

Drug Information Table
Opioids – diphenoxylate/atropine (Lomotil), loperamide (Imodium)

Therapeutic Use	Administration	
• Diarrhea • Reduction of volume of ileostomy effluent (loperamide/atropine)	• Diphenoxylate/atropine ◦ Give orally. ◦ Give 20 mg /day in 5 mg doses. ◦ Continue for 24 to 36 hr to determine its efficacy. ◦ Be aware that excessive doses of diphenoxylate can cause CNS effects similar to morphine, but atropine in high doses causes unpleasant effects that discourage abuse; treat overdoses with naloxone. • Loperamide ◦ Give orally ◦ Give an initial dose of 4 mg; follow each loose stool with additional 2 mg, but do not exceed 16 mg/day. ◦ Stop loperamide after 48 hr if diarrhea persists. ◦ Be aware that loperamide is an analog of the opioid meperidine, but it is not a controlled substance and even at high doses does not cause opioid effects or dependence.	
Side/Adverse Effects	Interventions	Patient Instructions
• Sedation, dizziness, lightheadedness, drowsiness (diphenoxylate/atropine)	• Monitor patients when ambulating. • Recommend the lowest effective dose for the shortest period of time.	• Do not take prior to driving or activities requiring mental alertness. • Sit or lie down if feeling lightheaded. • Change positions gradually.
• Anticholinergic effects (dry mouth, urinary retention)	• Monitor for anticholinergic effects. • Monitor urinary elimination patterns, especially in older adults.	• Suck on hard candy or chew gum. • Sip water. • Urinate every 4 hr and report any undesirable changes in urinary elimination.
		• Tell patients with diarrhea to avoid fluid and electrolyte imbalances by drinking clear liquids or a commercial oral electrolyte solution, and to avoid caffeine because it increases gastrointestinal motility.
Contraindications	Precautions	Interactions
• Children younger than 2 yr • Inflammatory bowel disease • Advanced hepatic disease • Glaucoma • Severe fluid and electrolyte imbalance • Pseudomembranous enterocolitis • Diarrhea due to poisoning • Ileus • Gastrointestinal bleeding	• Ulcerative colitis • Renal or liver dysfunction • History of chemical abuse • Prostatic hypertrophy	• Other CNS depressants increase CNS depression (diphenoxylate/atropine). • Monoamine oxidase inhibitors increase the risk for hypertensive crisis (diphenoxylate/atropine).