EMT - I

DIPHENHYDRAMINE (BENADRYL)

Description

Benadryl is a first generation H1 blocker (antihistamine) used to treat histamine-mediated symptoms of allergic reaction. Also has anticholinergic and antiparkinsonian effects used for treating dystonic reactions caused by antipsychotic and antiemetic medications (e.g.: haloperidol, droperidol, reglan, compazine, etc). Benadryl is a vestibular suppressant, and is therefore also an effective treatment for motion sickness (Zofran is not effective for motion sickness). Also useful as part of sedative treatment with co-administration of Lorazepam.

Indications

- Allergic reaction
- Dystonic medication reactions or akathisia (agitation or restlessness); EPS
- Benadryl second to Epi in severe anaphylaxis
- Nausea caused by motion sickness[1]
- Adjunctive agent for sedation of agitated patient[2]

Side effects

- Drowsiness
- Dilated pupils
- Dry mouth and throat
- Flushing

Dosage and Administration

Adults:

- 50 mg IV/IO/IM (not to exceed 400 mg)
- For patients over 65 years old, administer ½ dose at 25 mg.

Pediatrics:

- 1 mg/kg slow IV/IO/IM (not to exceed 50 mg)

Precautions

- Asthma or COPD, thickens bronchial secretions
- Narrow-angle glaucoma
- Relative contraindication in nursing mothers
- Absolute contraindication in premature infants and neonates
- Patients over 65 years old are at greater risks of serious side effects including confusion, urinary retention, and dizziness that could lead to fall risk. For these reasons, half dosing is recommended.

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[1] Zofran does not work for motion sickness. Certain patient's, especially during interfacility transports, develop motion sickness. We currently have approved way to treat this. This protocol update simply add motion sickness as another indication for Benadryl administration. Resources: https://www.aafp.org/pubs/afp/issues/2012/0715/p192.html ; https://www.drugs.com/tips/diphenhydramine-patient-tips

[2] Rationale is that EMT-I's do no have access to Ketamine or Versed for agitated patents, both of which are more effective especially in cases where initial route must nearly always be IM, as in the agitated patient. Benadryl is commonly used as an adjunctive agent to Ativan in the "B52" sedation cocktail. EMT-I's therefore already have access to two of the three agents used; this simply adds to the EMT-I and Paramedic protocol, providing opportunity for further sedation with a medication already carried.

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Drug Interactions

- CNS depressants and alcohol may have additive effects.
- MAO inhibitors may prolong and intensify anticholinergic effects of antihistamines.

Protocol

- Allergy/Anaphylaxis
- Combative-Agitated Patient
- Abdominal Pain & Vomiting