secobarbital (see-koe-bar-bi-tal)

**Classification**
- Therapeutic: sedative/hypnotics
- Pharmacologic: barbiturates

**Schedule II**

**Pregnancy Category D**

**Indications**

Short-term treatment of insomnia. Adjunctive agent for anesthesia.

**Action**

Produces CNS depression through GABA-like effects. Therapeutic Effects: Induction of sleep, sedation, or anesthesia.

**Pharmacokinetics**

**Absorption:** Well absorbed following oral administration.

**Distribution:** Widely distributed; highest concentration in brain and liver. Crosses the placenta; small amounts enter breast milk.

**Metabolism and Excretion:** Metabolized by the liver.

**Protein Binding:** 55%.

**Half-life:** 30 hr.

**TIME/ACTION PROFILE (hypnotic effect)**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>10–15 min</td>
<td>2–4 hr</td>
<td>6–8 hr</td>
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</table>

**Contraindications/Precautions**

- **Contraindicated in:** Hypersensitivity
- **Use Cautiously in:** Hepatic or renal impairment; Geri: Appears on Beers list. At risk for side effects (dose recommended; Chronic obstructive pulmonary disease; Prolonged use (may lead to physical & psychological dependence).

**Adverse Reactions/Side Effects**

- **CNS:** abnormal thinking, behavior changes, delirium, memory loss, sedation, excitement, hallucinations, mental depression, vertigo, deep sleep, respiratory depression, sleepwalking, drowsiness; seizures. **Resp:** respiratory depression, bradycardia, & tachycardia; Bp: hypotension, rash, urticaria; **GI:** abdominal cramps. **MS:** arthralgia, myalgia. **Neuro:** ataxia. ** Misc:** physical dependence, psychological dependence.

**Interactions**

- **Drug-Drug:** Additive CNS depression with alcohol, antihistamines, antidepressants, opioid analgesics, and other sedative/hypnotics. Valproates may increase metabolism and effects of hormonal contraceptives, chloramphenicol, cyclosporine, corticosteroids, diazepam, levodopa, naloxone, opioid agonists.

**Route/Dosage**

PO (Adults): Preoperative sedation—200–300 mg 1–2 hr before surgery; bedtime hypnotic—100 mg.

PO (Children): Preoperative sedative—2.4 mg/kg (not to exceed 100 mg).

**NURSING IMPLICATIONS**

**Assessment**

- Assess sleep patterns prior to and periodically during therapy. Hypnotic doses of secobarbital suppress REM sleep. Patient may experience an increase in dreaming upon discontinuation of medication.
- Prolonged therapy may lead to psychological or physical dependence.
- Assess postoperative patients for pain. Secobarbital may increase responsiveness to painful stimuli.

**Implementation**

- Supine ambulation and transfer of patients following administration. Remove cigarettes. Side rails should be raised and call bell within reach at all times.

**Potential Nursing Diagnoses**

- **Insomnia (Indications)**
- **Risk for injury (Side Effects)**
- **Deficient knowledge, related to medication regimen (Patient/Family Teaching)**

**Nursing Considerations**

- Use with caution. Abrupt withdrawal may precipitate seizures.

**Patient/Family Teaching**

- Instruct patient to take medication exactly as directed. Maintain a regular schedule of taking medication. Do not discontinue medication abruptly.

- Do not consume alcohol or other CNS depressants.

- Identify action of drug. Cessation of drug may produce severe withdrawal symptoms, including seizures, hallucinations, and delirium.

- Instruct patient to avoid driving and other hazardous activities until response to drug is known.

- Inform patient that drowsiness may occur during therapy. Avoid tasks requiring alertness until effects of medication are known.

- Instruct patient to report any signs of hypersensitivity, unexplained increase in appetite, or unusual behavior changes.
Patient/Family Teaching

- Discuss the importance of preparing an environment for sleep (dark room, quiet, avoidance of noise and caffeine).
- May cause daytime drowsiness. Caution patient to avoid driving and other activities requiring alertness for at least 24 hr after administration and until response to medication is known.
- Caution patient to avoid taking alcohol or other CNS depressants concurrently with this medication.
- Advise female patients to use a nonhormonal method of contraception during therapy and until next menstrual period. Inform patient to contact health care professional immediately if pregnancy is planned or suspected, or if breast feeding.

Evaluation/Desired Outcomes

- Improvement in sleep pattern without excessive daytime sedation. Therapy is usually limited to a 2-wk period.
- Sedation

Why was this drug prescribed for your patient?