**mometasone (nasal) (moe-met-a-zone)**

**Names**

**Classification**

Therapeutic: anti-inflammatories (steroidal)

Pharmacologic: corticosteroids

**Pregnancy Category:** C

**Indications**


**Action**

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

**Pharmacokinetics**

**Absorption:** Negligible absorption; action is primarily local following nasal use.

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

**Metabolism and Excretion:** Rapidly and extensively metabolized by the liver; primarily excreted in bile.

**Half-life:** 5.8 hr.

**TIME/ACTION PROFILE (improvement in symptoms)**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intranasal</td>
<td>within 2 days</td>
<td>1–2 wk</td>
<td>unknown</td>
</tr>
</tbody>
</table>

**Contraindications/Precautions**

**Contraindicated in:** Hypersensitivity to mometasone.

**Use Cautiously in:** Active untreated infections; Diabetes or glaucoma; Underlying immunosuppression (resulting from disease or concurrent therapy); Systemic glucocorticoid therapy (should not be abruptly discontinued when intranasal therapy is started); Recent nasal trauma, septal ulcers, or surgery (wound healing may be impaired by nasal corticosteroids).

**O'Brien, Lactation, Pedi:** Pregnancy, lactation, or children 2 yr (safety not established; prolonged or high-dose therapy may lead to complications).

**Adverse Reactions/Side Effects**

**CNS:** Headache.

**EENT:** Pharyngitis, epistaxis, nasal burning, nasal irritation, nasopharyngeal fungal infection, sinusitis.

**GI:** Vomiting.

**GU:** Dysmenorrhea.

**Endo:** Adrenal suppression (q dose, long-term therapy only), growth (children).

**MS:** Pain.

**Resp:** Cough.

**Interactions**

**Drug-Drug:** None known.

**Route/Dosage**

**Treatment of Season and Perennial Allergic Rhinitis**

**Intranasal (Adults and Children ≥ 12 yr):** 2 sprays in each nostril once daily (not to exceed 2 sprays in each nostril once daily).

**Intranasal (Children 2–11 yr):** 1 spray in each nostril once daily.

**Prophylaxis of Seasonal Allergic Rhinitis**

**Intranasal (Adults and Children ≥ 12 yr):** 2 sprays in each nostril once daily initiated 2–4 wk prior to beginning of pollen season.

**Treatment of Nasal Polyps**

**Intranasal (Adults ≥ 18 yr):** 2 sprays in each nostril 1–2 times daily (not to exceed 2 sprays in each nostril once 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.

**Overdosage:** None known.
Potential Nursing Diagnoses

Ineffective airway clearance (Indications)
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 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 glucocorticoid nasal spray.

Patient/Family Teaching

● Advise patient to take medication exactly as directed. If a dose is missed, take as soon as remembered; do not double the dose.

● Intranasal: Instruct patients to use intranasal correct technique for administering nasal spray. Shake well before use. Before first-time use, prime unit by spraying 10 times or until fine spray appears. If not used for at least 7 days, repriming by spraying 2 times or until fine spray appears. Prior to administering dose, gently blow nose to clear nostrils. If not used for at least 1 month, use hand to hold nasal applicator to other nostril. Spray and breathe through involved nostril. Before each treatment, repeat procedure in other nostril. Warn patient that temporary nasal sting and/or sneezing may occur.

● Instruct patient to notify health care professional if symptoms do not improve within 2 wk, or if symptoms worsen.

Evaluation/Desired Outcomes

● Resolution or prevention of nasal stuffiness, discharge, and sneezing in seasonal or perennial allergic rhinitis or nasal polyps.

Why was this drug prescribed for your patient?