oxazepam (ox-a-zep-am)

Classification
- Therapeutic: antianxiety agents, sedative/hypnotics
- Pharmacologic: benzodiazepines

Schedule IV

Pregnancy Category D

Indications

Action
Depresses the CNS, probably by potentiating GABA, an inhibitory neurotransmitter.

Therapeutic Effects:
- Decreased anxiety
- Diminished symptoms of alcohol withdrawal

Pharmacokinetics
- Absorption: Well absorbed following oral administration. Absorption is slower than with other benzodiazepines.
- Distribution: Widely distributed. Crosses the blood-brain barrier. May cross the placenta and enter breast milk.
- Metabolism and Excretion: Metabolized by the liver to inactive compounds.
- Protein Binding: 97%
- Half-life: 5–15 hr.

Time/Action Profile (sedation)
- PO: Onset: 45–90 min; Peak: unknown; Duration: 6–12 hr

Contraindications/Precautions
- Contraindicated in: Hypersensitivity; Cross-sensitivity with other benzodiazepines may exist; Coma patients or those with pre-existing CNS depression; Uncontrolled severe pain; Angle-closure glaucoma. Some products contain tartrazine, which should be avoided in patients with known intolerance. OR: Lactation: Pregnancy or lactation.

Use Cautiously in:
- Hepatic dysfunction (may be preferred over some benzodiazepines due to shorter half-life), history of suicide attempt or substance use disorder, severe chronic obstructive pulmonary disease, pregnancy (GERI: 6 yr; data not established), children, geriatric patients, obesity, lactation.

Adverse Reactions/Side Effects
- CNS: dizziness, drowsiness, confusion, hangover, headache, impaired memory, paradoxical excitement, slurred speech, mental depression
- EENT: blurred vision
- Resp: respiratory depression
- CV: tachycardia
- GI: constipation, diarrhea, nausea, vomiting, weight gain (unusual)
- GU: urinary problems
- Derm: rashes
- Hemat: leukopenia
- Misc: physical dependence, psychological dependence, tolerance

Interactions
- Drug-Drug: Additive CNS depression with other CNS depressants, including alcohol, antihistamines, antidepressants, opioid analgesics, and other sedative/hypnotics (including other benzodiazepines). May ↓ the therapeutic effectiveness of levodopa. May ↓ effectiveness of Theophylline. May ↓ sedative effects.
- Drug-Natural Products: Concomitant use of kava-kava, valerian, skullcap, chamomile, or hops can ↑ CNS depression.

Route/Dosage
- PO (Adults):
  - Antianxiety agent—10–30 mg 3–4 times daily
  - Sedative/hypnotic/management of alcohol withdrawal—15–30 mg 3–4 times daily
- PO (Geriatric Patients): 5 mg 1–2 times daily initially or 10 mg 3 times daily, may ↑ as needed.

NURSING IMPLICATIONS
- Assessment:
  - Assess patient for anxiety and orientation, mood and behavior
  - Assess level of sedation (atime, drowsiness, slurred speech) periodically throughout therapy.

- Nursing Diagnoses
  - Risk for injury related to decreased level of consciousness
  - Risk for falls related to dizziness

- Patient/Family Teaching
  - Do not stop the medication abruptly
  - Avoid alcohol and other CNS depressants
  - Inform patient that driving or operating dangerous machinery should be avoided until response to drug is known

- Patient Monitoring
  - Monitor patient for signs of respiratory depression
  - Monitor for drug-in-induced hepatitis

- Lab Test Considerations
  - Monitor liver function tests if hepatic dysfunction is present

- Patient Education
  - Inform patient that during treatment, the effectiveness of levodopa may be decreased

- Disposition
  - Hospitalized

- Collaborations
  - May work with psychiatrists, psychologists, and social workers.
● Assess regularly for continued need for treatment.

● Prolonged high-dose therapy may lead to psychological or physical dependence.

● Restrict the amount of drug available to patient.


● Lab Test Considerations: Monitor LFT and liver function tests periodically during prolonged therapy.

● May cause decreased thyroidal uptake of sodium iodide123I and131I.

### Potential Nursing Diagnoses

**Anxiety (Indications)**

- Ineffective coping (Indications)
- Risk for injury (Side Effects)

### Implementation

- Medication should be tapered at the completion of therapy (taper by 0.5 mg q 3 days). Sudden cessation of medication may lead to withdrawal (insomnia, irritability, nervousness, tremors).

- PO: Administer with food if GI irritation becomes a problem.

### Patient/Family Teaching

- Instruct patient to take oxazepam exactly as directed. Missed doses should be taken within 1 hr; if remembered later, omit and return to regular dosing schedule. Do not double or increase doses. If dose is less effective after a few weeks, notify health care professional.

- Inform patient that oxazepam is usually prescribed for short-term use. Encourage patient to participate in psychotherapy to address source of anxiety and improve coping skills. Teach other methods to decrease anxiety, such as increased exercise, support group, relaxation techniques.

- May cause drowsiness or dizziness. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.

- Advise patient to avoid the use of alcohol and to consult health care professional prior to the use of OTC preparations that contain antihistamines or alcohol.

- Advise patient to notify health care professional of medication regimen prior to treatment or surgery.

- Advise patient to inform health care professional if pregnancy is planned or suspected.

- Emphasize the importance of follow-up exams to monitor effectiveness of medication.

- Instruct patient and family how to reduce falls risk at home.

### Evaluation/Desired Outcomes

- Decreased sense of anxiety.

- Increased ability to cope.

- Prevention or relief of acute agitation, tremor, and hallucinations during alcohol withdrawal.

**Why was this drug prescribed for your patient?**