequent mouth rinses, good oral hygiene, and sugarless gum or candy may help decrease dry mouth. If dry mouth persists for more than 2 wk, consult dentist about saliva substitutes.

If used for anxiety, advise patient that psychotherapy is beneficial in addressing sources of anxiety and improving coping skills.

Teach other methods to decrease anxiety, such as increased exercise, support groups, and relaxation techniques.

Evaluation/Desired Outcomes

Decrease in anxiety

Relief of nausea and vomiting

Relief of pruritus

Sedation when used as a sedative/hypnotic

Why was this drug prescribed for your patient?