<table>
<thead>
<tr>
<th>Therapeutic Use</th>
<th>Administration</th>
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</table>
| • Tonic-clonic seizures  
• Partial seizures | • Give with meals to prevent GI symptoms  
• Inject IV form slowly, using correct dilution  
• Monitor vital signs during IV administration to prevent cardiac dysrhythmias and hypotension  
• Due to narrow therapeutic range, carefully monitor plasma levels, which should remain between 10 and 20 mcg/mL. Levels greater than 30 mcg/mL can be toxic. |

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<tr>
<th>Side/Adverse Effects</th>
<th>Interventions</th>
<th>Patient Instructions</th>
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</table>
| • Drowsiness and other CNS effects | • Monitor patient for these side effects | • Instruct patient not to drive or perform other hazardous activities if experiencing CNS side effects  
• Instruct patient to notify provider if CNS effects occur |
| • Gingival hyperplasia (abnormal growth of tissue around gums) | • Refer patients for dental care and teaching about oral hygiene techniques | • Instruct patient to obtain regular dental checkups  
• Instruct, as needed, in brushing with soft-bristled toothbrush, gum massage and flossing. |
| • Skin rash (epidermal necrolysis, Stevens-Johnson syndrome) | • Monitor for rash; phenytoin should be discontinued if rash occurs | • Instruct patient to notify provider if rash occurs. |
| • Withdrawal symptoms following long-term use (seizures) | • Reduce phenytoin dosage gradually | • Instruct patient not to stop taking phenytoin abruptly |

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<tr>
<th>Contraindications</th>
<th>Precautions</th>
<th>Interactions</th>
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| • Pregnancy Risk Category: D  
• Skin rash  
• Bradycardia or heart block  
• Previous allergy to hydantoins  
• Seizures caused by low blood sugar | • Liver or kidney disease  
• Cardiac dysfunction  
• Diabetes mellitus  
• Older adults  
• Debilitated patients  
• Alcohol use disorder  
• Respiratory dysfunction | • IV phenytoin incompatible in solution with many other drugs and with dextrose solution  
• Diazepam, isoniazid, cimetidine, and valproic acid increase levels of phenytoin  
• Alcohol use may either increase or decrease phenytoin levels  
• CNS depressants increase sedative effects  
• Phenobarbital and carbamazepine can decrease phenytoin levels  
• Use can decrease efficacy of oral contraceptives. |