triazolam (trye-a-zoh-lam)  
Apo-Triazo, Gen-Triazolam, Halcion, Novo-Triolam, Nu-Triazo

Classification  
Therapeutic: sedative/hypnotics  
Pharmacologic: benzodiazepines

Schedule IV  

Pregnancy Category X

Indications  
Short-term management of insomnia.

Action  
Acts at many levels in the CNS, producing generalized depression. Effects may be mediated by GABA, an inhibitory neurotransmitter. Therapeutic Effects: Relief of insomnia.

Pharmacokinetics  
Absorption: Well absorbed following oral administration.  
Distribution: Widely distributed, crosses blood-brain barrier. Probably crosses the placenta and enters breast milk.  
Protein Binding: 89%.  
Metabolism and Excretion: Metabolized by the liver.  
Half-life: 1.6–5.4 hr.

TIME/ACTION PROFILE (sedation)  
ROUTE ONSET PEAK DURATION  
PO 15–30 min 6–8 hr unknown

Contraindications/Precautions  
Contraindicated in: Hypersensitivity; Cross-sensitivity with other benzodiazepines may occur; Pre-existing CNS depression; Uncontrolled severe pain; OB, Lactation, Pedi: Safety not established.

Use Cautiously in: Pre-existing hepatic dysfunction (dose reduction); History of suicide attempt or drug addiction; Geri: Appears on Beers list and is associated with risk of falls (dose reduction); Prolonged high-dose therapy may lead to psychological or physical dependence. Restrict the amount of drug available to patient, especially if patient is depressed, suicidal, or has a history of addiction.

Potential Nursing Diagnoses  
Insomnia (Diagnosis)  
Risk for injury (Side Effects)

Implementation  
● Supervise ambulation and transfer of patients following administration. Remove cigarettes. Side rails should be raised and call bell accessible at all times.  
● PO: Administer with food if GI irritation becomes a problem.

Adverse Reactions/Side Effects  
CNS: abnormal thinking, behavior changes, dizziness, headache, anxiety, sedation, temperamental changes, depression, dysphoria, irritability, paradoxical excitement, amnestic state, confusion, sweating, hostility, sexual dysfunction, malaise, tension, muscle weakness, fatigue, sleep disturbances.  
EENT: blurred vision.  
GI: constipation, diarrhea, nausea, vomiting.  
Derm: rashes.  
Inf: jaundice.  
Pulm: hypoxia.  
Other: physical dependence, psychological dependence, tolerance.  
Drug Interactions  
Drug-Drug: Cimetidine, erythromycin, fluconazole, itraconazole, ketoconazole, indinavir, nelfinavir, ritonavir, saquinavir may potentiate and enhance actions of triazolam; combination should be avoided. Additive CNS depression with alcohol, antidepressants, antihistamines, and opioid analgesics. May inhibit theophylline metabolism and enhance its effects. Sedative effects may be potentiated by theophylline. Drug-Natural Products: Concomitant use of kava-kava, valerian, chamomile, or hops can enhance CNS depression.

Route/Dosage  
PO (Adults): 0.125–0.25 mg (up to 0.5 mg) at bedtime.  
PO (Geriatric Patients or Debilitated Patients): 0.125 mg at bedtime initially; may be increased as needed.

NURSING IMPLICATIONS  
Assessment  
● Assess sleep patterns prior to and periodically throughout therapy.  
● Assess CNS effects and risk of falls. Institute falls prevention strategies.  
● Prolonged high-dose therapy may lead to psychological or physical dependence. Restrict the amount of drug available to patient, especially if patient is depressed, suicidal, or has a history of addiction.

Nursing Considerations  
Cross-reactivity: Yes. Other cross-reactivity: Yes.  
Optics: indicates life-threatening; underline indicates most frequent.

REFERENCES  
Discontinued.
Patient/Family Teaching

- Instruct patient to take triazolam exactly as directed. Discuss the importance of preparing environment for sleep (dark room, quiet, avoidance of nicotine and caffeine). If less effective after a few weeks, consult health care professional; do not increase dose.
- May cause daytime drowsiness or dizziness. Caution patient to avoid driving or other activities requiring alertness until response to medication is known. Direct instruct patient and family how to reduce falls risk at home.
- Advise patient to avoid the use of alcohol and other CNS depressants and to consult health care professional prior to using OTC preparations that contain antihistamines or decongestants.
- Advise patient to inform health care professional if pregnancy is planned or suspected or if confusion, depression, or persistent headaches occur. Instruct family or caregiver to notify health care professional if personality changes occur.
- Instruct patient to notify health care professional if an increase in daytime anxiety occurs. May occur after as few as 10 days of therapy. May require discontinuation of triazolam.
- Emphasize importance of follow-up appointments to monitor progress.

Evaluation/Desired Outcomes

- Improvement in sleep patterns, which may not be noticeable until the 3rd day of therapy.

Why was this drug prescribed for your patient?