

K. Diphenhydramine (Benadryl®)

- I. Classification
 - Antihistamine
- II. Actions
 - Competes with histamines at receptor sites
 - Reverses dystonic reactions
- III. Indications
 - Allergic reactions
 - Adjunct to epinephrine in treating anaphylaxis
 - Dystonic reactions (ref. IX. Notes D.)
- IV. Contraindications
 - Glaucoma
 - Acute Asthma
- V. Adverse effects
 - A. Cardiovascular
 - Hypotension
 - Palpitations
 - Tachycardia*
 - B. Respiratory
 - Wheezing*
 - Mucus plugs
 - C. Gastrointestinal
 - Dry mouth
 - Nausea/vomiting
 - D. Neurological
 - Drowsiness
 - Confusion
 - Dizziness
 - Headache
 - Dilated Pupils
 - Seizures*
- VI. Administration
 - A. Adult
 - 50 mg slow IVP at 25 mg/minute or deep IM.
 - B. Pediatric
 - 1 mg/kg slow IVP over several minutes, or deep IM (not to exceed 50 mg).
- VII. Onset
 - IV - 5-10 minutes
 - IM - 10-15 minutes
- VIII. Duration
 - 3-4 hours
- IX. Note
 - A. May precipitate acute asthma due to drying effect on bronchial mucosa.
 - B. May increase ocular pressure in glaucoma due to its atropine-like effect.
 - C. Histamines produce the allergic symptoms of hives, laryngeal edema, bronchospasm and vasodilation.
 - D. Dystonic reactions are caused by phenothiazine use and are characterized by distorted, twisting movements of the body, face, mouth and tongue.
 - E. IM route not recommended for pediatric patients due to limited muscle mass.