INSTRUCTIONS FOR PSYCHIATRIC WARD (9 C) DRUGS

(DOSAGE, ADMINISTRATION, PRECAUTIONS AND MONITORING)

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THE SUPERVISOR OF DRUG INFORMATION CENTER / JUST

1. Diazepam(10 mg) Ampoule

☒ Dosage:

- ✓ **Acute ethanol withdrawal:** *IV, IM:* 10 mg initially; may administer 5 to 10 mg 3 to 4 hours later, if needed.
- ✓ **Anxiety (symptoms/disorders):** *IM, IV:* 2 to 10 mg; may repeat in 3 to 4 hours, if needed. **Preoperative: Anxiety:** *IM:* 10 mg prior to surgery
- ✓ **Sedation in the ICU patient:** *IV:* Loading dose: 5 to 10 mg; Maintenance dose: 0.03 to 0.1 mg/kg every 30 minutes to 6 hours.

☒ Administration:

- Administer undiluted by slow IV push; do not mix with other solutions or medications.
- Rapid injection may cause respiratory depression or hypotension, in adults, maximum infusion rate is 5 mg/minute.
- Do not administer through small veins (eg, dorsum of hand/wrist). Avoid intra-arterial administration.
- Continuous infusion is not recommended because of precipitation in IV fluids and absorption of drug into infusion bags and tubing.
- Vesicant; ensure proper needle or catheter placement prior to and during infusion; avoid extravasation.

Extravasation management: If extravasation occurs, stop IV administration immediately and disconnect (leave cannula/needle in place); gently aspirate extravasated solution (do **NOT** flush the line); remove needle/cannula; elevate extremity. Apply dry cold compresses.

☒ Precautions:

- It has been associated with anterograde amnesia.

- Patients must be cautioned about performing tasks that require mental alertness (eg, operating machinery, driving).

- Use with caution in patients with respiratory disease; a lower dose is recommended for chronic respiratory insufficiency.

- Concomitant use with opioids may result in profound sedation, respiratory depression, coma, and death; limit dosages and durations to the minimum required. Follow patients for signs and symptoms of respiratory depression and sedation.

- Chronic use of this agent may increase the perioperative benzodiazepine dose needed to achieve desired effect.

- Use caution when reducing dose or withdrawing therapy; decrease slowly and monitor for withdrawal symptoms.

☒ Monitoring Parameters:

HR, RR, BP, and mental status; liver enzymes and CBC with long-term therapy, depth of sedation in critically-ill patients.

2. Flupenthixol Decanoate (100 mg/ml) amp

☒ Dosage:

✓ **Schizophrenia: Note:** Initiate with oral therapy; upon stabilization, patients may then be transitioned to the depot injection.

IM (depot),Initial:

- Patients **naive** to treatment with long-acting depot antipsychotics: Administer test dose of 5 to 20 mg (5 mg dose is recommended in elderly, frail, cachectic patients or patients with predisposition to extrapyramidal reactions). Closely monitor therapeutic response and for the appearance of extrapyramidal symptoms over the following 5 to 10 days. Oral antipsychotic drugs may be continued, but dosage should be reduced during this overlapping period and eventually discontinued.

- Patients with **prior exposure** and good tolerance of long-acting depot antipsychotics: 20 to 40 mg

Maintenance: 20 to 40 mg may be given 4 to 10 days after initial injection (if well tolerated), followed by usual maintenance dose of 20 to 40 mg every 2 to 3 weeks. Dose is individualized and titrated in maximum increments of ≤20 mg (doses >80 mg are not usually necessary but have been used in some patients). Dose should be maintained at the lowest effective dose.

☒ Administration:

Administer by deep IM injection only, preferably in the gluteus maximus; doses requiring more than 2 mL should be administered as divided doses between 2 injection sites. Prior to injection aspirate to ensure that inadvertent intravascular injection does not occur. Do not mix with depot formulations containing sesame oil.

☒ Precautions:

- May alter cardiac conduction; life-threatening arrhythmias have occurred with therapeutic doses.

- Correct electrolyte abnormalities (eg, hypokalemia, hypomagnesemia) prior to use.

- Avoid use in patients with underlying QT prolongation, in those taking medicines that prolong the QT interval, or cause polymorphic ventricular tachycardia; monitor ECG closely for dose-related QT effects.

- It's use has been associated with agranulocytosis, neutropenia, leukopenia, and granulocytopenia; monitoring of CBC is recommended.

- DKA has been observed in patients with no prior history of hyperglycemia; monitoring of blood glucose and body weight is recommended.

- Use with caution in patients at risk for aspiration pneumonia (ie, Alzheimer disease), particularly in patients >75 years.

- May cause extrapyramidal symptoms, including pseudoparkinsonism, acute dystonic reactions, akathisia, and tardive dyskinesia.

- Neuroleptic malignant syndrome has been associated with use of flupentixol; monitor for mental status changes, fever, muscle rigidity, and/or autonomic instability, elevated creatine phosphokinase (CPK), myoglobinuria,, and/or acute renal failure (risk may be increased in patients with Parkinson disease or Lewy body dementia.

- May cause orthostatic hypotension;

- Surgical patients receiving high-dose flupentixol should be monitored closely for hypotension; dose reduction of anesthetic or CNS depressants may be necessary.

- Avoid abrupt withdrawal in patients receiving maintenance therapy; withdrawal symptoms (eg, n/v, insomnia, restlessness, agitation) may appear 1 to 4 days after discontinuing therapy and subside within 7 to 14 days.

☒ Monitoring Parameters:

Mental status; vital signs ,BP ; weight, height, BMI, waist circumference; CBC; electrolytes and liver function; fasting plasma glucose level/HbA_{1c} fasting lipid panel; abnormal involuntary movements or parkinsonian signs; ocular examination .

3. Haloperidol (10 mg) Ampoule

☒ Dosage:

- ✓ **Agitation and/or delirium:** IV: Initial: 0.5 to 10 mg depending on degree of agitation; if inadequate response, may repeat or increase bolus dose every 15 to 30 minutes until calm achieved, then administer 25% of the total bolus dose every 6 hours if needed. Monitor ECG and QTc interval. After symptoms resolve, haloperidol therapy should be tapered off over several days.

☒ Preparation for Administration:

- Haloperidol lactate may be administered IVPB or IV infusion in D_5W solutions. NS solutions should not be used due to reports of decreased stability and incompatibility. - Usual concentration range: 0.5 to 100 mg/50 to 100 mL D_5W.

☒ Administration:

Rate of IV administration not well defined; rates of a maximum of 5 mg/minute and 0.125 mg/kg (in 10 mL NS) over 1 to 2 minutes have been reported. .

☒ Precautions:

- Prior to initiation of intravenous therapy, obtain a baseline ECG. Consider continuous ECG monitoring, especially if the patient has risk factors for QTc prolongation, the baseline ECG reveals a prolonged QTc, or cumulative doses of ≥2 mg are needed.

- Monitor electrolyte concentrations throughout therapy. If the baseline QTc interval increases by 20% to 25%, increases >500 msec, or if T-waves flatten or U-waves develop on the ECG, reduce the dosage or consider alternatives.

- Discontinue therapy at first signs of blood dyscrasias or if absolute neutrophil count <1,000/mm^3.

- Patients must be cautioned about performing tasks that require mental alertness (eg, operating machinery, driving).

- May cause extrapyramidal symptoms (EPS), including pseudoparkinsonism, acute dystonic reactions, akathisia, and tardive dyskinesia. Consider therapy discontinuation with signs/symptoms of tardive dyskinesia.

- Avoid in thyrotoxicosis; severe neurotoxicity (rigidity, inability to walk or talk) may occur with use.

- Use with caution in patients with severe cardiovascular disease because of the possibility of transient hypotension and/or precipitation of angina pain.

☒ Monitoring Parameters:

Mental status, vital signs, ECG, CBC, electrolytes, liver function, abnormal involuntary movements or parkinsonian signs.

4.Zuclopenthixol Decanoate (50 mg/ml) amp

☒ Dosage:

- ✓ **Management of schizophrenia/psychoses:** ***IM (depot),Initial:*** IM: Usual dose: 50 to 150 mg; may be repeated in 2 to 3 days (some patients may require an additional dose 1 to 2 days after the initial dose and then repeat every 2 to 3 days as necessary); maximum: no more than 400 mg or 4 injections should be given in the course of treatment. Duration of treatment not to exceed 2 weeks. ***Maintenance therapy***: Usual maintenance dose: 150 to 300 mg every 2 to 4 weeks; dose increase or reduction and/or more frequent administration may be required in some patients. Maintain lowest effective dose.

☒ Administration:

Administer by deep injection into the gluteal region. Injection volumes exceeding 2 mL should be distributed between 2 injection sites.

☒ Precautions:

- May alter cardiac conduction; life-threatening arrhythmias have occurred with therapeutic doses. Avoid use in patients with underlying QT prolongation, in those taking medicines that prolong the QT interval, or cause polymorphic ventricular tachycardia; monitor ECG closely for dose-related QT effects.

- Leukopenia, neutropenia, granulocytopenia, and agranulocytosis (sometimes fatal) have been reported . Obtain blood counts prior to initiation and then periodically thereafter.

- May cause CNS depression, which may impair physical or mental abilities; patients must be cautioned about performing tasks that require mental alertness (eg, operating machinery or driving).

- Use with caution in patients at risk for aspiration pneumonia (ie, Alzheimer disease), particularly in patients >75 years.

- May cause extrapyramidal symptoms (EPS), including pseudoparkinsonism, acute dystonic reactions, akathisia, and tardive dyskinesia. Consider therapy discontinuation with signs/symptoms of tardive dyskinesia.

- Obtain blood glucose level and body weight prior to initiation and then periodically thereafter.

- Use associated with increased prolactin levels.

- Neuroleptic malignant syndrome has been associated with use of zuclopenthixol; monitor for mental status changes, fever, muscle rigidity, and/or autonomic instability (risk may be increased in patients with Parkinson's disease or Lewy body dementia). Discontinue treatment immediately with onset of NMS.

- It has been associated with pigmentary retinopathy, corneal deposits, and photosensitivity.

- May cause orthostatic hypotension.

- Use caution when withdrawing therapy; decrease slowly and monitor for withdrawal symptoms. Abrupt cessation may cause (rarely) acute withdrawal symptoms (eg, nausea, vomiting, or insomnia). Symptoms usually observed within 4 days of withdrawal and subside within 1 to 2 weeks.

☒ Monitoring Parameters:

Mental status; vital signs ,BP ; weight, height, BMI, waist circumference; CBC; electrolytes and liver function; fasting plasma glucose level/HbA_{1c} fasting lipid panel; abnormal involuntary movements or parkinsonian signs; ocular examination .