



Bonus Monographs



Promethazine hydrochloride

(proh-METH-ah-zeen)

PREGNANCY CATEGORY: C
CLASSIFICATION(S):

Antihistamine, first generation, phenothiazine

Rx: Phenergan, Phenergan

SEE ALSO ANTIHISTAMINES AND ANTIEMETICS.

ACTION/KINETICS

Antiemetic effects are likely due to inhibition of the CTZ. Effective in vertigo by its central anticholinergic effect which inhibits the vestibular apparatus and the integrative vomiting center as well as the CTZ. May cause severe drowsiness. **Onset, PO, IM, PR:** 20 min; **IV:** 3–5 min. **Duration, antihistaminic:** 6–12 hr; **sedative:** 2–8 hr. Slowly eliminated through urine and feces.

USES

(1) PO and PR for prophylaxis and treatment of motion sickness. (2) Prophylaxis of N&V due to anesthesia or surgery (also postoperatively). (3) Pre- or postoperative sedative, obstetric sedative. (4) Hypersensitivity reactions, including perennial and seasonal allergic rhinitis, vasomotor rhinitis, allergic conjunctivitis, urticaria, angioedema, allergic reactions to blood or plasma, dermographism. (5) Adjunct in the treatment of anaphylaxis or anaphylactoid reactions. (6) Adjunct to analgesics for postoperative pain. (7) IV with meperidine or other narcotics in special surgical procedures

as bronchoscopy, ophthalmic surgery, or in poor-risk clients.

CONTRAINDICATIONS

Lactation. Comatose clients, CNS depression due to drugs, previous phenothiazine idiosyncrasy, acutely ill or dehydrated children (due to greater susceptibility to dystonias). Children up to 2 years of age. SC or intra-arterial use due to tissue necrosis and gangrene.

SPECIAL CONCERNS

Safe use during pregnancy has not been established. Use in children may cause paradoxical hyperexcitability and nightmares. Use with caution in children 2 years of age and older due to the potential for fatal respiratory depression. Geriatric clients are more likely to experience confusion, dizziness, hypotension, and sedation.

ADDITIONAL SIDE EFFECTS

Leukopenia and **agranulocytosis (especially if used with cytotoxic agents).**

HOW SUPPLIED

Injection: 25 mg/mL, 50 mg/mL (IM only); *Suppository:* 12.5 mg, 25 mg, 50 mg; *Syrup:* 6.25 mg/5 mL; *Tablet:* 12.5 mg, 25 mg, 50 mg

DOSAGE

• **SUPPOSITORIES, SYRUP, TABLETS**

Hypersensitivity reactions.

Adults: 12.5 mg q.i.d. before meals and at bedtime (or 25 mg at bedtime if needed). **Pediatric over 2 years:** 0.125 mg/kg (3.75 mg/m²) q 4–6 hr; 0.5 mg/kg (15 mg/m²) at bedtime if needed; or, 6.25–12.5 mg t.i.d. (or 25 mg at bedtime if needed).

Antiemetic.

Adults: 25 mg (usual); 12.5–25 mg q 4–6 hr as needed. **Pediatric, over 2**

★ = Available in Canada H = Herbal Drug IV = Intravenous Drug *bold italic* = life threatening side effect

2 PROMETHAZINE HYDROCHLORIDE

years: 0.25–0.5 mg/kg (7.5–15 mg/m²) q 4–6 hr as needed (or 12.5–25 mg q 4–6 hr).

Sedation.

Adults: 25–50 mg at bedtime the night before surgery to relieve apprehension and produce quiet sleep; **pediatric, over 2 years:** 0.5–1 mg/kg (15–30 mg/m²) or 12.5–25 mg at bedtime.

Motion sickness.

Adults: 25 mg b.i.d. with the first dose taken 30–60 min before travel; repeat 8–12 hr later if needed. On successive travel days, 25 mg on rising and before the evening meal. **Pediatric, over 2 years:** 12.5–25 mg b.i.d.

Analgesia adjunct, pre-operative.

Adults: 25–50 mg with a reduced dose of narcotic or barbiturate and an appropriate dose of an atropine-like agent. **Pediatric, over 2 years:** 1.2 mg/kg with a reduced dose of narcotic or barbiturate and an atropine-like agent.

Analgesia adjunct, postoperative.

Adults: 25–50 mg. **Pediatric, over 2 years:** 12.5–25 mg.

• **IM, IV**

Hypersensitivity reactions.

Adults: 25 mg repeated in 2 hr if needed; **pediatric, 2–12 years:** 12.5 mg or less, not to exceed half the adult dose. Resume PO therapy as soon as possible.

Antiemetic.

Adults: 12.5–25 mg q 4 hr if needed. If used postoperatively, reduce doses of concomitant hypnotics, analgesics, or barbiturates. **Pediatric, 2–12 years:** Do not exceed half the adult dose. Do not use when the cause of vomiting is unknown.

Sedation.

Adults: 25–50 mg at bedtime. May be combined with hypnotics for pre- and postoperative sedation. **Pediatric, 2–12 years:** Do not exceed half the adult dose.

Sedation during labor.

Adults: 50 mg during early stages of labor, not to exceed 100 mg/24 hr.

Analgesia adjunct, pre-operative.

Adults: 25–50 mg in combination with reduced doses of analgesics and

hypnotics; give atropine-like drugs as needed. **Pediatric, 2–12 years:** 1.2 mg/kg in combination with a reduced dose of analgesic or barbiturate and an appropriate dose of an atropine-like drug.

NURSING CONSIDERATIONS

SEE ALSO *NURSING CONSIDERATIONS FOR ANTIHISTAMINES AND ANTIEMETICS.*

ADMINISTRATION/STORAGE

1. Decrease dosage in dehydrated clients or those with oliguria.
2. Store injection, tablets and syrup at controlled room temperature. Protect tablets from light and dispense in a tight, light-resistant container. Do not use injection if solution has developed color or contains a precipitate.
3. Refrigerate suppositories. Dispense in a well-closed container.

ASSESSMENT

Document indications for therapy, onset and characteristics of symptoms. Note age; older clients may manifest more adverse side effects.

CLIENT/FAMILY TEACHING

1. Take only as directed and do not exceed dose, as arrhythmias may occur. May take with food or milk to decrease GI upset.
2. When used to prevent motion sickness, take 30–60 min before travel. On successive travel days, take on rising and again before the evening meal.
3. Avoid activities requiring mental alertness until drug effects realized.
4. Do not consume alcohol or any OTC agents.
5. Drug may alter skin testing; stop 72 hr before testing.
6. Consume adequate fluids to prevent dehydration; use caution in hot weather to prevent heat stroke.
7. Avoid prolonged sun exposure, may cause photosensitivity reaction. Wear sunscreen and protection if exposed.

OUTCOMES/EVALUATE

- Prevention of vertigo
- Control of N&V
- Promotion of sleep
- Control of allergic manifestations