

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

RX

Drug Name: Famotidine
Trade Name: Pepcid
REVISED: November 1, 2017

Class:

Antihistamine
H2 Antagonist

Mechanism of Action:

- Metabolized minimally in the liver, Excreted primarily via the Renal system. Renal insufficiency may impair clearance.
- Selective inhibition of H2 receptors without significant inhibition of H1 receptors.
 - ❖ H1—causes bronchoconstriction, contraction of gut
 - ❖ H2—causes peripheral vasodilation, secretion of gastric acid

Indications:

- Anaphylaxis
- Allergic reactions
- Urticaria

Contraindications:

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

Precautions:

- Concurrent use of other H2 inhibitors
- HTN
- Cardiac disease
- Renal disease (prolonged clearance)
- Bronchial asthma
- Seizures
- Pregnancy category - C
- Closed angle glaucoma (avoid if at all possible)

Dosage:

Adults:

20 mg Slow IV/IO Every 12 hours.
May dilute to 100 or 250 cc and administer over 15 minutes.
PO: (If available) 20-40 mg (for mild cases)

Pediatrics:

0.5 mg/kg Slow IV/IO to MAX of 20 mg every 12 hours
May dilute to 100 or 250 cc and administer over 15 minutes.
PO: (If available) 20 mg (for mild cases)

Onset:

IV— 5-10 minutes to reach peak effect.
PO – 1-3 hours to reach peak effect

Duration:

IV—8-10 hours

DRUG: Famotidine

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Side Effects:

The following adverse reactions have been reported to occur in more than 1% of patients on therapy with famotidine, and may be causally related to the drug: headache (4.7%), dizziness (1.3%), constipation (1.2%) and diarrhea (1.7%). Other side effects listed occur with less frequency.

- Blistering, peeling, or loosening of the skin
- blood in the urine or stools
- chest pain
- cough or hoarseness
- diarrhea
- fever and/or chills
- general feeling of tiredness or weakness
- itching
- joint or muscle pain
- lower back or side pain
- painful or difficult urination
- pale skin
- pinpoint red spots on the skin
- red, irritated eyes
- shortness of breath
- sore throat, sores, ulcers, or white spots on the lips or in the mouth
- swollen glands
- unusual bleeding or bruising

Interactions:

MAOIs—prolong the anticholinergic effects
Zanaflex (Tizabidine) - May precipitate symptomatic hypotension.
Zanaflex is a muscle relaxer.

PEARLS:

- **Famotidine, once removed from a cool temperature controlled environment (i.e. refrigeration) should be discarded after 3 months (90 days).**
- **Unlike other histamine antagonists, Famotidine is NOT to be administered Intramuscular injection (IM).**
- **When time and stability allow, a provider may dilute Famotidine in 250 cc NS or 100 cc NS and administer over 15 minutes. Otherwise, IV push administration is permissible (slowly over 1 – 2 minutes).**
- **Famotidine is an adjunctive therapy to Benadryl (with or without epinephrine) in anaphylaxis & severe allergic reactions. It is not a stand-alone intervention.**
- **While the pathology of anaphylaxis is still being understood, some patients will experience prolonged or even multi-phasic reactions. The combination of an H1 and an H2 blocker has been shown in clinical trials to reduce the severity as well as the reoccurrence of anaphylactic symptoms over a significant period.**
- **A common misconception is that the majority of symptoms in anaphylaxis are the result of H1 receptors. In reality, both H1 and H2 receptors are equally important. H2 blockers combined with H1 blockers have additive benefit over H1 blockers alone in treating anaphylaxis in general. H2 receptors are useful in treating vasodilation, possibly some cardiac effects, and glandular hypersecretion.**