

RX

Drug Name: Diphenhydramine Hydrochloride
Trade Name: Benadryl
REVISED: November 1, 2017

Class:

Antihistamine
H1 Antagonist

Mechanism of Action:

- Blocks H1 receptors
 - ❖ H1—causes bronchoconstriction, contraction of gut
 - ❖ H2—causes peripheral vasodilation, secretion of gastric acid
 - o ERs use cimetidine (Tagamet) for H2 blockade
- H1 antagonists have anticholinergic properties in varying degrees
 - ❖ Probably accounts for antidyskinetic effects.
 - ❖ Also may be responsible for anti-emetic effects.

Indications:

- Anaphylaxis
- Allergic reactions
- Urticaria
- Sedation
- Motion Sickness / Vertigo
- Nausea and Vomiting
- Histamine release secondary to DXM Use.
- Extrapyrimal (Dystonic) reaction (pseudoparkinsonism--opisthotonos)

Contraindications:

Hypersensitivity
Acute asthma attack
Lower respiratory tract disease
Newborns & nursing mothers

Precautions:

HTN
Cardiac disease
Renal disease
Bronchial asthma
Seizures
Pregnancy category - C
Closed angle glaucoma (avoid if at all possible)

Dosage:

Adults:

25-50 mg IV or IM

Pediatrics:

1-2 mg/kg IV/IM/IO max dose 25 mg
PO: (If available) 25 mg (for mild cases)

Onset:

IM—30 min
IV—Immediate

Duration:

IM—4-7 hrs
IV—4-7 hrs

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This document is for **reference only**. Please refer to SWO's for specific indications, dosages, and applications

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Side Effects:

- Drowsiness
- Dizziness
- Incoordination
- Confusion
- Dry mouth
- Drying of bronchial secretions
- Blurred vision
- Urinary retention
- Hypotension
- Tachycardia
- Bradycardia

Interactions:

Additive effects—other CNS depressants
MAOIs—prolong the anticholinergic effects

PEARLS:

Adjunctive therapy to epinephrine in anaphylaxis & severe allergic reactions. The Epinephrine causes immediate bronchodilation by activating B₂ receptors, while the diphenhydramine inhibits further histamine response. Sometimes given with Phenergan, Inapsine, and Haldol as pre-treatment for dystonic effects, and for additional sedation.

REFERENCE ONLY