

### Medications

Alprazolam

Diazepam

Lorazepam

Chloridazepoxide

Oxazepam

Clonazepam

### Purpose

Expected Pharmacological Action

Therapeutic Uses

Benzodiazepines enhance the inhibitory effects of gamma-aminobutyric acid (GABA) in the CNS.

For generalized anxiety disorder (GAD) and panic disorder

Relief from anxiety occurs rapidly following administration.

Trauma and stressor related disorders: acute stress disorders (ASD) and post-traumatic stress disorder (PTSD).

Short-term use is recommended due to potential for dependency.

Hyperarousal manifestations of dissociative disorders

Insomnia

Muscle Spasm

Alcohol withdrawal (for prevention and treatment of acute manifestations)

Induction of anesthesia

Amnesic prior to surgery for procedures

### Interactions

CNS Depressants

Client Education

(alcohol, barbiturates, opioids) can result in respiratory depression.

Avoid alcohol and other substances that cause CNS depression.

Anticonvulsants and antihistamines can cause increased CNS depression

Avoid activities that require alertness (driving)

Grapefruit Juice can reduce metabolism

Avoid the use of grapefruit juice

High-Fat Meals can reduce absorption

Do not take with fatty foods

### Complications

CNS Depression

Client Education

Sedation, lightheadedness, ataxia, decreased cognitive function

Observe for CNS depression. Notify provider if effects occur. Avoid activities that require alertness (driving). Avoid alcohol and other antianxiety medications due to potential depressant effects such as severe respiratory depression.

Anterograde Amnesia

Difficulty recalling events that occur after dosing

Observe for manifestations. Notify the provider if effects occur

Toxicity

### Complications (cont)

Acute Toxicity.

Watch for manifestations.

Oral Toxicity

Notify the provider if these occur. For oral toxicity, gastric lavage is used, followed by the administration of activated charcoal or saline cathartics.

(Drowsiness, lethargy, confusion).

Administer flumazenil for benzodiazepine toxicity to counteract sedation and reverse adverse effects.

IV Toxicity (can lead to respiratory depression, severe hypotension, or cardiac/respiratory arrest)

Monitor vital signs, maintain patient airway, and provide fluids to maintain blood pressure. Have resuscitation equipment available.

### Paradoxical Response

Insomnia, excitation, euphoria, anxiety, rage

Watch for manifestations. Notify the provider if these occur.

### Withdrawal Effects

Include anxiety, insomnia, diaphoresis, tremors, lightheadedness, delirium, hyperpigmentation, muscle twitching, and seizures

Withdrawal effects are not common with short term use. If taking benzodiazepines regularly and in high dose, taper the dose over several weeks



### Contraindications/ Precautions

Benzodiazepines are pregnancy risk category D medications that can cause fetal harm, and harm to infants due to transmission through human milk. These medications are avoided in clients who are pregnant or breastfeeding.

Benzodiazepines are classified under schedule IV of the controlled substance act.

Benzodiazepines are contraindicated in clients who have sleep apnea, respiratory depression, or glaucoma.

Use benzodiazepines cautiously in older adult clients and those who have liver disease or a history of substance use disorder.

Benzodiazepines are generally used short term due to the risk for dependence.

### Nursing Administration

Administration	Client Education
Administer the medications with meals or snacks if gastrointestinal upset occurs. Administer the medication at bedtime if possible due to sedation. Advise clients to swallow sustained-release tablets and avoid chewing or crushing the tablets	Do not take benzodiazepines in larger amounts or more often than prescribed without consulting the provider. Dependency can develop during or after treatment. Notify the provider if indications of withdrawal occur. Store benzodiazepines in a secure place to prevent misuse by others. Swallow sustained-release tablets and do not crush or chew them.

