

Drug Information Table

Benzodiazepines – diazepam (Valium), alprazolam (Xanax)

Therapeutic Use	Administration	
<ul style="list-style-type: none"> • Anxiety and anxiety disorders (alprazolam, diazepam) • Skeletal muscle spasm and spasticity (diazepam) • Seizure disorders—treats status epilepticus (diazepam) • Acute alcohol withdrawal symptoms (diazepam) • Induction of anesthesia (diazepam) 	<ul style="list-style-type: none"> • Give alprazolam orally. • Take oral benzodiazepines with food if gastrointestinal symptoms develop. • Give diazepam orally, rectally, IM, or IV. • Administer IV diazepam slowly and have emergency resuscitation equipment nearby. • Take care to avoid intra-arterial IV diazepam administration or extravasation into tissue. • Be aware that IV diazepam precipitates in solution with some diluents and drugs. • Do not give the emulsion form IM (IV only). • Avoid IM diazepam due to inconsistent absorption; if necessary, inject slowly into a large muscle. 	
Side/Adverse Effects	Interventions	Patient Instructions
<ul style="list-style-type: none"> • Drowsiness, slurred speech 	<ul style="list-style-type: none"> • Monitor patients to prevent falls and other injury following administration. 	<ul style="list-style-type: none"> • Instruct patients to use care with ambulation and when driving or using hazardous equipment.
<ul style="list-style-type: none"> • Impaired recall of events (anterograde amnesia), 	<ul style="list-style-type: none"> • Assess patient's memory following administration. 	<ul style="list-style-type: none"> • Advise patients that amnesia may occur.
<ul style="list-style-type: none"> • Paradoxical reaction (confusion, anxiety) 	<ul style="list-style-type: none"> • Monitor patients, especially older adults, for a paradoxical reaction. 	<ul style="list-style-type: none"> • Instruct patients to stop taking the drug and inform the provider if a paradoxical reaction occurs.
<ul style="list-style-type: none"> • Hypotension, tachycardia, respiratory depression 	<ul style="list-style-type: none"> • Monitor vital signs, especially with IV administration. 	<ul style="list-style-type: none"> • Instruct patients to avoid increasing the prescribed dose. • Instruct patients to change positions slowly to prevent falls.
<ul style="list-style-type: none"> • Tolerance and physical dependence (especially with alprazolam) 	<ul style="list-style-type: none"> • Monitor patients for signs of tolerance and dependence. 	<ul style="list-style-type: none"> • Instruct patients that tolerance to benzodiazepines occurs with time.
<ul style="list-style-type: none"> • Withdrawal symptoms – Insomnia, anxiety, tremors, diaphoresis, dizziness, panic, hypertension, seizures 	<ul style="list-style-type: none"> • Taper over 1 to 2 weeks to prevent or minimize withdrawal. • Monitor for signs of withdrawal. 	<ul style="list-style-type: none"> • Instruct patients to taper the drug slowly to prevent withdrawal symptoms.
<ul style="list-style-type: none"> • Overdose/toxicity <ul style="list-style-type: none"> ◦ Oral—sedation, confusion ◦ Parenteral—possibly life-threatening sedation, hypotension, respiratory depression, cardiac arrest 	<ul style="list-style-type: none"> • Reverse sedation with IV flumazenil. • Manage oral overdose with gastric lavage, activated charcoal, saline cathartics, and dialysis. • Provide airway and blood pressure support as needed for parenteral overdose. 	<ul style="list-style-type: none"> • Instruct patients to take the drug as prescribed and avoid the use of other depressants.
Contraindications	Precautions	Interactions
<ul style="list-style-type: none"> • Pregnancy Category D, lactation • Schedule IV controlled substances • Glaucoma • Coma, shock, neonates, labor/delivery (IV diazepam) 	<ul style="list-style-type: none"> • Older adults, children under 18 (alprazolam); • Renal or hepatic impairment • Mental health disorders, suicidal ideation, addiction risk • Chronic respiratory disorders • Neuromuscular disorders 	<ul style="list-style-type: none"> • The risk of severe sedation and respiratory depression increase when taken concurrently with other CNS depressants (alcohol, opioids, other benzodiazepines). • Cimetidine (Tagamet) increases benzodiazepine levels. • Smoking decreases the effects of benzodiazepines. • Kava kava and valerian increase the risk for sedation. • Disulfiram (Antabuse) and fluoxetine (Prozac) increase alprazolam levels.